

**Completing the Health Section of the  
JFS 01443 - Form  
Child's Education and Health  
Information Report**



**Knowledge Base Article**

# Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

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# Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

## Overview

This article describes how health information recorded in Ohio SACWIS is used to populate the **Health Section** of the **Child's Education and Health Information Report**.

The **Child's Education and Health Information Report** (JFS 01443) is comprised of a Health Section and an Education Section. As stated above, this article addresses only the **Health Section** of the report. Each section is generated separately from the **Forms/Notices** link in the navigation pane of the **Case**.

## Navigating to the Forms/Notices Link

From the Ohio SACWIS **Home** screen, click the **Case** tab.

1. Navigate to the **Case Overview** screen.
2. Click the **Forms/Notices** link in the **Navigation** menu.

The screenshot shows the Ohio SACWIS interface. At the top, there are tabs for 'Home', 'Case', 'Provider', 'Financial', and 'Administration'. Below these are sub-tabs for 'Workload', 'Court Calendar', and 'Placement Requests'. The 'Case' tab is active. On the left, a navigation menu lists various options, with 'Forms/Notices' highlighted by a red box. The main area shows case information: 'CASE NAME / ID: Ongoing Open (02/08/2019)', 'ADDRESS', 'CONTACT', 'AGENCY', 'PRIMARY WORKER', and 'SUPERVISOR(S)'. A dropdown arrow is visible next to the 'AGENCY' field.

The **Forms/Notices** screen displays.

3. Choose, **JFS 01443 - Child's Health Information**, from the **Forms/Notices** drop-down menu.
4. Click, **Select**.

The screenshot shows the 'Forms/Notices' screen. The left navigation pane has 'Forms/Notices' highlighted with a green box. The main area shows 'CASE NAME / ID: Ongoing Open (02/08/2019)'. Below this is a 'Maintain Forms/Notices' section with a dropdown menu for 'Forms/Notices' and a 'Select' button. The dropdown menu is open, showing 'JFS 01443 - Child's Health Information' selected. The 'Select' button is highlighted with a red box.

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## Generating the Child's Health Information Report

The Reports screen appears, displaying previously saved reports in the document History grid.

1. Click the **Generate Report** button.

Case\Workload\Reports

Document Details

Document Category: [ ] Document Title: JFS 01443 - Child's Health Information

Work-Item ID: [ ] Work-Item Reference: [ ]

Task ID: [ ] Task Reference: [ ]

Document History

ID	Date Created	Employee ID	Name
[ ]	07/16/2014 03:08 PM	[ ]	[ ]
[ ]	07/31/2014 03:36 PM	[ ]	[ ]
[ ]	08/05/2014 01:45 PM	[ ]	[ ]
[ ]	09/03/2014 04:57 PM	[ ]	[ ]
[ ]	09/22/2014 01:02 PM	[ ]	[ ]
[ ]	09/18/2019 12:21 PM	[ ]	[ ]
[ ]	09/18/2019 12:21 PM	[ ]	[ ]
[ ]	11/26/2019 02:05 PM	[ ]	[ ]
[ ]	11/26/2019 02:06 PM	[ ]	[ ]

Document History

**Generate Report**

The **JFS 01443 - Child's Health Information** screen appears.

2. In the Person drop-down list, select the name of the Child for whom you wish to generate the report. (Required)
3. Enter the Start Date of the report. (Required)
4. Enter the End Date of the report. (Required)

**Note:** The report will display only those records that pertain to the specified date range.

5. Check the Sanitize Health Info checkbox if you wish to sanitize the report. (Optional)

**Note:** A Sanitized Report will not display any of the child's treatment providers.

6. Click the **Generate Report** button.

## Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

JFS 01443 - Child's Health Information

Person: \*

Start Date: \*

End Date: \*

Sanitization Reason:

Sanitize Health Info

Spell Check Clear

Generate Report Cancel

The following screen appears as the report is being prepared.

Ohio SACWIS

Home Recent Search Help

Your report is being created

Please wait ...

Report Requested: 11:24:57 AM  
Last Checked: 11:25:07 AM

Cancel

The **Child's Education and Health Information** report appears in PDF format.

