

Knowledge Base Article

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Overview

This article describes the steps for recording the Case Disposition at the conclusion of an Assessment/Investigation of alleged child abuse or neglect.

Case Disposition can be recorded by all assigned Case Workers and their Supervisors for Intakes that belong to their agency.

Important: Data recorded within the **Disposition** is used to meet **NCANDS** federal reporting requirements. Data captured with the Case Disposition is also used in calculating compliance with federal measures for the **Child and Family Service Review (CFSR)**, including the rate of maltreatment in foster care and recurrence. **Therefore, it is important that every effort is made to capture data that is as complete and accurate as possible**.

Recording the Disposition Details

- 1. From the Ohio SACWIS Home screen, click the Case tab.
- 2. Click the **Workload** tab.
- 3. Select the appropriate **Case ID** link.

Home	Intake	Case	Provider	Financial	Administration
Workload Court C	Calendar Placement Re	equests			
Case Workload					
Caseworker:	•	Sort By: Case Name As	scending V Filter		
 ■ Test, Worker (24 cases) ● Test, Child [121212 ● Sacwis, Susie [] - Open 06/17/2022 - Ongoing <u>123456</u>] - Open 11/21/2023 -	Adoption			

Note: If you know the Case ID number, you can also use the Search link at the top of the Home screen and navigate to the Case Overview screen.

The Case Overview screen appears.

4. On the Case Overview screen, click the Intake List link in the navigation pane.



<u>Case Overview</u> Activity Log Attorney Communication	CASE NAME / ID: Sacwis, Susie / 123456	Ongoing Open (04/09/2021)	HAZARD
Intake List Safety Assessment	ADDRESS: 123 Test Rd	CONTACT:	
Substance Abuse Screening	Test, Oh 12345		
Forms/Notices	AGENCY: Test County Children Services Board		
Category/Pathway Switch Safety Plan	PRIMARY WORKER:	SUPERVISOR(S):	
Actuarial Risk Assessment	Test, Worker	Test, Supervisor	
Family Assessment	<u>Liberger Fronton</u>		

The Current Case Episode Intake List grid appears.

Case Overview Activity Log Attorney. Communication Intake List Safety Assessment Substance Abuse Screening	CASE NAN Sacwis, S Current Ca	IE / ID: iusie / 123456 ase Episode In	take List		Ongoing Open (04/04/202	3)				
Forms/Notices Category/Pathway.Switch Safety Plan	Intake <u>ID</u>	Status 💠	Decision 💠 Date - Time	Category 💲	Туре	Initiation Date/Time	Case Disposition Disposition Date	Investigation/ Assessment Completion Date	Agency Name 💲	
Actuarial Risk Assessment Family Assessment Ongoing Case A/I	<u>121212</u> reports	Screened Out	03/13/2024 08:42 AM	CA/N Report	Physical Abuse Neglect				Test County Children Services Board	<u>unlink</u>
Specialized A/I Tool Law Enforcement	<u>131313</u> reports	Information and/or Referral	02/21/2024 12:53 PM	Information and/or Referral	Information Only				Test County Children Services Board	unlink
Justification/Waiver Case Services Legal Actions	<u>141414</u> reports	Screened Out	02/20/2024 03:08 PM	CA/N Report	Neglect				Test County Department of Job and Family Services	<u>unlink</u>
Legal Custody/Status Living Arrangement / Guardianship	Record Dis	position(s)	ate Disposition(s)							

5. Click **Record Disposition(s)**.

Note: For traditional pathway intakes, the **Intake Dispositions** screen may also be accessed by clicking the **Record Disposition** hyperlink on the **Case Analysis** tab of the **Family Assessment** (or Ongoing Case A/I, or Specialized A/I, as applicable).

ase Decision Service Plan		and the second	Max Assessment	aubsuince use	Case Analysis
and been in Machine Law	poioq				
Case ID:		Family Ass	essment ID:		
Case Name:	Day, Rainy	Family Ass	essment Status:	In Progress	



The Intake Dispositions grid appears.

