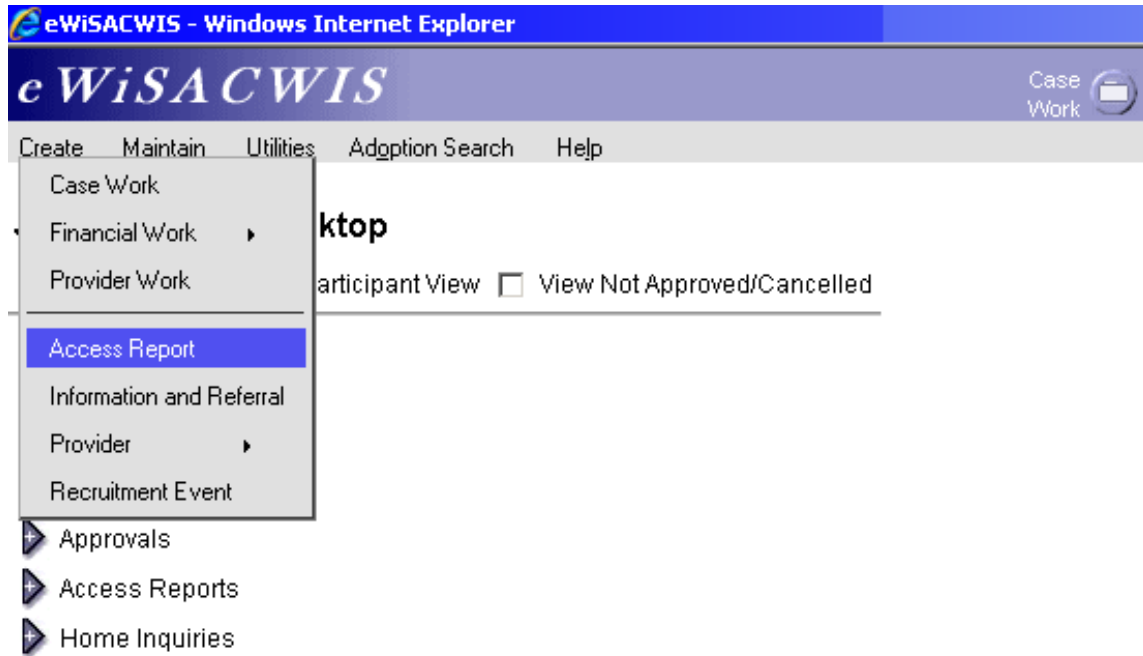


Access Report - CPS Report

1. Select Create > Access Report.



2. Select 'CPS Report' in the Access Report Type drop-down and enter the Date/Time Report Received in the Access Information group box at the top of the page

https://appsut.dhfs.state.wi.us/ - Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Cake, Caitlin M., Sr. Access Report Type: CPS Report

Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9237749

Narrative Participants Allegation Allegation Narr Prior Involvement Decision

Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.

Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.

Describe the child(ren)'s current location, school / daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.

Options: [] Go Save Close

Done Trusted sites 100%

3. On the Narrative tab, enter narrative text for each section.

The screenshot shows a web browser window with the URL <https://appsut.dhfs.state.wi.us/> and the page title "Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header includes the logo "eWiSACWIS" and navigation icons for TM, Print, Spell Check, and Help.

Access Information

Report Name: Worker: Cake, Caitlin M., Sr. Access Report Type: **CPS Report**

Date and Time Report was Received: 02/23/2011 08:00 AM R/T: ID: 9237749

Narrative | Participants | Allegation | Allegation Narr | Prior Involvement | Decision

Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.

Describe the alleged maltreatment...

Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.

Describe the child's injury or conditions....

Describe the child(ren)'s current location, school / daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.

Child's location...

Options: [Dropdown] [Go] [Save] [Close]

Done [Trusted sites] 100%

4. When you get to the “Are there any present danger threats?” question, you will need to select either the ‘Yes’ or ‘No’ radio button. If there are no present danger threats, select the ‘No’ radio button. If there are any present danger threats, select ‘Yes.’ Upon clicking ‘Yes,’ the Present Danger Threats page will open, listing the present danger threats according to standards. Check all that apply. If at any time you need a definition of the present danger threats, hover over the Details with your cursor and the definition will appear. When finished, click Continue to return to the Narrative tab of the Access Report page.

Note: Based on the fact that there are present danger threats, upon screening in the access report, the response time will automatically list as “Same Day.”

Present Danger Threats
Check All That Apply

Maltreatment

Select	Description
<input type="checkbox"/>	The child is being maltreated at the time of the report or at initial contact Details
<input checked="" type="checkbox"/>	Severe to extreme maltreatment of the child is suspected, observed, or confirmed Details
<input type="checkbox"/>	The child has multiple or different kinds of injuries Details
<input type="checkbox"/>	The child has injuries to the face or head Details
<input checked="" type="checkbox"/>	The maltreatment demonstrates bizarre cruelty Details
<input type="checkbox"/>	The maltreatment of several victims is suspected, observed, or confirmed Details
<input checked="" type="checkbox"/>	The maltreatment appears premeditated Details
<input type="checkbox"/>	Dangerous (life threatening) living arrangements Details
<input type="checkbox"/>	The current report represents a serious threat to the child's safety Details
<input type="checkbox"/>	The child is accessible to a maltreater Details

Child

Select	Description
<input type="checkbox"/>	Parent's viewpoint of child is bizarre Details
<input type="checkbox"/>	Child is unable to care for self and unsupervised or alone at the time of the report Details

The maltreatment appears premeditated:
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

[Continue](#) [Close](#)

5. Back on the Access Report page, you will see the present danger threats you selected on the Present Danger Threats page, along with a required narrative field. Fill out the narrative field to describe the present danger threats.

https://appsut.dhfs.state.wi.us/ - Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Cake, Caitlin M., Sr. Access Report Type: **CPS Report**

Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9237749

Narrative | Participants | Allegation | Allegation Narr | Prior Involvement | Decision

Are there any present danger threats? ([See Related Appendix](#)) Yes No [Present Danger Threats](#)

[If yes, include a description of possible or likely emergency (exigent) circumstances.]