7. Click, **Save**.

# Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

## CHILD'S EDUCATION AND HEALTH INFORMATION

<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Person ID:</b>		<b>Agency Case Number:</b>	
<b>Reporting Period:</b>	<b>Start Date:</b> 12/02/2019	<b>End Date:</b>	12/03/2019

### HEALTH SECTION

**A. Change in the child's health information has occurred since the last SAR was held.** No  
**Last SAR was held on:** 10/21/2014

**B. List child's known medical problems, injuries, etc. (include dates if possible):**

Condition	Effective Date	Method	Diagnosed/Reported/Observed By
Adjustment Disorder	9/10/2014	Clinically Diagnosed	
Allergies - Drug		Unknown	
Allergies - Environmental		Unknown	
Allergies - Food		Unknown	
Asthma-No Treatment Required		Unknown	
Marijuana/Tetrahydrocannabinol (THC)-Involved/Abuse	8/13/2019	Self-Reported	

**C. List any known allergies including allergies to medications (if any):**

Allergies - Drug:  
 Allergies - Environmental:  
 Allergies - Food:

**D. List the name(s), address(es), and phone number(s) of the child's most recent medical provider(s):**

<b>Provider/ID:</b> [Redacted]	<b>Phone Number:</b> [Redacted]
<b>Address:</b> [Redacted]	<b>Date of First Visit:</b> [Redacted]
<b>Treatment Provided:</b> Medical	
<b>Provider/ID:</b> [Redacted]	<b>Phone Number:</b> [Redacted]
<b>Address:</b> [Redacted]	<b>Date of First Visit:</b> [Redacted]
<b>Treatment Provided:</b> Medical	
<b>Provider/ID:</b> [Redacted]	<b>Phone Number:</b> [Redacted]
<b>Address:</b> 1 Perkins Sq, Akron, OH, 44308	<b>Date of First Visit:</b> 8/19/2014
<b>Treatment Provided:</b> Medical	

**E. Record of child's immunizations:**  
 Are child's immunizations up to date?

# Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

## CHILD'S EDUCATION AND HEALTH INFORMATION

<b>Child's Name:</b>	
<b>Person ID:</b>	
<b>Reporting Period:</b>	<b>Start Date:</b> 12/02/2019 <b>End Date:</b> 12/03/2019

Type	Immunization Group	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTP	Diphtheria/Tetanus/Pertussis	08/01/1997	07/07/1998	04/19/1999	12/07/1999	03/21/2002
	HPV	09/12/2014	--	--	--	--
	Tdap	12/07/1999	03/21/2002	07/13/2009	--	--
HIB	Haemophilus Influenza type b	08/07/1997	01/01/1998	04/19/1999	12/07/1999	--
HEPA	Hepatitis A	07/13/2009	09/12/2014	--	--	--
HEPB	Hepatitis B	05/25/1997	08/01/1997	01/01/1998	--	--
IPV	Inactivated Polio	08/01/1997	04/19/1998	12/07/1999	03/21/2002	--
MMR	Measles/Mumps/Rubella	12/07/1999	03/21/2002	--	--	--
MEN	Meningococcal	07/13/2009	09/12/2014	--	--	--

**F. Indicate if the child has had any of the following childhood illnesses:**

Chicken Pox	Yes
Hepatitis	No
Mumps	No
Rubella	No
Rubeola	No
Whooping Cough	No

**G. List the child's current medications and dosages for each:**

No Data Available  
No Data Available

**H. List dates of child's last exams.**

Physical:	09/12/2014	30 Day Healthcheck
Dental:	Not Recorded.	
Vision:	Not Recorded.	

**I. Describe any other pertinent medical information or events the child has had or currently has. Include any condition that is preventing the child from attending school on a full-time basis.**

Not applicable.

**Medical, Mental Health, Dental, Vision, and Specialist Treatments for the reporting period:**

None recorded.

# Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

## CHILD'S EDUCATION AND HEALTH INFORMATION

Child's Name:			
Person ID:			
Reporting Period:	Start Date: 12/02/2019	End Date:	12/03/2019

### Hospitalizations:

Not applicable.

### J. If any of the above health records are unavailable or inaccessible, indicate the reasons why, as well as the steps being taken to obtain the needed information:

Status of Records: Available

Reason(s) for Unavailable Records: Immunizations were received from SUMMA/Western Reserve and Stow Primary Care and are being entered into SACWIS

### Delivery of Child's Health Information

The date the child's Education and Health Information report was provided to the child's substitute caregiver and parent(s) is logged as an Activity in Ohio SACWIS.

