



Washington State
Department of Social
& Health Services

Administrative Incident Reporting System (AIRS)

<http://ca.dshs.wa.gov/calogin/calogin.asp>

Companion Guide

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**Administrative Incident Reporting System
Companion Guide
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Part One: Introduction

A. Overview

The Children's Administration has automated the reporting of administrative or critical/serious incidents. The new automated system, referred to as the "Administrative Incident Reporting System (AIRS)" consolidates all previous administrative incident report forms into one uniform electronic system.

AIRS replaces the following incident report forms:

- Administrative Report of Incidents (DSHS Form 20-192)
- Initial Fatality & Near Fatality Report
- Fatality Fact Finding & Community Review Reports
- Facility Critical Incident Report

B. Purpose of Companion Guide

This Companion Guide has been developed to assist staff using the Administrative Incident Reporting System (AIRS) and to create consistency among reports statewide. The Guide provides information regarding when & how to use the system, reporting requirements, whom to contact for technical assistance, and definitions of incidents that need to be reported. Guidelines are also provided for conducting and developing Child Fatality Review Reports and Regional Fatality Action Plans.

C. Policy and Procedures

For additional information regarding administrative reporting requirements and critical incident management, please refer to DSHS Administrative Policy 9.01 and the Children's Administration's Operational Manual Chapter 5200.

D. Who to Contact for Technical Assistance

If technical assistance is needed regarding the Administrative Incident Reporting System (AIRS) please contact System Administrators, Office of Risk Management, Tom Stokes (360) 902-7718 or Dave Adams (360) 412-3943.

If you have questions regarding the reporting of fatalities or near fatalities please contact Office of Risk Management Tom Stokes Child Fatality Program Manager at (360) 902-7718 or by email at stto300@dshs.wa.gov.

Questions regarding the reporting of incidents involving facilities should be directed to Jeanne McShane at (360) 902-7858 or by email at JMCS300@dshs.wa.gov

For questions regarding reporting of all other incidents, please contact the Office of Risk Management contact Sharon Gilbert, Office Chief, Office of Risk Management at (360) 902-7822 or by email gilbesa@dshs.wa.gov.

Part Two: How-To Steps

A. Searching Existing Incidents

Be sure to search AIRS prior to creating an incident. This will prevent the creation of duplicate reports. Select the "Search/Select Existing Incident" option from the Main Menu. From the search screen, select the type of incident you are searching and provide any other relevant information. **Hint:** To narrow search results, include as much information as possible in your search criteria.

You may also choose to search an incident by child name or adult name. Your search results will be displayed by incident type, however you can select the child or adult tab in this incident screen.

Hint: To search all children in AIRS alphabetically, put a % in the child's Last Name Box on the Search screen and do not select an incident type.

B. Accessing an Incident

After entering your criteria in the search screen and selecting the search button in AIRS, a list of incidents will be displayed on your screen. However, access rights to each incident are reserved for staff who have been related to the incident and provided *Staff Access*. If you are authorized to access an incident, several icons will be displayed directly beneath the incident. **Hint:** A description of what an icon represents will be displayed when you rest the cursor directly on the icon. To view a complete key for icons, click on the "Icon Definition" link on the search results screen.

All staff, regardless of access privileges, has authority to add a follow-up to an incident.

C. Creating a New AIRS Incident

We recommend you always do an AIRS search before creating a new incident to make sure it has not already been entered by another user. You should only create a New AIRS incident if you are sure it is not already on file. The "Create New Incident" screen can be accessed via the "New Incident" button at the top of that screen. The preferred method is to search for the incident on this screen first then if you are sure it is not already on file to click the "New Incident" button.

The "Create New Incident" screen requires some specific information in order to create the incident. This includes identifying the Incident Date, Region and Office involved. It must also identify at least one incident type, though multiple incident types can be selected. Many of the incident types require that you also select a sub type from the list displayed when you select the type. There is the requirement that if this involves a Fatality or Near-Fatality that you identify the name of the primary child.

Once the required information has been supplied, click the "Create Incident" button at the bottom of the page.

Upon creating the incident, the system will present the "Generate Alerts" page where you can fine tune the content of the alert message, as well as who should receive it. Be sure the appropriate persons in your chain of command are listed. If they are not automatically listed, you can add them by supplying their full email addresses in the extra slots at the bottom of the page. When ready, click the "Continue" button at the bottom of the page to send the alerts and proceed to the main incident form.

D. Cloning an Incident

This feature has been created to assist users that need to create more than one incident report when more than one child is involved, as a primary child, in an event. This is most likely to occur in a child fatality or near fatality incident where each child's death or near fatality constitutes a separate incident regardless that the death(s) or near fatalities were the result of a single event. Other types of incidents may not require separate incident reports if more than one child is involved in the incident. If you have questions, please contact one of the responsible program managers listed on page 3.

E. Locking an Incident or Child Fatality Review

Incident Report

Please follow your office or regional approval process/policy for incident reports. When an incident report is approved, it should be locked/closed in AIRS. This will indicate to headquarters and other involved parties that the report has been finalized and approved by management. An incident report can be unlocked by the person who locked it for up to five days following the lock/closure date. If an incident needs to be unlocked after that date, please contact an AIRS administrator.

A copy of the report should be printed, signed by the approving authority, and retained on file in the local or regional office.

Hint: Follow-up information can be added to an incident without the incident being unlocked. Even though a CFR Report is connected to an Incident, they can be locked, unlocked and generally managed separately.

Child Fatality Review Report

Please follow your office or regional approval process/policy for Child Fatality Review reports. When a report is approved, it should be locked/closed in AIRS. This will indicate to headquarters and other involved parties that the report has been finalized and approved. A Child Fatality Review report can be unlocked by the person who locked for up to five days following the lock/closure date. If a Child Fatality Review needs to be unlocked after that date, please contact an AIRS administrator.