6. Click the **edit** link next to the **Intake ID** for which the disposition will be recorded.

CASE NAME / ID: Sacwis, Susie / 12345	6 Or	rgoing / Open (04/04/2023)		
Intake Dispositions				
Intake ID	Decision Date & Time	Category	Type(s)	
<u>edit</u> <u>121212</u>	01/08/2024 02:30 PM	CA/N Report	Physical Abuse	clear

The **Disposition Information** tab screen appears, displaying the **Allegation Details** grid that shows all Allegations for the selected Intake.

7. Click edit to select an Allegation.

		isposition Information			Contributing Factors				
CASE NAME /	ID: Sacwis, Susie / 123456	5		Ongoing / Open (04/04	4/2023)				
Allegation D	etails								
Intake ID:	121212		Intake Category:	CA/N Report	Screening Decision	n Date: 01/08/2	2024		
	ACV/CSR	Allegation	AP/A SR	Severity of Harm	Harm Description	Substance(s)	Incident Date		
		Disposition							
edit Sacw	is, Susie / 121212	Physical Abuse	Test, Adult / 131313		94 				
2									
anhu Caua	Canad								

The **Disposition Details** grid appears.

8. Record the date when the alleged abuse or neglect happened (Incident Date).

Note: Incident Date is the date the specific alleged abuse or neglect occurred.

- In cases of ongoing or recurring abuse/neglect, the **Incident Date** is the date of the most *recent* occurrence of the abuse/neglect prior to the report.
- When the exact date cannot be determined, record the best approximate date based on the available information and mark the **Date Estimated** checkbox.

Important: Incident Date is required for **NCANDS** federal reports, and it is used to calculate compliance with federal measures for the **Child and Family Service Review (CFSR)**, including the rate of maltreatment in foster care and recurrence. **This data must be as accurate as possible**.



Though a reported **Incident Date** is recorded within the **Intake**, the **Incident Date** saved with the **Disposition** is based on the findings of the assessment/investigation and is, therefore, the date used for reporting purposes.

- 9. When the specific Date cannot be determined and is estimated, mark the **Date Estimated** checkbox.
- 10. Select the **Report Disposition** from the dropdown.
- 11. Make a selection from the **Severity of Harm** drop-down menu.

Disposition Details					
Intake ID: 121212		Intake Category:	CA/N Report	Screening Decision Date:	01/08/2024
Alleged Child Victim / Child	I Subject of Report:	Sacwis, Susie/123456			
Alleged Perpetrator / Adult	Subject of Report:	Test, Adult/131313			
Allegation:	Physical Abuse				
When did the alleged Physi Abuse happen (Incident Date)?: * 🕄	ical	Date Estimated			
Report Disposition: * Severity of Harm: * (3)		v v			

Note: For Alternative Response, Select the **Unable to Locate** from the Report Disposition dropdown menu if the family could not be located to complete the assessment/investigation.

- If Unable to Locate is selected, a pop-up message displays:
- By selecting unable to locate with the Alternative Response disposition you are verifying that the Parent, Guardian, Custodian, and the Child or Adult subject of the report were not notified or informed of this abuse or neglect report and diligent efforts to attempt to locate the family were documented in the case record.
- If all the above requirements are met, click **OK**. If not, click **Cancel** and the box will be unchecked.

Disposition Details							
Intake ID:	121212			Intake Category:	CA/N Report	Screening Decision Date:	01/08/2024
Alleged Child Victim	n / Child Subjec	t of Report:	Sacwis, Susie	9/123456			
Alleged Perpetrator	/ Adult Subject	t of Report:	Test, Adult/13	1313			
Allegation:		Physical Abuse					
When did the allege Abuse happen (Incie Date)?: * (1)	d Physical dent		1	Date Estimated			
Report Disposition:	*	Unable to Locate		*			
Severity of Harm: *	0			•)			

12. In the **Available Harm Descriptions** list, select all applicable values, then click **Add** to move them to the Selected **Harm Descriptions**.



Important: Record the **Severity of Harm** and **Harm Descriptions** based on this specific allegation of abuse or neglect.