Date Child's Education and Health Information Report  
Provided to Substitute Caregiver(s) \_\_\_\_\_

Date Child's Education and Health Information Report  
Provided to Parent(s): \_\_\_\_\_

### Agency Representative Signatures

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Entering a Child's Health Information

The child's **Health Information** must be entered through the **Person Profile** (as shown below) in order to appear on the report.

1. Navigate to the **Person Overview** screen.
2. Click, **Profile**, in the navigation pane.



# Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

The **Person Profile** page appears.

3. Click the **Characteristics** tab.

**Note: Diagnoses** for the child are recorded as **Characteristics** of the following types: **Medical, Mental Health/Substance Abuse, Prenatal/Birth, and Developmental/Intellectual.**

4. Make a selection from the **Characteristics Type** drop-down menu.
5. Click, **Add Characteristic.**

The **Characteristics** screen appears, displaying the **Characteristics Details** grid.

**Note:** Depending on the Characteristic Type selected, the Characteristics Details screen will display relevant options.

6. Make a selection from the **Available Characteristics** grid (this will activate the Add feature).
7. Click, **Add** (your selection will be added to the Selected Characteristics grid).
8. Click, **Save.**

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Person > Profile **Characteristics**

Name: [redacted] Person ID: [redacted] DOB: [redacted]

**Characteristics Details**

Characteristic Group: Prenatal/Birth

Available Characteristics:

- Pre-Natal Drug Exposure - Hydromorphone
- Pre-Natal Drug Exposure - LSD/Acid
- Pre-Natal Drug Exposure - Medication
- Pre-Natal Drug Exposure - Methadone
- Pre-Natal Drug Exposure - Methamphetamine
- Pre-Natal Drug Exposure - Morphine
- Pre-Natal Drug Exposure - Opiates
- Pre-Natal Drug Exposure - Other

Selected Characteristics: \*

Method:  Unknown  Self Reported  Observed  Clinically Diagnosed

Additional Information:

Spell Check Clear 4000

Created Date: Modified Date: Created By: Modified By:

**Save** Cancel

The **Characteristics** tab page appears.

9. Click, **Save**.

Basic Demographics Address Additional **Characteristics** Safety Hazard Confidential Information

Name: [redacted] Person ID: [redacted] DOB: [redacted]

**Documented Person Characteristics**

The Characteristics Tab supports Federal Reporting by allowing the worker to record diagnoses of medical or mental health conditions and supports the recording of helpful information which may assist the worker when making placement decisions for a child.

A clinical assessment by a qualified medical or mental health professional has not yet been completed for this person.

A qualified professional has conducted a clinical assessment of this person and has determined this person has no clinically diagnosed conditions (Medical, Mental Health/Substance Abuse, Prenatal/Birth, or Developmental/Intellectual).

**Person Characteristics**

Characteristic Type: [dropdown] **Add Characteristic**

Created in Error  Exclude  Include

Returned 4 Record(s)

Characteristic	Category	Method	Begin Date	End Date
<a href="#">edit</a> Allergies - Drug	Medical	Unknown		
<a href="#">edit</a> Cooperative	Traits/Behaviors/Family History	Unknown		
<a href="#">edit</a> Depression	Mental Health/Substance Abuse	Self-Reported	01/07/2013	
<a href="#">edit</a> Open to Change	Traits/Behaviors/Family History	Unknown		

No additional known or applicable characteristics are documented for this person

**Apply** **Save** Cancel

The **Person Overview** screen appears.

10. Click, **Close**.

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Person Overview

Your data has been saved.

Name: [Redacted] Person ID: [Redacted] Gender: [Redacted]

DOB: [Redacted] Age: [Redacted] Hair Color: [Redacted]

Race: [Redacted] Hispanic/Latino: [Redacted] Eye Color: [Redacted]

Primary Contact

Contact: [Redacted]

Address: [Redacted]

Environmental Hazards:

Close

**Note:** Other **Medical Information/Records** that pull into the report are recorded through the **Medical** hyperlink on the **Provider, Treatment, Medication, Immunization, Pregnancy/Parenting, and Birth** screens.

First Visit	Provider End Date	Provided Treatment Types	Provider Name / ID
09/12/2014		Medical	[Redacted]
08/25/2014		Medical	[Redacted]
08/19/2014		Medical	[Redacted]

Add Provider

Apply Save Cancel

## Understanding the Health Section of the Report

The child's Health information pulls into the **Health Section** of the **Child's Education and Health Information Report** as described in the following sections.