Part Three: Reporting an Administrative Incident

Administrative Incident Reports are to be reported within 24 hours from the date of the incident or Children's Administration's (CA) notification of the incident. Please refer to page 6 of this guide for GUI/CAMIS and AIRS reporting requirements regarding fatality and near-fatalities.

Child fatality and near-fatalities resulting from allegations of child abuse and/or neglect or any fatality on an open case must be reported to the Office of Risk Management by telephone within one hour from the time CA received notification of the incident (360) 902-7822 or fax (360) 902-7848.

Staff and managers should also follow internal division protocols regarding notification and reporting of an incident to their chain of command.

To connect to the Administrative Incident Reporting System, click here:

<http://ca.dshs.wa.gov/callogin/callogin.asp>

This link takes you to a login page that is used by a number of different applications, one of which is AIRS. Enter your CAMIS ID and Password in the fields provided at the top of each screen. The rest of this screen is divided into three sections, each of which may contain access to a version of AIRS. The top section labeled: "Production Web Applications" is the real system, and is the one you would choose to enter real incidents. The middle section is labeled: "Web Applications—QA/Testing Versions". Versions in this area will generally match exactly to the working of the Production System. This is normally where you should go to practice before using the live version of AIRS. The bottom section is labeled: "Web Applications – Development Versions". This is the area where changes under development are being worked out and tested.

Initial AIRS Access

AIRS is designed to allow you to use your standard CAMIS ID and Password for access. When you login to one of the AIRS versions (Production, QA or Development) the first time, you may need to self-register to provide your user information. If you have not already been set up as a user in this AIRS version, you will arrive at the registration screen. On this screen, please supply your name, phone number, region and email address. There are a few more items on this screen as well. Select your staff role (or closest matching) from the list provided. You can also check the box for "Notify me when actions occur that effect incidents participating in". This will cause you to receive email alerts when other users perform special actions to incidents that you are participating in. These actions include locking or unlocking the Incidents as well as when follow up records are added to the incident. If you do not wish to receive such alerts for incidents you are participating in, do not check this box. After completing this screen, click the "Register" button to create your AIRS account and proceed to the AIRS Main Menu. You only see the self-registration screen the first time you access an AIRS version, after that you proceed directly to the AIRS Main Menu after logging in. If you need to change the information you supplied later, you can do so by selecting the "Update User Information" option on the AIRS Main Menu.

Note: This is a slot on this screen for "Password". This is not your CAMSI password. This slot is provided for users that do not have active CAMIS accounts. If you have an active CAMIS account, leave this field blank.

Initial Report

The initial report needs to be documented in AIRS within 24 hours. However, you will be able to modify and/or update your report as new information becomes available. Follow-up information and determination the initial report is final should occur within 10 days. If additional time is needed, the reason for the extension should be documented in the follow-up narrative section of the incident report in AIRS by the Regional Administrator.

Administrative incident reports regarding a child fatality or near-fatality must also have a related GUI/CAMIS referral.

When reporting an incident, be prepared to provide general information about the incident, such as the office, region, location of incident, referral and case number as applicable, recent CA program activity if any, etc. The system includes multiple sections designed to meet a variety of reporting needs. Select the sections that pertain to the incident being reported and complete them to the best of your ability.

AIRS includes the following sections:

- Overview - Type of Incident (Required)
- General Information (Required)
- Facility & Foster Home Information (As Applicable)
- Child(ren) Information (As Applicable)
- Adult Incident Information (Required)
- DSHS Staff Access & Email Alert Notification (Required)
- Narratives (Required)

A. Overview Section - Type of Administrative Incident(s)

The first step in AIRS is to identify the type of incident being reported. The system is designed to consolidate reporting requirements. There may be instances when more than one incident type is selected. For instance, if a child death occurred in a facility alleging suspicion of provider misconduct, instead of completing a separate Facility Critical Incident Report, an Initial Fatality Report, and an Administrative Incident Report, the incident is reported in AIRS, as one incident. Multiple incident types are selected in the Overview Section and applicable sections in AIRS are used for documentation.

Following is a list of administrative incidents that must be reported to CA administration (headquarters) using AIRS. See Appendix A: Definitions - for a complete description of incident types listed below.

▪ Child Fatality

If Intake creates a referral regarding a reportable child fatality it must be reported in AIRS. This will include information-only referrals, as well as those accepted for investigation. For more information regarding child fatality protocols and the criteria for CA taking child fatality referrals, please refer to AIRS Policy.

Types of Child Fatalities to Report:

- Unknown/Undetermined
- Natural/Medical
- Accidental
- Suicidal
- Homicide by Abuse
- Homicide by Third Party

▪ **Near-Fatality**

For the purposes of this section, "near fatality" means an act that, as certified by a physician, places the child in serious or critical condition. The secretary is under no obligation to have an act certified by a physician in order to comply with this section. (RCW 74.13.500).

Types of Near-Fatalities to Report:

- Unknown/Undetermined
- Natural/Medical
- Accidental
- Suicidal
- Child Abuse and/or Neglect by Caretaker
- Inflicted Injury by Third Party

▪ **Client-Related Incident**

For the purpose of completing an Administrative Report of Incident, a child client is defined as a child (or youth up to age 21) in the care, custody and/or supervision of the Children's Administration (per RCW 26.10) and/or the Department of Social & Health Services as it relates to services CA provides.

Types of Client-Related Incidents to Report:

- Serious Injury
- Allegation of Molestation or Rape
- Suicide Attempt
- Placement Exception
- Other

▪ **Staff Safety Incident or Potential Threat of Harm**

For all Staff Safety Incidents you will be required to indicate whether or not the incident resulted in serious injury requiring professional medical treatment.