13. Record the **Date human trafficking was reported to law enforcement for entry** into the National Crime Information Center (NCIC) database.

Note: This field displays and is required when either of the following **Harm Descriptions** is selected:

- Trafficked Child-Sexual Abuse
- Trafficked Child-Forced Labor
- 14. Select all **Substances** pertinent to the abuse or neglect, if applicable.

Note: At least one **Substance** must be selected if any of the selected **Harm Descriptions** is related to substance abuse. A **Substance** should also be selected to specify any drug(s) which contributed to the abuse or neglect, if applicable. For example, parental abuse of heroin may have contributed to the Inadequate Supervision.

15. Click Save.

Note: Repeat steps 7 through 15 for each Allegation.

isposition Deta	ils						
ntake <u>ID</u> :	121212			Intake Category:	CA/N Report	Screening Decision Date:	01/08/2024
Alleged Child Vi	ctim / Child Subje	t of Report:	Sacwis, Sus	sie/123456			
Alleged Perpetra	ator / Adult Subjec	t of Report:	Test, Adult/	131313			
Allegation:		Physical Abuse					
When did the all Abuse happen (I Date)?: * 🚯	leged Physical Incident) 🗰	Date Estimated			
Report Dispositi	ion: *			~			
Severity of Harm	n: *			~]			
		<u></u>					
larm Descriptio Record Harm De	ns (a)	esult of this abuse	e or neglect alleg	jation.			
Harm Descriptio Record Harm De	ns (a) escription(s) as a l Available Harm De	esult of this abuse scriptions	e or neglect alleg	jation.	Selected Harm Descriptions		
arm Descriptio Record Harm De	ns (a) escription(s) as a l Available Harm De Q	esult of this abuse scriptions	e or neglect alleg	jation.	Selected Harm Descriptions		
arm Descriptio Record Harm De	ns (a) escription(s) as a Available Harm De Q Twisting/Shaking	esult of this abusi	e or neglect alleg Add	nation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor		
arm Descriptio Record Harm De	ns (2) escription(s) as a Available Harm De Q Twisting/Shaking Withdrawal Sym	esult of this abus scriptions itoms due to Pre	e or neglect alleg	pation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor Witness to caregiver substance	e abuse	
arm Descriptio Record Harm De	ns (a) escription(s) as a d Available Harm De Q Twisting/Shaking Withdrawal Sym Withholding Hyd	esult of this abus scriptions noms due to Pre ation	e or neglect alleg <u>Add</u> natal Drug Expo	jation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor Witness to caregiver substance	e abuse	
łarm Descriptio Record Harm De	ns (a) escription(s) as a a Available Harm De Q Twisting/Shaking Withdrawal Sym Withholding Hyd Withholding Med	esult of this abus scriptions toms due to Pre ation cation	e or neglect alleg Add natal Drug Expo	jation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor Witness to caregiver substance	e abuse	
Harm Descriptio	ns (a) escription(s) as a a Available Harm De Q Twisting/Shaking Withdrawal Sym Witholding Hyd Withholding Med Withholding Nut	esult of this abusi scriptions ytoms due to Pre- ration cation ition	e or neglect alleg Add natal Drug Expo	jation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor Witness to caregiver substance	abuse	
Harm Descriptio	ns (a) escription(s) as a l Available Harm De Q Twisting/Shaking Withdrawal Sym Witholding Hyd Withholding Med Withholding Nutt Withholding Trea	esult of this abuse scriptions toms due to Pre- ation leation ition tment	e or neglect alleg Add	pation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor Witness to caregiver substance	e abuse	
Harm Descriptio	ns (a) escription(s) as a a Available Harm De Q Twisting/Shaking Withdrawal Sym Witholding Hyd Withholding Med Withholding Trea Witheolding Trea Withest to over	esult of this abuse scriptions stoms due to Pre- ation leation ition tment ose of caregiver	e or neglect alleg Add	jation.	Selected Harm Descriptions Remove Q Trafficked Child- Forced Labor Witness to caregiver substance	e abuse	



The **Disposition Information** tab screen appears, displaying the recorded Disposition Details information for each Allegation.

