

Child Fatality/Near Fatality SACWIS Enhancements
Webinar Questions & Answers
August 17, 2016

With build SACWIS build 3.05, a new Child Fatality/Near Fatality work item is being added to the left navigation menu in the case. This new work item replaces the use of the JFS 01987 Child Fatality Face Sheet for Public Children Service Agencies only. (Others will still use the JFS 01987.) The new work item also captures information pertaining to near fatalities, previously not addressed by the JFS 01987. Otherwise, there has been no change to policy or procedure regarding reporting requirements for child fatalities, though rule revisions are in development. Whenever the PCSA would have been required to submit the JFS 01987, they will instead complete the Child Fatality/Near Fatality work item in SACWIS. For more information, please refer to OAC 5101:2-42-89 and the Instructions for Completing JFS 01987.

Question	Response
Why would a CA/N report involving a child fatality be screened out? And how would a screener be able to make the determination that the CA/N report should be reported to NCANDS?	Reports may be screened out due to being duplicates, or referred to another jurisdiction. Some agencies have screened out CA/N child fatalities when there were no other children in the home, leaving the investigations to law enforcement. The enhancements will provide needed information about how fatality reports are being screened across the state, as well as enable us to more accurately track fatalities and near fatalities. If screening decision makers have questions, they should talk with their administrators.
Is there the ability to add fatality information to the intake within 4 working days? We may not know if it is a near fatality until after we screen in and speak to medical providers.	The fatality fields in the intake capture the information that is known at the time of the report. Once the intake is screened, the fatality/near fatality question on the basic tab cannot be changed. If through the investigation it is found to be a near fatality or fatality, you would capture that in the disposition severity of harm.
What happens when the call is received and the reporter is unsure if the injury/fatality is CA/N related? Do we still complete the information in the intake?	Record the intake according to the information received. If the injury/fatality is being reported due to suspicion of CA/N, then complete the fields in the intake for fatality/near fatality as applicable. If through the investigation it is found that the injury/death was not a result of CA/N, reflect that in the disposition.
Do physicians know to report referrals as near fatalities or does the worker ask them this question?	Reporters may not be aware of the child welfare definition of near fatality, or of the agency's need for that level of information. If clarification is needed, screeners should ask.
If the report is a FINS-Non CA/N, you indicated that the default will be 'YES' to the question on the basic tab. However, the Yes, is said to be defined as death of a child caused by abuse or neglect. Aren't those contradictory? Doesn't this still then require the screener to answer all the additional questions despite it being non-CAN? It looks like the screening decision then also requires answering the additional screen out question even though this is not CA/N, right?	We will look at clarifying the information box as a future enhancement. The definition displayed is the CAPTA definition for near fatality and child fatality. For the purpose of driving additional fields in the SACWIS intake, however, the question will automatically be answered Yes for FINS-Child Fatality (non-abuse/neglect) intakes as well. The only additional requirement for a FINS fatality intake will be to identify the fatality status of the child subject, since more than one child may be included in the same intake. The screening decision question regarding NCANDS reporting ONLY applies to CA/N (or Stranger Danger) Child Fatality reports marked for screening out. It will not display for any other type of intake.
Does this intake enhancement cover the form that is sent to the state to report a child fatality?	The new Child Fatality/Near Fatality work item in SACWIS replaces the JFS 01987 that would previously be sent to the state. Upon completion of the new work item, a notification email is sent to the state Technical Assistance Managers so the record may be reviewed in SACWIS.
What is the time frame to complete the Child Fatality/Near Fatality work item?	The time frame is the same as for the JFS 01987, which is five working days.