Types of Staff Safety Incidents to Report:

- Serious Threat of Harm
- Illness Serious/Communicable
- Environmental Hazard
- Traffic Accident
- Physical Assault by Client
- Physical Assault by Other
- Other

▪ **Theft/Vandalism/Property Damage**

In relationship to administrative reporting requirements, please use AIRS to report theft, vandalism, damage, or loss of state or private property in excess of \$250.

▪ **Allegation of Provider Misconduct**

An allegation of provider misconduct must be reported in AIRS by supervisors or management personnel. Requirements include:

Types of Provider Allegations to Report:

- Criminal activity that would disqualify a licensed provider from providing care to children (see WAC 388-06-0170 & 388-06-0180)
- Allegation of sexual abuse/sexual exploitation.
- An emerging pattern of high-risk child abuse and/or neglect referrals.

▪ **High Profile**

Staff and management are to report incidents that may generate significant interest by the media, the legislature and/or the Governor's Office. Incidents reported as "high profile" must include an explanation regarding the reason it's been deemed "high profile." Referrals marked high profile by intake should also be reported in AIRS.

▪ **Other**

AIRS reports are not limited to the incidents described above. If other types of critical incidents requiring the attention of the administration occur, consult with the CA Office of Risk Management.

C. General Information Section

Date of Report

This date should be the date you are creating the report in AIRS.

Region Reporting

Use the number of the region creating the report. If Central Intake is creating the report, select the region being assigned the referral. AIRS alerts to HQ and the region generate off of this field.

Office Name

Use the name of the office creating the report. If Intake is creating the report, select the office that will be assigned the referral.

Referral Number

This should be the number of the referral associated with the specific incident. Not all incidents will have a referral generated in GUI/CAMIS (i.e. staff safety incident). If the incident does not have a referral associated with it, leave this field blank. Any fatality incident or near fatality must also have an associated referral in CAMIS/GUI.

Case Number

If the incident is related to an open case or a child/family with a closed case, identify the case number. If the incident is on a new referral and a case number has not been assigned to the child/family/facility, then leave this field blank.

Case Status at the time of the Incident

Select one of these options: (a) Open case, (b) History within 12 months of the incident – closed case (includes any info- only referrals on the child/family/facility), (c) No history within 12 months of the incident – closed case, (d) No prior history.

Primary Program

If the case was open at the time of the incident, select the primary program handling the case. If there was not an open case at the time of the incident, leave this field blank.

Allegation of Abuse and/or Neglect

These are specific to the incident, not based on the history of the case. If there is a referral associated with the incident, only check “yes” if an applicable CA/N code is identified in the referral.

County

Use the name of the county where the office creating the report is located. If CI is creating the report, identify the county of the office/region that will be assigned the referral.

Date of Incident

This is the date the incident actually occurred. This is often a different date than the date of the report. In cases of near fatalities that later become a fatality, the date of the incident (near fatality) should be recorded. If the near fatality becomes a fatality, the overview information should be changed to reflect that it is now a fatality (instead of a near fatality). However, the incident date should not be changed. Record the date of death in the *Children* section.

Location of Incident

Select the answer choice from the drop down list that best describes where the incident occurred. If there is not an appropriate choice available, select “other” and identify the location of the incident in the *Narrative* section.

D. Adult Section

Any adult involved in the incident should be documented in the Adult section. Not all of the information in this section will apply to every adult documented in AIRS. Only complete information relevant to the adult and incident type.

Click on the "ADD ADULTS" button to open the window where you will add the adult information.

If the adult has a CAMIS/GUI person ID, please remember to identify it in the CAMIS ID field.

If the incident involves a child, select a relationship for the adult to the primary child. Check all roles that pertain to the adult for this specific incident.

You may input a brief narrative (comment) for each adult involved in the incident. This is done after completing the adult information by clicking on the save/add button. Then click on the "Add/Edit Memo" link next to the adult's name. This will open a narrative for your documentation.

Children Section

All child information pertinent to the incident is documented in the Children section. Not all of the information will apply to every children documented in this section. Only complete information relevant to the child and incident type. Click on the "ADD CHILDREN" button to open the window where you will add the child information. If the child has a person ID in CAMIS/GUI, please make sure it is documented in the appropriate field.

Date of Birth/Age

If you know the child's date of birth, please document it here. AIRS will calculate the child's age using the date of birth. The age information will appear after you click "save & add". If you do not know the child's date of birth, but do know an approximate age, identify the age in the "Age" field and leave the "Date of Birth" field blank.

Race

Identify the child's race and whether or not the child is Hispanic.

Legal Status

Select a legal status for any child entered into this section from the drop down list.

Relationship to the Main Child

Please select the appropriate relationship of each child to the primary child (i.e. sibling). If the child is the primary child, then select N/A – Primary Child. Also, check the appropriate boxes to identify if the child is a witness or an alleged perpetrator. Again, this is specific to the incident being reported.

Date of Death

Only complete this field if you are entering information regarding a deceased child. The deceased child may be the primary child, a deceased sibling, or another deceased child related to this incident.

Nature of Death

If you are entering the primary child information, choose the same category as the type of death identified in the *Overview* section. If you are entering information regarding another deceased child, please select the appropriate type of death from the drop down list.

Characteristics

Check all characteristics that apply to the child being entered.

Residence Type

Choose the residence type from the drop down list for the child you are adding, then complete the corresponding residence information.

Narrative

You may input a brief narrative (comment) for each child involved in the incident. This is done after completing the child section by clicking on the "Save/Add button." Then, click on the "Add/Edit Memo" link next to the child's name. This will open a narrative for your documentation.