Your data has been saved.						
> Workload > Intake > Intake Dis	positions					
	Disposition Info	ormation		Contributing Factors		
ISE NAME / ID: Sacwis, Susie / 1	23456		Ongoing / Open (04/	/04/2023)		
Ilegation Details ntake ID: 131313		Intake Category	r: CA/N Report	Screening Decision Date:	01/08/2024	
ACV/CSR	Allegation Disposition	AP/ASR	Severity of Harm	Harm Description	Substance(s)	Incident Date
edit Sacwis, Susie / 123456	Physical Abuse Indicated	<u>Test. Adult / 121212</u>	No Medical/Therapeutic Treatment Provided	Abandonment Witness to caregiver substance abuse	Cocaine	01/07/2024

Creating a Protective Service Alert

Important: When the disposition is Unable to Locate, or Alternative Response with the Unable to Locate checkbox selected, a **Protective Service Alert** tab appears.

If this is not applicable, go to the next section.

1. Click Protective Service Alert.

	Disposition I	formation		Protective Service Alert	Co	Contributing Factors		
CASE NA	ISE NAME / ID: Sacwis, Susie / 123456			Ongoing / Open (04	/04/2023)			
Allegatio	on Details							
Intake []	D: 121212		Intake Category	CA/N Report	Screening Decision Date:	01/08/2024		
	ACV/C SR	Allegation	AP/A SR	Severity of Harm	Harm Description	Substance(s)	Incident Date	
		Disposition						
<u>edit</u>	Sacwis, Susie / 123456	Physical Abuse	Test, Adult / 131313	No Medical/Therapeutic Treatment Provided	Abandonment Witness to caregiver substance abuse	Cocaine	01/07/2024	
		Unable to Locate						

The Protective Service Alert tab screen displays.

2. Click Create PSA, if needed.



Disposition Information	Protective Service Alert	Contributing Factors
CASE NAME / ID: Sacwis, Susie / 123456	Ongoing / Open (04/04/2023)	
Protective Service Alert Details		
When the disposition is Unable To Locate, a Protective Alert (PSA) r If there is reason to believe the child is in immediate danger of seric Create Protective Service Alert	nay be required per <u>OAC 5101:236-14</u> ous harm and the name of at least one family member is known, click th	e button below to create a PSA.
Apply Save Cancel		

Protective Service Alert details screen displays, with the participants from the intake added.

3. Click Save.

Administration / Utilities / Maintain PSA / Pa	rticipants			
PSA ID:	REFERENCE NAME:	PSA STATUS:	ORIGINATING AGENCY / PHONE:	
3333		Pending	Test County Children Services Bo	oard
• Your data has been saved.				×
Participants Details Actions				
PSA Originator Name and Contact: Test, Worker	Date Issued:	Expiration Date:		
Linked Intake : <u>131313</u>				
Participant(s) information				
Test, Adult 1		PSA Role:	Reference Name	
Male 58, DOB 01/14/1966			~	
Last Known Address: 1212 Test Rd Test, Oh 12345				
Case ID - Agency Information ~				
Test, Adult 2		PSA Role:	O Reference Name	â
Female 51, DOB 03/10/1973			~	
Last Known Address:				
Test, Oh 12345				
Case ID - Agency Information V	PSA Status:	nding • Apply Save Cancel		



The **Protective Service Alert** tab screen appears, showing a hyperlink to the linked Protective Service Alert.

Home	Intake	Case	Provider	Financial	Administration
O Your data has been saved	I.				×
Case > Workload > Intake > Protect	ctive Service Alert Details				
Dispositio	on Information	Pro	otective Service Alert	Col	ntributing Factors
CASE NAME / ID: Sacwis, Susio	e / 123456		Ongoing / Open (04/04	4/2023)	
Protective Service Alert Detail	S				
When the disposition is Unab Protective Service Alert ID: 4	le To Locate, a Protective Alert (PSA	() may be required per <u>OAC 5</u>	101:2-36-14		
Apply Save Cancel					

Note: For more information, refer to <u>Creating a Protective Service Alert</u> article.