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If the CA/N report is screened out due to jurisdiction, do we report to NCANDS? Is that impacted by whether or not the county is in Ohio?	If the jurisdiction is out of state, answer the NCANDS question No. If it is another Ohio county, answer Yes. When submitting data to NCANDS, the state will ensure that no child fatality is counted more than once.
What date is the system looking at to determine the case status at the time of the incident?	The system determines when the incident took place based on the following hierarchy: First, earliest Incident Date found in allegations in the linked intake(s) that are marked as pertinent to the fatality or near fatality for the focus child. If no allegations are marked as pertinent, then the earliest Incident Date found is used. If no intakes are linked, or no Incident Dates are found, then the system uses the child's Date of Death. If none of these dates is found, then Case Status cannot be determined and will be blank. If incident date or date of death, as specified above, precedes case creation, then Case Status will be None.
If the case comes in as a near fatality and we complete the work item, then the child dies, do we complete it again?	Complete an amendment to update any information that has changed.
Counties may not know of a child's death (especially non-suspicious ones) until months or nearly a year later when the agency receives the list of child deaths as part of the Child Fatality review process.	Document information received through the normal intake process, as applicable. The Child Fatality/Near Fatality work item, if applicable, would be due within five working days of receipt of the information.
How does this apply to positive toxicology at birth?	If the criteria for near fatality are met, then it may be documented as such. That is, if the prenatal drug exposure, as certified by a physician, places the child in serious or critical condition.
For fatalities that happened prior to the functionality being available, do we need to back date to enter those into SACWIS?	No. The expectation is that the work item will be completed going forward.
What is the process for reporting on cases that are closed or never opened? Please clarify the procedures for reporting on closed cases. It appears an intake would not be required; however, should an intake be created, linked to the closed case, screened out, etc.?	The Child Fatality/Near Fatality link will be available on cases that have a status of Closed or N/A. (An N/A case has only screened out or I &/or R intakes linked and has never been opened). In instances in which the work item would be expected to be completed, the agency should either have an existing case, or have a current intake with which to create a case, even if the intake is screened out. For example, for a CA/N fatality or near fatality, there should be an intake to capture the information as it was reported to the agency. If reporting a non-CA/N fatality of a child with whom the agency had involvement within the past 12 months, the report would be completed on the previous case, even if it is currently closed. Note that when an intake is linked to the Child Fatality/Near Fatality work item, details from the intake will be pulled forward. However, the work item may be completed without a linked intake.
Does the county have to fill out the child fatality work item (JFS 1987) when the county screens out the CA/N child fatality?	Rules/procedures for reporting fatalities have not changed. The report should be completed for children in custody of the agency at time of death, for all child deaths involving suspected CA/N, and child deaths where the agency had involvement with the child or household members within twelve months of the fatality.

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I we get a call from the police letting us know of a near fatality and that the child is being transported to the hospital, should we wait to hear from a medical professional that the child is actually a near fatality? Does it have to be a doctor? Or could it be a social worker/nurse calling on behalf of the doctor?	Record the intake and screening decision according to the information given. If the information is not sufficient to document near fatality, you would answer the question, 'No.' If through the course of the investigation, information is gathered to confirm fatality/near fatality, the worker will capture that in the disposition details. The information would not have to be provided directly by the physician, as long as the physician has certified in the child's record that the abuse/neglect placed the child in serious or critical condition.
How do we handle a homicide of a child? On an open case and a closed case?	If the perpetrator of the homicide is not in a parental role or <i>in loco parentis</i> role, then this would not need to be reported to NCANDS, nor necessarily investigated. If the child is in custody, or the agency had involvement within the past twelve months, the work item would still be used to document the circumstances of the child's death.
Do you have to have a special role/security in order to do the CF/NF work item? Do you have to be assigned to the case?	Any worker who can access the case can complete the CF/NF work item. One does not have to be assigned to the case, as closed cases will not have any assignments.
Will there be a prompt message to enter the child fatality (from CA/N or Non-CA/N) when ending a placement or terminating custody due to child death reason?	Not at this time. Possible future enhancement.
I have had a situation where the first hospital said that the child had a skull fracture and several other injuries like broken bones, let's say were life threatening. That I would have labeled a near fatality. After a more in depth investigation there was NOT a skull fracture or broken bones.	Complete the intake based on the information given at the time of the report. If the reporter stated that the child's injuries/condition met the definition of near fatality, then document it as such. If after investigation it is determined that the child did not suffer an act of abuse or neglect that, as certified by a physician, placed the child in serious or critical condition, then those findings would be reflected in the disposition details.
If a death date is populated in SACWIS on a Child's record, does the system remind you that this needs completed?	Not at this time. Possible future enhancement.
Do not see a SACWIS report that lists items may need finished or have been finished.	A Child Fatality/Near Fatality Administration Report is in development, planned for release in build 3.07. This report will include child level and aggregate data.
Will there be a tickler indicating that this work item needs to be completed?	Not at this time. Possible future enhancement.