### Section A: Change in Health Information/Last SAR Held

- If the medical records were created and/or updated since the last SAR date in Ohio SACWIS, the report will automatically display **Yes** in this section.
- If no medical records were created and/or updated since the last SAR date in Ohio SACWIS, the report will automatically display **No** in this section.
- If no SAR exists on the child's case, the report will automatically display **N/A** in this section.
- The **Last SAR was held on** date displays based on the last SAR that was created within the specified reporting period. The report looks to the following three fields to determine the date:

**Note:** The SAR does not have to be approved for this date to pull into the report.

### Section B: Child's Known Medical Problems

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- This information is pulled from the child's **Characteristics** tab in the **Person Profile**.
- Child **Characteristics** (other than the **Traits/Behaviors/Family History** category) that are effective during the reporting period will display.
- If no **Medical, Mental Health/Substance Abuse, Prenatal/Birth, or Developmental/Intellectual** Characteristics have been entered, the report displays **None recorded**.
- Applicable characteristics display in a grid as in the following example:

Condition	Effective Date	Method	Diagnosed/Reported/Observed By
Adjustment Disorder	05/05/2005 – 05/05/2006	Clinically Diagnosed	Dr. Spock
Diabetes – Insulin Dependent	06/06/2006	Self-Reported	John Doe
Asperger Syndrome		Unknown	
Anorexia		N/A	

**Note:** When the report is **Sanitized**, the **Diagnosed/Reported/Observed By** column will not display.

### Section C: Child's Known Allergies

- **Allergy** information pulls from the child's **Characteristics** tab in the **Person Profile**.
- The **Allergy Type** and the **Additional Information** narrative from the **Characteristics** screen displays on the report.
- If no **Allergy Characteristics** have been entered, the report will display **None recorded**.
- Record the child's **Allergy Characteristics** by selecting the appropriate **Characteristics** value (i.e., **Allergies - Drug, Allergies - Environmental, or Allergies - Food**).
- Record the **Method** and **Diagnosis Details**, as applicable.
- Add all known details to the **Additional Information** text box.
  - For example, if the child is allergic to medication, select **Allergies - Drug**, and then list the specific medication(s) in the text box as well as any other information pertaining to the allergy.

**Important:** The details for each **Allergy Type** will display on the report. For this reason, it is best to record each **Characteristic** separately if the child has more than one kind of allergy.

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### Section D: Child's Medical Providers

- **Providers** are recorded on the **Person Profile > Medical link > Provider** tab.
- All **Provider** records that are active within the reporting period display on the report.
- The report includes the **Provider Name, Address, Phone Number, Provided Treatment Types,** and **Date** of the first visit.

**Note:** When the report is **Sanitized**, no **Providers** display.

### Section E: Record of Child's Immunizations

- All **Immunization Record Dates** are listed, regardless of the report parameter dates.
- The section, **Child will not be immunized. Reason** will only display when the corresponding checkbox is marked.
- Immunization information is recorded on the **Person Profile > Medical link > Immunization** tab.
- The user will select a value from a drop-down list to indicate whether or not the immunizations are up to date. This selection will display on the report.
- All immunizations that have been recorded display in a grid as in the following example:

Type	Immunization Group	Dose 1	Dose 2	Dose 3	Dose 4
DTP	Diphtheria/Tetanus/Pertussis	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	
HEPB	Hepatitis B	mm/dd/yyyy	mm/dd/yyyy		
MMR	Measles/Mumps/Rubella	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy

### Section F: Record of Childhood Illnesses

- On the **Person Profile > Medical link > Treatment** tab, select **Yes/No/Unknown** in the drop-down list for each of the **Childhood Illnesses** below. Each response will display as shown in the example below.

Chicken Pox	Yes
Hepatitis	No
Mumps	Unknown
Rubella	No
Rubeola	No
Whooping Cough	Not Recorded

## Completing the Health Section of the JFS 01443 Form - Child's Education and Health Information Report

### Section G: Child's Current Medication and Dosages for Each

- All medications, including those with end dates, that fall within the reporting period display as follows:

Medication Name/Dosage/Frequency	Date Prescribed
Celexa 20 mg 3x daily	02/02/2014
<b>Notes:</b> This field pulls the narrative recorded on the medication record, if any.	

**Important:** If a medication has been discontinued during the reporting period, the **Date Prescribed** column will display the date range (e.g., 01/01/2013 - 04/01/2013).