E. Community Section

Tribal Involvement

Indicate whether or not there is or has been Tribal involvement in the case. If you do not know the answer, select unknown.

Name of Tribe

If there is Tribal Involvement in the case, please identify the name of the Tribe involved.

WSP Referral Made

Indicate if the incident has been referred to the Washington State Patrol.

Local Law Enforcement Notified

Indicate if local law enforcement has been notified or is aware of the incident.

Law Enforcement Jurisdiction

Identify the local law enforcement jurisdiction if they are involved in the incident being reported.

Law Enforcement Case Number

Indicate the law enforcement case number assigned by the law enforcement jurisdiction involved. If law enforcement is not involved, then this field should be left empty.

F. Facility Section

The Facility section in AIRS must be completed on all administrative incidents that occurred in or involved a resident or staff from one of the following:

- a) A state licensed, certified, or operated facility that provides care to children.
- b) The person or agency is subject to licensing under chapter RCW 74.15.

Be prepared to provide the following information regarding the facility: name of facility, the licensing or certifying agency as applicable, the address, type of facility and whether or not the provider has a dual license. Please report the name of the provider and/or agency as identified on the license. If the facility is not licensed, provide the name of the agency or primary care provider.

Types of facilities include, but are not limited to:

- Division of Licensed Resources (DLR) Facility or Foster Home
- Private Agency Foster Home
- Adoptive Homes
- Unlicensed Foster Homes
- Division of Child Care & Early Learning (DCCEL) Facilities
- Unlicensed Childcare
- Dual Licensed Homes
- Tribal Certified Home
- State Certified
- State Operated
- Closed Facilities
- Juvenile Rehabilitative Administration (JRA) Facilities

G. Narratives

Description of Incident

Describe the incident that prompted the AIRS report. Include referral information and any information gathered since the incident was reported, as well as why the AIRS report was necessary.

Description of Actions Taken

Include information about case assignment, subject and victims that have been interviewed, as well as significant collateral contacts, relevant staffing, interagency involvement, and law enforcement involvement.

Description of Safety Plan for Children

If applicable, identify the safety plan, including: a description of safety issues, how the safety plan addresses those issues, who was involved in creating the safety plan, and who is responsible for implementing and monitoring the plan.

General Comments

This is an "other" category. Include any relevant information that was not reported in previous sections.

G. Follow Ups

Use this section to address significant new developments in the case. These include, but are not limited to: law enforcement actions, court actions, findings, new interviews, and new information requiring administrative notification or attention not previously reported in AIRS.

Follow-ups can be added to both active (unlocked) and closed (locked) incidents. A Follow-up can be added to an incident by all staff, regardless of their access to the actual Incident in AIRS. Staff not authorized access to a specific incident will only be able to view follow-ups they have created.

Investigative Outcomes on facility related referrals

This window can be accessed off of the incident search screen outcomes. When you locate the incident you are reporting the investigative outcome for, use the follow up icon, then the link to access the investigative outcome.

Per RCW, CA/N codes must be linked to a subject, not the referral. If there is more than one subject in an incident, separate Investigative Outcomes must be completed for each subject. Multiple CA/N codes may be selected for each subject. For each CA/N code checked, a findings box will pop up with a drop down menu. Each CA/N code must have a finding associated (No finding has been provided as an option).

H. Staff Access

Identify Children's Administration staff who will require access to the report (i.e. Licensing, DLR/CPS, and DCFS staff who are involved in the case). Additional staff requiring access to an incident may be added by an individual who is currently listed in the incident or by contacting the AIRS administrator. Certain administrative positions located in the regions and in headquarters will be granted access to all incidents or all fatalities and near fatalities within a region. This added security can be added through a system administrator.

Part Four: Creating a Child Fatality Review Report

Child Fatality Review

Child Fatality Reviews are convened by Regional CPS Program Managers. These reviews must be completed within 180 Days of CA receiving report of the child's death. An explanation for extensions beyond 180 days needs to be documented in the Follow Up Section of the Incident Report. Child fatality reviews are required for:

- **Any incident involving a child or family that received services from Children's Administration within 12 months previous to the fatality.** This includes cases receiving information-only referrals within the previous 12 months. Adoption Support cases are included if active services were provided within the previous 12 months, including finalization of an adoption. Cases open for adoption support payments alone are not considered active services.
- **Death in a DLR and/or DCCEL licensed facility.**

Input of Child Fatality Review

A Child Fatality Review can be thought of as an extension to an Incident Report. The AIRS Incident must exist before you can tag on the CFR to it. In the Main Incident on the "Overview" tab is where the Incident Type is identified. If the Incident indicates this is a Child Fatality, a check box will be shown titled 'Child Fatality Review Required'. A CFR can only be tagged onto an Incident if this box is checked.

A CFR is created by using the "Search/Select Existing Incident" to locate the underlying Incident record. If the Incident has the "Child Fatality Review Required" box checked and a CFR has not yet been created, an additional line will be displayed underneath the Incident access icons. It will be labeled as "Fatality Review" and have an icon of a blank document page next to it. Clicking on this blank document icon will initiate the CFR based on and including information from the Incident involved. Once the CFR is created, you arrive at the main editing page. This page is then used to record the additional information related to the CFR. At a minimum you will have to at least identify the division involved before you will be able to save the CFR and exit to the AIRS Main Menu.

A. Fatality Information Section

A significant amount of information reflected in this section will be automatically populated using information reported in the Incident report. Hint: If there are errors in this information, they need to be corrected in the corresponding Incident Report sections.

Required information to be completed in this section:

Region

Choose the appropriate region completing the review.

Division

Check all that apply, as cases often involve more than one division.