Recording Contributing Factors

1. Click the **Contributing Factors** tab.

		Disposition Info	ormation			Contributing Factors		
ASE NAI	ME / ID: Sacwis, Susie / 1	23456			Ongoing / Open (04,	/04/2023)		
llegatio	on Details							
ntake [[<u>)</u> : 131313		Intake Category	y:	CA/N Report	Screening Decision Date:	01/08/2024	
	ACV/CSR	Allegation	AP/ASR	Severi	ty of Harm	Harm Description	Substance(s)	Incident Date
		Disposition						
<u>edit</u>	<u>Sacwis, Susie / 123456</u>	Physical Abuse Indicated	Test. Adult / 121212	No Medical/Therapeut	ic Treatment Provided	Abandonment Witness to caregiver substance abuse	Cocaine	01/07/2024

The Contributing Factors grid appears.

2. Select all Contributing Factors checkboxes that apply.



- 3. Select **Disposition Complete** checkbox.
- 4. Record the **Disposition Date**.
- 5. Click Save.

Disposition Information		Contributing Factors		
CASE NAME / ID: Sacwis, Susie / 123456		Ongoing / Open ((08/18/2023)	
Contributing Factors				
Intake ID: 4567	Intake Category:	CA/N Report	Screening Decision Date:	09/15/2023
Select all that apply: Caretaker was an Abused Child Medical/Physical Disability of Caretaker Medical/Physical Disability of Child Economic Difficulties Other Family Violence Illness/Death of Family Member Mental/Emotional Problem of Child Mental/Emotional Problem of Caretaker Intellectual/ Developmental Disability of Caregiver Intellectual/ Developmental Disability of Child No Contributing Factors Apply Physical Living Conditions Single Head of Household Substance Abuse TANF Benefit Ineligible TANF Sanction				
Disposition Complete Disposition Date:				

Apply Save Cancel

Intake Dispositions grid appears.

6. Click Close.

CAS	E NAME / ID: Sacwis, Susie / 12345	5	Ongoing / Open (08/18/2023)		
Intake	Dispositions				
	Intake ID	Decision Date & Time	Category	Type(s)	
<u>edit</u>	<u>45678</u>	09/15/2023 01:14 PM	CA/N Report	Sexual Abuse	clear

Close



The **Current Case Episode Intake List** grid appears, showing the recorded **Case Disposition** and **Disposition Date**.

Note: Case Disposition is calculated from the highest disposition recorded for any allegation within the intake, according to the following hierarchy: Substantiated, Indicated, Unsubstantiated, Unable to Locate, Family Moved Unable to Complete A/I, or Waived: Previously Assessed/Investigated. For Alternative Response intakes, the hierarchy is Alternative Response, followed by Waived: Previously Assessed/Investigated.

CASE NAM Sacwis, S	E / ID: usie / 123456			Ongoing Open (08/18/20	023)				
Current Ca	ise Episode Int	take List							
Intake <u>ID</u>	Status 🗢	Decision ᅌ Date - Time	Category 💲	Туре	Initiation Date/Time	Case Disposition Disposition Date	Investigation/ Assessment Completion Date	Agency 🗢 Name	
45678 reports	Screened Out	03/08/2024 02:33 PM	CA/N Report	Sexual Abuse				Test County Children Services Board	unlini

Editing Disposition Details

Note: The **Disposition Details** can be edited until the **Investigation/Assessment Completion Date** is populated. This date is system generated upon approval of the Family Assessment, Ongoing Case A/I, Specialized Assessment, or Waiver thereof, for the Intake.

1. Click Record Disposition.

CASE NAM Sacwis, S	E / ID: Jusie / 123456			Ongoing Open (08/18/20	023)				
Current Ca	ise Episode Int	ake List							
Intake <u>ID</u>	Status 💠	Decision 🛟 Date - Time	Category 💲	Туре	Initiation Date/Time	Case Disposition Disposition Date	Investigation/ Assessment Completion Date	Agency ✿ Name	
45678 reports	Screened Out	03/08/2024 02:33 PM	CA/N Report	Sexual Abuse				Test County Children Services Board	<u>unlink</u>
Record Disp	position(s) Updat	te Disposition(s)							



The Intake Dispositions grid appears.