**Note:** When the **Date Prescribed** is unknown, an estimated date or the date the medication becomes known to the agency may be recorded and an explanation can be added to the **Notes** field.

### Section H: Dates of Child's Last Exams

- This section pulls the most recent **Medical Treatment Service Start Date** for each treatment/service when the **Primary Service Type** is one of the following:

**Physical (Medical):** 30 Day Healthcheck, 60 Day Healthcheck, Annual Healthcheck, Non-annual Physical, Well Child

**Dental:** 30 Day Healthcheck, 60 Day Healthcheck, Annual Healthcheck, Exam/Cleaning

**Vision:** 30 Day Healthcheck, 60 Day Healthcheck, Annual Healthcheck, Exam

- The child's last exams display on the report as shown below:

Physical:                      mm/dd/yyyy                      Annual Healthcheck

Dental:                         mm/dd/yyyy                      Exam/Cleaning

Vision:                         None recorded

**Note:** The above **Service Types** are those that have been determined by Policy to be applicable to the exams required in rule.

### Section I: Other Pertinent Medical Information or Events

- This is an optional field on the screen when a **Treatment Record** is entered and the type is **Medical** or **Specialist**.
- If none of the **Treatment Records** that fall within the report parameter dates have

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data in this field, then **Not applicable** will display at the beginning of this section.

- If **Treatment Records** existing within the report parameter dates do have data entered into this field, then the report will display: \* **Please see medical treatment records listed below.**
- If there is a non-end-dated **Pregnancy** record on the **Pregnancy/Parenting** tab of the child's **Person** record, then the report will display **Pregnant**. If the record includes the **Expected Due Date**, then the report will display the information as follows:

Pregnant

Expected Due Date: mm/dd/yyyy

**Note:** If there is no **Pregnancy** data, then nothing will display here.

- This section displays all **Treatment Records** with service dates that fall within the report parameters as follows:

**Medical, Mental Health, Dental, Vision, and Specialist Treatments for the reporting period:**

**Service Start Date:** mm/dd/yyyy

**Service End Date:** mm/dd/yyyy

**Treatment Type:** (Medical/Specialist)

**Primary Service Type:** Annual Healthcheck

**Secondary Service Type:**

**Diagnosis:** ADHD

**Additional Details:** Narrative...

**\*\*Other Pertinent Information:** Narrative...

**Note: Other Pertinent Information** only displays when data exists in this field.

- The **Diagnosis** field displays a list of all **Clinically Diagnosed Characteristics** linked to the **Treatment Detail Record**.

Linking a **Characteristic** to a **Treatment Detail Record** documents that a specific diagnosis was made or confirmed as a result of that Treatment service.

A **Characteristic** is linked by marking the checkbox next to the Characteristic on the **Treatment Details** page.

- **Dental, Vision, and Mental Health Treatment Records** are displayed similarly to the **Medical** records (as shown above).

In addition, the sub-sections match the fields on the screen for each of those treatment types.

- Following the **Treatment Records**, a section displays for all **Hospitalizations**. The information is pulled from the treatment record(s), and includes the **Date**

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Admitted, Date Discharged, Hospital Name, and Hospitalization Details.

## Section J: Unavailable Health Records

- For this section, the information below pulls from the top of the **Treatment** tab. The **Status** is recorded in a drop-down and a **Narrative Explanation** is required if the records are **Unavailable**.

**Important: If any of the above health records are unavailable or inaccessible, indicate the reasons why, as well as the steps being taken to obtain the needed information:**

**Status of Records:** (Available or Unavailable)

**Reason for Unavailable Records:** Narrative...

## Other Information

- Any date in the **Maintain Medical** section can be post-dated. For example, a date of 2/4/10 can be entered on a record created on 11/23/11.
- When a **Sanitized** version of the person's **Education and Health Information Report** (JFS 01443) is generated, the worker must document that in the **Activity Log**. A full explanation of the reason(s) for excluding the current school and/or medical provider information (rule 5101:2-38-08) is required.
- To have the **Date of Child's Most Recent Education and Health Information** Form (JFS 01443) pull forward into the SAR, a report must be generated and saved for each of the children.

If you need additional information or assistance, please contact the OFC Automated Systems Help Desk at [SACWIS\\_HELP\\_DESK@jfs.ohio.gov](mailto:SACWIS_HELP_DESK@jfs.ohio.gov) .