Type of Licensed Facility

If a licensed facility is involved, choose the correct type from the drop down list.

Official Type of Death

This may have changed since the time the *Incident* report was completed. Select the appropriate type of death using the drop-down list.

Determined By

Identify the individual who determined the official type of death by profession.

Cause of Death

Using the drop-down list, select the most accurate cause of death.

Summarize How Death Occurred

This is a link to a narrative window. Please provide a brief narrative describing the circumstances of how the death occurred and any relevant information pertaining to the death.

Location Where Death Occurred

Identify the location where the death occurred using the drop-down list. The location where the death occurred is not always the same as the location where the incident occurred.

County Where Death Occurred

This may be different than the county where the incident occurred and/or the county where the child/family resided.

Birth / Adoptive Parents

This information will be automatically populated using information provided in the incident. If the information is not accurate or is not complete, the *Adult* information section can be accessed through this link to complete the information.

B. Child Abuse and Neglect Section**Was there an allegation of neglect regarding this fatality in the referral?**

This field automatically populates from the incident report. If the answer is inaccurate, it will need to be corrected in the *Incident* report.

Was an official finding of neglect determined as a factor in this death?

If there was a law enforcement investigation, CPS investigation, or death investigation by an investigative body, please indicate whether or not there was an official determination that neglect was a factor in this death. Select "yes" if there was an investigation and it was founded or the subject was charged for neglect by law enforcement. If an investigation occurred and the outcome was unfounded, and/or no charges against the subject, then select "no". If there was an investigation and the outcome was inconclusive, then select "undetermined". If no investigation was completed, then select "N/A".

Explain Neglect Issues

This link connects to a narrative screen to document any information regarding neglect issues, regardless of allegations or official findings. Sometimes there may not be an official finding, however issues may be present that should be discussed.

Was there an allegation of abuse regarding this fatality in the referral?

This field automatically populates from the incident report. If the answer is inaccurate, it will need to be corrected in the *Incident* report.

Was an official finding of abuse determined a factor in this death?

If there was a law enforcement investigation, CPS investigation, or death investigation by an investigative body, please indicate whether or not there was an official determination that neglect was a factor in this death. Select "yes" if there was an investigation and the outcome was founded or the subject was charged for abuse or a related charge by law enforcement. If an investigation occurred and the outcome was unfounded and/or no charges against the subject, then select "no". If there was an investigation and the outcome was inconclusive, then select "undetermined". If no investigation was completed, then select "N/A".

Explain Abuse Issues

This link connects to a narrative screen to document any information regarding child abuse issues, regardless of allegations or official findings. Sometimes there may not be an official finding, however issues may be present that should be discussed.

C. Children Section

This section is used to gather information about:

- Surviving siblings under the age of 18 years old,
- Other non-sibling children residing in the home at the time of death,
- Child characteristics of the primary child and any other children listed in the incident, and
- Prior child deaths in family and/or facility.

Each one of the above categories links to the Children section where all information is stored regarding children involved in the incident. This is the same window accessed in the original incident.

Also gathered in this section is information on Child Protection, Safety Plans, and Licensing Actions. Questions under this category include:

- What action was taken to protect other children in the home/facility? Select the option best fitting the situation.
- If the child remained in the home/facility, was a safety plan put into place? This should be answered as it pertains to surviving children remaining in the home after the death occurred. It is a drop down field (yes, no, N/A). If the answer is yes, then a narrative description of the Safety Plan should be added through the narrative window link.
- What licensing actions have occurred as a result of this death? A drop down list is provided and allows selection of only one answer. If more than one action was taken, choose the most predominant action. If the death was not related to a facility, please mark "N/A not a licensed facility".

E. Adult Section

This section is used to gather information about:

Adults Living in the Home/Facility Where the Death Occurred

The link to completing this section will take you back to the *Adult* section of the *Incident* report. This box should be checked for any adult living in the home regardless of their relationship to the child.

Caretaker(s) / Characteristics

This section is populated from the *Adult* section of the *Incident* report. To add additional information or modify information displayed in this section, use the link to connect to the *Adult* section. This section only displays information regarding adults identified as a caretaker.

F. Family History Section

Family Referral History

This [link](#) will open a window to document past referral information. There is no limit to the number of referrals that can be entered. However we generally recommend including the 10 most recent ones. Each referral should list the date, Referral number, CA/N Codes, Referral Decision, Program, Finding, and the name of the person identified as the subject in the referral. Multiple CA/N codes may be selected for each subject.

Date of First Referral

If there was no prior history on the family prior to the death referral, leave this field blank.

Date of Last Referral

If there was no prior history on the family prior to the death referral, leave this field blank. This should be the last referral prior to the child's death. Do not include the death referral as the last referral.

Number of Complaints/ Referrals Prior to Death

This is a total count/number of referrals on this family prior to the child's death. Do not include the death referral in this count.

Family Referral Notes

Open the narrative window through the edit button in this field. This section is available to put any additional notes regarding referrals that are deemed appropriate.

Previous Services Offered to the Family

Please check ALL services ever offered to the family by the Department. Of those services offered, please identify for each service whether or not it was accepted/provided.

Describe Services

Access this narrative box through the edit button in this section. This section is available to describe additional information about services to the family (i.e. services offered, accepted, but not completed).

Factual Summary of the Child / Family Case History

This is a narrative section, accessed through the Edit button. Provide a factual summary in this section.

G. Facility History Section

Facility Referral History

This [link](#) will open a window to input past referral information. There is no limit to the number of referrals that can be entered in this window. However, we generally recommend including the 10 most recent ones. Each referral should list the date, Referral number, CA/N Code, Referral Decision, Program, Finding, and the name of the person identified as the subject in the referral.