Note: If you wish to clear **ALL** the Disposition Details recorded for all the Allegations associated to this intake, click **clear** on the right side of the grid.

To edit the Disposition Details for a specific Allegation:

2. Click edit beside the Intake.

CAS	E NAME / ID: Sacwis, Susie / 123456	Or	going / Open (04/04/2023)		
Intake	Dispositions				
	Intake <u>ID</u>	Decision Date & Time	Category	Type(s)	
edit	121212	01/08/2024 02:30 PM	CA/N Report	Physical Abuse	clear

Disposition Information tab appears, showing the Allegation Details grid.

3. Click **edit** beside the Allegation you wish to change.

	Disposition Information			Contributing Factors			
SE NAME / ID: Sacwis, Susie / 12345	6		Ongoing / Open (04/04	4/2023)			
legation Details							
Itake ID: 121212		Intake Category:	CA/N Report	Screening Decision	n Date: 01/08/2	024	
ACV/CSR	Allegation	AP/ASR	Severity of Harm	Harm Description	Substance(s)	Incident Date	
	Disposition						
edit Sacwis, Susie / 121212	Physical Abuse	<u>Test, Adult / 131313</u>					
pply Save Cancel							

The **Disposition Details** screen appears.

- 4. Update the fields on the page as needed.
- 5. Click Save.



sposition E	Details				
ntake <u>ID</u> :	121212	Intake Category:	CA/N Report	Screening Decision Date:	01/08/2024
Alleged Child	d Victim / Child Subject of Report: Sau	cwis, Susie/123456			
Alleged Perp	netrator / Adult Subject of Report: Tes	st, Adult/131313			
Allegation:	Physical Abuse				
When did the Abuse happe Date)?: * 🚯	e alleged Physical and (Incident	Date Estimated			
Report Dispo	osition: *	•			
Severity of H	larm: * 🔀	~]			
24	<u></u>				
larm Descri	ptions (a)				
Record Harn	n Description(s) as a result of this abuse or negl	ect allegation.			
	Available Harm Descriptions		Selected Harm Descriptions		
	Q Add		Remove Q		
	Abandonment	â			
	Access to drugs				
	Blindness				
	Bone Fracture				
	Brain Damage/Skull Fracture				
	Burns/Scalds				
	Child affected by substance abuse				
	Dirty/Unsafe Environment	-			~~~~
			<u></u>		_
ubstances					
elect substa	ance(s) pertinent to this abuse/neglect allegation	D.			
	Available Substances:		Selected Substances:		
	Add Add		Remove		
	Alcohol				
		1			
	Amphetamines				
	Amphetamines Barbiturates				
	Amphetamines Barbiturates Benzodiazepines	[
	Amphetamines Barbiturates Benzodiazepines Buprenorphine (Suboxone)				
	Amphetamines Barbiturates Benzodiazepines Buprenorphine (Suboxone) Cocaine				
	Amphetamines Barbiturates Benzodiazepines Buprenorphine (Suboxone) Cocaine Codeine				

The **Disposition Information** tab screen appears, showing the updated Allegation Details.

6. Click Save.



Tour data nuo been ouvea.						
> Workload > Intake > Intake Dis	positions					
	Disposition Info	ormation		Contributing Factors		
ASE NAME / ID: Sacwis, Susie /	123456		Ongoing / Open (04	/04/2023)		
llegation Details						
ntake ID: 131313		Intake Category	y: CA/N Report	Screening Decision Date:	01/08/2024	
ACV/CSR	Allegation	AP/ASR	Severity of Harm	Harm Description	Substance(s)	Incident Date
	Disposition					
	Physical Abuse	Test, Adult / 121212	No Medical/Therapeutic Treatment Provided	Abandonment	Cocaine	01/07/2024
edit Sacwis, Susie / 123456						

If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

