

# IV-E Candidacy

Changes to the Safety  
Assessment & Plan

## IV-E Candidacy

- **What is being changed?**
- **Why are these changes being made?**
- **How will this impact my work?**
- **When will I see the changes?**
- **Questions**

# What is being changed?

- Safety Assessment & Plan will have a new 'Part. Info' tab

Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**WiSACWIS** TM Print Spell Check Help

**General**  
Name: Sarah S. Allen      Worker: Supervisor Green      Approval Date:      Type: Case Progress Evaluation       Completed

**Part. Info**    Safety Assessment    Description of Safety Threats    Plan Analysis

**Child Information**

Child Name	DOB
Allen, Annie	06/07/1990

[Add/Edit](#)

**Parent/Caregiver Information**

Parent/Caregiver Name	DOB
Sarah, Allen S.	12/30/1970

[Add/Edit](#)




Options:  [Go](#)      [Save](#)      [Close](#)

Done      Local intranet      100%

# Add/Edit Participants


- Pop-Up allows user to select the appropriate participants

Case Participants/Collaterals -- Webpage Dialog




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**Case Participants - Children**

Select	Person Name	DOB
<input type="checkbox"/>	Cake, Caitlin	
<input type="checkbox"/>	Allen, Michael B.	05/05/2001
<input checked="" type="checkbox"/>	Allen, Annie	06/07/1990
<input type="checkbox"/>	Allen, Steven D.	
<input type="checkbox"/>	Allen, Brian	07/20/2005


http://159.158.96.61/ewisacwis/common/ModalFra  Internet

Case Participants/Collaterals -- Webpage Dialog

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**Case Participants - Parents /Caregivers**

Select	Person Name	DOB
<input type="checkbox"/>	Cake, Caitlin	
<input type="checkbox"/>	Allen, Michael B.	05/05/2001
<input checked="" type="checkbox"/>	Sarah, Allen S.	12/30/1970
<input type="checkbox"/>	Allen, Steven D.	
<input type="checkbox"/>	Allen, Brian	07/20/2005

http://159.158.96.61/ewisacwis/common/ModalFra  Internet

# What is being changed?

- The child and parent names pre-fill based on how the SA&P was created:
  - As part of an Initial Assessment, then they pre-fill from the Part. Info tab of the IA
  - As part of a Family Assessment & Case Plan or Case Progress Evaluation, then the names pre-fill from the Child Functioning tab and the Parent/Caregiver Protective Capacities tabs
  - As a “stand alone”, only pre-fill if created by copying an existing SA&P

# More Safety Assessment & Plan Changes

- New Question in Analysis

Safety Assessment and Plan - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

*eWiSACWIS* TM Print Spell Check Help

**General**  
Name: Mary AA-Protein Worker: Caitlin M. Cake Approval Date: Type:   Completed

Part. Info Safety Assessment Description of Safety Threats **Plan Analysis**

**Parent / Caregiver Protective Capacity**  
Can and will the non-maltreating parent or another adult in the home protect the child(ren)?  Yes  No  N/A

If you answer Yes, please describe how the parent's/caregiver's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer no, continue with the analysis and planning.

This is the new question with the necessary IV-E Candidacy language

**Analysis**

An In Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement.  Yes  No

The parents/caregivers are willing for services to be provided and will cooperate with service providers.  Yes  No

The home environment is calm enough for services to be provided and for the service providers to be in the home safely.  Yes  No

Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.  Yes  No

Parents/Caregivers are residing in the home.  Yes  No

# Template Changes

- Safety Analysis & Plan Participants

SAFETY ANALYSIS AND PLAN	
Case Name █	Case Number █
Date of Safety Assessment and Plan █	Worker Name █
<b>CHILD INFORMATION</b>	
Child Name █	Date of Birth █
<b>PARENT/CAREGIVER INFORMATION</b>	
Parent/Caregiver Name █	Date of Birth █
<b>A.</b>	<b>Safety Factor Description</b>
Specifically describe the family conditions that support the safety factors identified. If any evaluations such as psychological, medical or AODA evaluations are needed to understand the conditions that affect safety, describe those here.	

This is the where the Participant Information will pre-fill

# More Template Changes

## • Safety Assessment & Plan - Analysis

C. Analysis																
1.	An In Home Safety Plan is necessary to ensure safety of the <u>child(ren)</u> and control threats which would otherwise result in imminent risk of placement. <input type="checkbox"/> Yes <input type="checkbox"/> No															
2.	Can in-home services work for this family? <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>The parents are willing for services to be provided and will cooperate with service providers.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>The home environment is calm enough for services to be provided and for the service providers to be in the home safely.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Parents / caretakers are residing in the home.</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	The parents are willing for services to be provided and will cooperate with service providers.	<input type="checkbox"/>	<input type="checkbox"/>	The home environment is calm enough for services to be provided and for the service providers to be in the home safely.	<input type="checkbox"/>	<input type="checkbox"/>	Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.	<input type="checkbox"/>	<input type="checkbox"/>	Parents / caretakers are residing in the home.
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3.	Safety Services The Identified Safety Threat and the associated Safety Service / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified are listed below: <table border="1"> <tr> <td colspan="2">Identified Safety Threat</td> </tr> <tr> <td colspan="2">Safety Service / Action Type</td> </tr> <tr> <td colspan="2">Safety Service Provider</td> </tr> <tr> <td colspan="2">Specifically explain the safety service / action and how it will control the threat identified</td> </tr> </table>	Identified Safety Threat		Safety Service / Action Type		Safety Service Provider		Specifically explain the safety service / action and how it will control the threat identified								
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4.	Can available resources keep the <u>child(ren)</u> safe in his / her home? <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>All needed services / activities exist.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>All needed services / activities / providers are currently available at the level / time required.</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	All needed services / activities exist.	<input type="checkbox"/>	<input type="checkbox"/>	All needed services / activities / providers are currently available at the level / time required.						
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The new Analysis question

# Conclusion

- **Minimal impact to users**
- **Addresses IV-E Candidacy funding concern**
- **Questions?**