Date of First Referral

If there was no prior history on the facility prior to the death referral, leave this field blank.

Date of Last Referral

If there was no prior history on the facility prior to the death referral, leave this field blank. This should be the last referral prior to the child's death. Do not count the death referral as the last referral.

Number of Complaint / Referrals Prior to Death

This is the total count/number of all referrals on this facility prior to the child's death. Do not include the death referral in this count.

Facility Referral Notes

Open the narrative window through the edit button in this field. This section is available to document any additional notes regarding referrals.

Training History of Provider / Facility Staff

Answer the questions by selecting the correct answer displayed in the drop down lists. Then, provide a narrative description of the training history of the provider / facility staff by accessing the narrative window through the Edit button.

Factual Summary of the Facility Licensing History

This is a narrative section, accessed through the Edit button. Provide a factual summary in this section.

I. Review Section

Summary of Review and Recommendations

Use this [link](#) to access the Issues and Recommendations window. There is no limit to the number of Issues/Recommendations that can be added under this section. For each Issue identified, please select a category:

- Policy – should reflect areas where policy may not exist, may need to be revised, or may require clarification.
- Practice – should cover agency and social work practice in areas where policy exists, however actions are not in line with that existing policy.
- System – should be reflective of our agency as a part of a larger client service system. Issues under this category should reflect our relationship with the community and with outside agencies.
- Contract – any issues that arise that pertain to contracted providers should be listed in this category.
- Exceptional Social Work – should recognize when practice is identified in the review that is above and beyond good social worker practice.

Comments

Any other comments or summary information that did not fall into one of the above categories should be discussed here.

HINT: (Suggested language for this section when appropriate)

"In reviewing the available DCFS case file documentation and post-fatality information gathered from other sources, no violations of policy, procedure, or practices surfaced that would suggest recent or previous actions taken or not taken by the department or by contracted providers contributed in any way to the child fatality.

Comment regarding general practice issues and recommendations identified through this review process can be found in the section above."

Does the review team recommend a work plan be developed as a result of this review?

This refers to a formal Work Plan that would be developed by the RA. A formal Work Plan should be created when the team believes that there were CA policy and/or practice issues identified that may have impacted, contributed, or prevented the death of a child.

Participants in Review Process

This [link](#) will take you back to the adult window. For review participants, only enter relevant information (i.e. name, title, and check the appropriate box indicating the person was a participant in the review).

Identify All Information Used in Fatality Review Process

Use the drop down boxes and complete all fields in this section. You may also add types of information in the last two boxes and provide comments through the narrative box.

J. Staff Access Section

Staff access granted in the original incident will automatically be applied to this report as well. However, you may add or limit staff access in this section of the Child Fatality Review. If you remove staff from having access in the Child Fatality Review, it will also automatically remove their access to the associated incident.

K. Save/Exit

When done in the CFR, click the "Save/Exit" button. Upon doing so, AIRS makes sure that all required fields are present on the form. If required information is missing or invalid (such as an improper date), the page will be redisplayed listing instructions in red near the top. These instructions will include which tab(s) contain the problem. Check each tab indicated and resolve the error messages listed in red. You must resolve all of these issues before the page can be stored. After resolving these issues, click the "Save/Exit" button again. If there are no errors or missing required fields, your information will be stored and you will return to the AIRS Main Menu.

Note: If you try to exit the CFR by other methods such as the "back" button or clicking the "X" to close the window, you will get a warning message that this is not the proper way to exit the page. Heed this warning message or you may lose your work

Part Five: Documenting a Child Fatality Community Review

This component of AIRS has been suspended until the Children's Administration and the Department of Health develop an agreement regarding the sharing of information from Community Reviews, specific to CA.

Part Six: Documenting a Formal Fatality Work Plan

Work Plans

A Regional Administrator should complete a formal Work Plan if a death occurs in their region and it is believed that there were CA policy and/or practice issues identified that may have impacted, contributed to, or prevented the death of a child. The Child Fatality Review Team will recommend to the RA if the team believes a formal Work Plan should be developed, however ultimately the decision is up to the RA and HQ management.

Work plans can be accessed off of an icon from the Incident in the results of the search screen. Work plans may also be utilized for purposes other than fatalities at the Regional Administrators' discretion.

Appendix A Definitions

- **Child Fatality**

If Intake creates a referral regarding a child fatality, it must be reported as an incident in AIRS. This will include information-only referrals, as well as those accepted for investigation. For more information regarding child fatality protocols and the criteria for CA taking child fatality referrals, please refer to CA AIRS Policy.

Unknown/Undetermined:	Nature of the death is unknown or undetermined at the time of the report.
Natural/Medical:	Alleged nature of the death is SIDS, or otherwise determined to be a natural/medical death, including attended or expected deaths.
Accident:	This includes, but is not limited to vehicle accidents, falls, drowning, and/or any other nature of death that is alleged to have been accidental in nature.

Suicide:

Any death alleged to have been suicide by the medical examiner, law enforcement, or attending physician. Note: Only make this selection if a report or confirmation has been received indicating the death is alleged to have been a suicide. If there is no confirmation, please select unknown/undetermined, and update the report at a later date, when you have more information.

Homicide by Abuse:

Homicide alleged to have been committed by a parent or caretaker acting in loco parentis. *

Homicide by 3rd Party:

Homicide alleged to have been committed by anyone that was not a parent, or acting in loco parentis. *

**"Loco parentis"* is a term used to describe a situation when another individual and/or agency is acting in place of a parent and on behalf of a minor. The term is also used when a parent gives another individual the rights, duties, and responsibilities of caring for their children, in their absence.

▪ **Near-Fatality**

For the purposes of this section, "near fatality" means an act that, as certified by a physician, places the child in serious or critical condition. The secretary is under no obligation to have an act certified by a physician in order to comply with this section. (RCW 74.13.500).

If Intake creates a referral regarding a reportable child near-fatality, it must be reported in AIRS.

Unknown/Undetermined: Cause of near-fatality is unknown or undetermined at the time of the report.

Natural/Medical: Determined to result from natural/medical reasons.

Accidental: This includes, but is not limited to vehicle accidents, falls, drowning, and/or any other near fatality that is alleged to have been accidental in nature.

Suicidal: Any near-fatality alleged to have been the result of a suicide attempt.

CA/N by Caretaker: Near-fatality alleged to be the result of child abuse and/or neglect by a parent or caretaker acting in loco parentis.

Inflicted Injury by Other: Near-fatality alleged to have been the result of n inflicted injury caused by an individual that is not the parent or a person or acting in loco parentis.

▪ **Client Related Incident**

For the purpose of completing an Administrative Report of Incident, a child client is defined as a child (or youth up to age 21) in the care, custody and/or supervision of the Children's Administration (per RCW 26.10) and/or the Department of Social & Health Services as it relates to services CA provides.

1. **Serious Injury:** Serious injury of a child client requiring professional medical treatment (beyond first aid treatment) alleged to be the result of (a) physical abuse, (b) unexplained injury or (c) an injury that is not consistent with caretaker(s) explanation. Note: If it is a life-threatening injury, report the incident as a "near-fatality."

Allegation of Molestation Or Rape: Allegations of molestation or rape by an adult caretaker of a child client, who is in the care and supervision of the department, or incidents involving multiple victims and/or patterns of molestation or rape between child clients placed by the department. Identify if the incident involved two residents in a facility, siblings, the caretaker, or third party adult.

Suicide Attempt: Any suicide attempt that results in injuries requiring hospitalization of a child client.

Placement Exceptions: Child is placed in one of the following placements, 1) an institution not designed for foster children, such as adult mental hospitals or detox programs where children and adults are co-mingled, 2) a foster home without special training to provide the safety of children where children reside who are sexually aggressive, physically assaultive or who have demonstrated a pattern of assaultive behavior; or 3) at DSHS offices due to no placement resources being available or at detention facilities once legal holds are eliminated, 4) apartments, motels, unless an appropriate licensed foster family or relative caregiver is not available, and only with approval from the Regional Administrator and a determination that adequate supervision is provided to the child.

Other: Any other client-related critical incident that does not fall into one of the previously identified categories that is believed to require administrative notification and/or attention.

▪ **Staff Safety Incident or Potential Threat of Harm**

Serious Threat of Harm: A staff member or contracted provider feels their safety was/is in jeopardy, or they were/are at risk of harm as a result of receiving a threat.

**Illness:
Serious/Communicable:** Exposure to any bloodborne pathogens, Tuberculosis (TB), or any other serious/communicable illness (constituting a risk to others on the job) that would be classified by the Department of Health as requiring further evaluation, testing, and community education.

Environmental Hazard: Exposure of a staff member to any environmental hazard while in the course of carrying out job

duties that requires medical consultation to ensure the health of that staff member (e.g. exposure to methamphetamine manufacturing materials, etc.).

Traffic Accident:

A traffic accident that occurs while a staff member is in the process of carrying out his or her job duties, whether in a personal or state-owned vehicle.

Physical Assault by Client:

Assault of a staff member by a child, parent, or individual identified as a client receiving services from the department. Immediately notify Law Enforcement and document the jurisdiction and police report case number in the "Community" Section of AIRS.

Physical Assault by Other:

Assault of a staff member by any other person (non-client) while in the course of carrying out his or her job duties. Immediately notify Law Enforcement and document the jurisdiction and police report case number in the "Community" Section of AIRS.

Other:

Any other serious issue that threatens the safety of staff.

▪ **Facility Related**

DLR Licensed Facility or Foster Home:

Any facility, agency, or foster home licensed by CA's Division of Licensed Resources.

Private Agency Foster Home:

Any facility that is certified through a private agency to provide care & licensed by the Division of Licensed Resources.

Adoptive Homes:

Any home that is certified by Children's Administration as a potential adoptive placement.

Unlicensed Foster Homes:

Any unlicensed homes or homes with pending foster care licenses when a child in the custody of DCFS is placed in their care.

DCCEL Child Care:

Any child care center or family home that is licensed by the Division of Child Care and Early Learning to provide child-care services.

Unlicensed

Childcare:	Any facility that is operated under the premise of providing childcare to more than one family, and is not licensed to provide care. Or any home with a pending child care license.
Dual Licensed Homes:	Any facility that is licensed to provide both foster care and child care. Or any facility that is licensed to provide residential care for children and adults.
Tribal Certified Home:	Any facility that is certified by a tribal agency per tribal codes to provide foster and/or child care that is licensed by the state of Washington.
State Operated:	Any facility that is operated by the state. This includes, but is not limited to, the Washington School for the Deaf and Washington School for the Blind.
State Certified:	Any facility that is certified by the state for operation. This includes, but is not limited to, the Division of Alcohol & Substance Abuse (DASA) and Mental Health facilities (e.g. McGraw, Pearl St, etc.). Division of Developmental Disabilities (DDD), Juvenile Rehabilitation (JRA), the Mental Health Division (MHD)
Closed Facilities:	Any closed state licensed, certified or operated facility, when the allegations of child abuse or neglect occurred when it was open to provide care for children.
JRA:	Any facility that is operated by the Juvenile Rehabilitation Administration, including but not limited to: Maple Lane, Green Hill, Echo Glen, Naselle Youth Camp, and the basic training camp.

Appendix B: Questions and Answers

1. Can I unlock an Incident or a Child Fatality Review after I have locked it?

Yes. An Incident or a Child Fatality Review can be unlocked for up to five days after it is locked. Only the individual who initially locked it or a system administrator has authority to unlock it during those five days.

2. How do I re-open an Incident or a Child Fatality Review if it is has been closed for more than five days?

If more than five days has passed and a need arises to re-open/unlock an Incident or a Child Fatality Review, contact a system administrator with the AIRS incident number and the reason why the Incident or Child Fatality Review needs to be unlocked. If changes are made, the designated authority should approve the changes prior to re-locking the Incident or Child Fatality Review.

3. How do I delete an Incident from AIRS?

Only a system administrator can delete an incident from AIRS. Contact a system administrator and provide the AIRS incident number and reason for recommending it be deleted.

4. How do I print an Incident or Child Fatality Review?

There are two ways to print a printer-friendly report. You may access printer-friendly reports from within an Incident or a Child Fatality Review when you are in the edit mode or creation of an incident by using the printer friendly buttons in AIRS (Hint: not the web printer button). Prior to using this method, click on the "save changes" button to ensure everything is saved, then click on the "printer view".

To access Printer friendly reports on an existing Incident or Child Fatality Review, you can select the printer icon displayed on the search screen. This is the preferred avenue for accessing printer friendly reports. This way you do not risk editing information in the incident if it has not been locked.

HINT: Once you have opened the printer friendly view of the report, use the AIRS buttons at the top of the report to send to printer and to return to the prior screen. Hint: If you use the web printer icon or drop down file selection from the web browser, the send to printer and the return to prior screen buttons will actually print on your report.

5. Can I email a copy of an AIRS report to someone who does not have access to AIRS?

Yes. A printer friendly version of a report can be e-mailed to someone who does not have access to AIRS. This function utilizes the web browser. Open the printer view of the report you wish to send. Then use the web drop down under "File", select "Send", then "Page by E-mail".

***Note: AIRS reports contain confidential information. If you are using this technique to send an AIRS report to someone outside of DSHS, you must send it using the secure email server. For more information click here:

https://www2.wa.gov/dshs/helpkp/hypermedia/training/secure_email/SecureEmailWebCourse/dshssecemailmsgSite.htm

6. Can I have more than one primary child in an Incident or Child Fatality Review?

No. Incidents involving more than one child may be reported under one Incident (with the exception of child fatalities and near fatalities), however you must only mark one of the children as the primary child.

Fatalities and Near Fatalities – Each child constitutes a separate incident.

Only one child can be identified in the Incident or the Child Fatality Review as the primary child. Child Fatalities that involve the death of more than one child must have a separate incident report and Child Fatality Review created for each individual child who died.

When there is more than one primary child and you must create duplicate incident reports, you can use the cloning feature, which is an option when creating a new incident. See the *How-To* section for cloning in this guide for further instruction in this area.

7. Who can add follow-ups to an incident already created in AIRS?

A follow up can be added to an incident by anyone, regardless of their access to the actual Incident in AIRS. Staff not authorized to access a specific incident will only be able to view follow-ups that they have created.

8. Who can add people on to access a specific incident or Child Fatality Review already created in AIRS?

Additional staff needing access to an incident can be provided access to the incident by an individual who currently has access to the incident or by contacting a system administrator.

9. How do I sign on to AIRS the first time?

First time users should log in to AIRS using their CAMIS ID as both their user ID and their password. This will sign you into the system as a basic user. *Individuals needing increased access to AIRS beyond a basic user should contact a system administrator.*

Once you are logged into the system, you should go to the "Update User Information" option on the main menu and change your password.

10. What if I forget my password in AIRS?

A future update to AIRS will allow the system to e-mail users with their password if they have forgotten it. That feature is currently displayed in AIRS when a user enters an incorrect password, however the actual programming is not completed. A system administrator can not view your password, however they can reset you in the system if you forget your password. If this occurs, you will be reset with your CAMIS ID as your login and password.

11. Will my password expire in AIRS?

If you use the "Direct Login" option then, No. Direct login passwords do not expire in AIRS. However, it is advisable for users to change their password periodically to protect their security. If you use your CAMIS Login, then it will change when your CAMIS login password is changed.

12. How do I change my password in AIRS?

The user through the "Update User Information" option on the main menu can change passwords. Remember to save your new password prior to exiting this screen.

13. Why am I receiving email notifiers from AIRS?

AIRS generate E-mail notifiers when a new incident is created; when an incident or a Child Fatality Review is locked; or when a follow up is added to an incident.

The notifiers are automatically sent to designated staff at headquarters and within regions. The system administrator controls this feature. Notifiers may also be sent to any staff identified in the Incident or Child Fatality review. Staff can elect to receive these notifiers on any incident they are identified in by choosing the option when they update user information.

14. If a near fatality becomes a fatality, does that constitute a new Incident?

This question is a bit tricky and will require some interpretation. If a child was hospitalized due to a near fatality and during the course of his/her hospitalization dies, it does not constitute a new incident. The original incident should be unlocked and changed to reflect it is a child fatality incident, the near fatality check mark should be removed, and the referral number should be updated to reflect the fatality referral. The narrative information reporting the fatality should be reflected in the follow up narrative section to the incident.

However, if a child has a near fatal incident and is released from the hospital and dies subsequently in the future, that would constitute a new child fatality incident. Even if the cause of death is related to the original near fatal incident.

15. How do I report “bugs” or problems I encounter with AIRS?

AIRS has a built in system feedback section. You can access this off of the main menu by selecting the System Feedback Area option. Put in the date of the feedback, select from the drop down the type of feedback, then provide a specific description of the feedback.

You may also make suggestions for future enhancements to AIRS in this section.