Severe to extreme maltreatment of the child is suspected, observed, or confirmed [Details](#)

Extreme maltreatment

The maltreatment demonstrates bizarre cruelty [Details](#)

Bizarre cruelty

Options:

Done Trusted sites 100%

6. Some of the narrative descriptions contain 'See Related Appendix' hyperlinks, which link to the associated appendix for either the CPS Access and Initial Assessment standards or the Safety Intervention standards.

https://appsut.dhfs.state.wi.us/ - Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Cake, Caitlin M., Sr. Access Report Type: CPS Report

Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9237749

Narrative Participants Allegation Allegation Narr Prior Involvement Decision

Describe presence of domestic violence ([See Related Appendix](#)), if applicable, including the demonstration of power and control and entitlement within the home environment.

Domestic violence

Describe how the family may respond to intervention by the agency, including the parental protective capacities.

Response to intervention

Document the Reporter's motivation and source of information, if possible.

Options: [Dropdown] Go Save Close

Done Trusted sites 100%

7. The final required field on the Narrative tab asks if there is any information indicating that the child(ren) may have American Indian Heritage. If the worker has already entered the participant information, and the child has either a race of American Indian/Alaska Native or an Ethnicity of Native American documented on Person Management, then the radio button will pre-fill to Yes. In all other situations, it will pre-fill to Unknown. There is also an ICWA Contacts hyperlink that will take you to a webpage with the known ICWA contacts for each Wisconsin tribe and the BIA.

The screenshot shows a web browser window with the URL <https://appsut.dhfs.state.wi.us/> and the page title "Access Report - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header features the "WisACWIS" logo and navigation icons for TM, Print, Spell Check, and Help.

The main content area is titled "Access Information" and includes the following fields:

- Report Name: (empty)
- Worker: Cake, Caitlin M., Sr.
- Access Report Type: CPS Report (dropdown menu)
- Date and Time Report was Received: 02/23/2011 08:00 AM (radio buttons for AM and PM, with AM selected)
- R/T: (empty)
- ID: 9237749

Below the "Access Information" section are several tabs: Narrative, Participants, Allegation, Allegation Narr, Prior Involvement, and Decision. The "Narrative" tab is currently selected.

The Narrative tab contains the following sections:

- A large text area labeled "Names and contact information".
- A radio button question: "Information that the child(ren) may have American Indian heritage, including names of tribe(s) if known." with options Yes, No, and Unknown (Unknown is selected).
- A text area labeled "Information regarding American Indian heritage".
- A hyperlink labeled "ICWA Contacts".
- A text area labeled "Directions to House".

At the bottom of the Narrative section, there is an "Options:" dropdown menu and a "Go" button. To the right are "Save" and "Close" buttons.

The browser status bar at the bottom shows "Done", a "Trusted sites" icon, and a zoom level of "100%".

- The Participants tab is used to record all participants in the case. Click Add/Edit to search the participants in this CPS Report.

https://appsut.dhfs.state.wi.us/?action=EDIT&ACCESS_ID_ACCESS_REPORT=9237749&accessIdAsgn=92383 - Microsoft Inte...

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Cake, Caitlin M., Sr. Access Report Type: **CPS Report**

Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9237749

Narrative **Participants** Allegation Allegation Narr Prior Involvement Decision

Access Participants

Names	Gender	DOB	Age	Race	Relationship	Roles

[Consolidated Court Automation Programs \(CCAP\)](#) **Add/Edit** **Address Copy**

Reporter

Name: Relation to Alleged Victim / Identified Child:

Home: Work: Affiliation: Report Method:

Address: Mandated Reporter Notice to Reporter Generated

Options: **Save** **Close**

Done Trusted sites 100%

- Search the participants. Last Name is required unless you enter a person ID or an address. Click the Select hyperlink for the participants you would like to add, or click Create if the person you are looking for is not found. Once all participants have been added, click Continue to return to the Access Report. For more information on how to search, please refer to the Search Quick Reference Guide.

The screenshot shows a web browser window titled "Access Inquiry Search -- Webpage Dialog" with the URL https://appsa.dhfs.state.wi.us/ewcountytest/common/ModalFrame.jsp?templateMapUrl=/SM_IntakeSearch. The page header features the "eWiSACWIS" logo and navigation links for Print, Spell Check, and Help.

The main content area is divided into three sections:

- Search Criteria:** Contains input fields for Last Name, First Name, Person ID, SSN, DOB, Gender, Street, City, and ZIP Code. It also includes a checkbox for "Incl. AKA", a "Search Precision" slider (Low, Med, High), and a "Sort By" dropdown menu set to "Alpha". Buttons for "Search" and "Clear Fields" are present.
- Persons Returned:** A large empty rectangular area for displaying search results. Buttons for "Add Participant(s)" and "Create" are located at the bottom right of this section.
- Participants:** A table listing search results with columns for "Access Participant Name", "Status", and actions. The table contains four rows, all with a status of "Searched Not Found".

At the bottom of the interface, there are "Continue" and "Close" buttons. The browser's status bar at the very bottom shows the same URL and "Internet" connectivity.

Access Participant Name	Status		
Example, Mom	Searched Not Found	Edit	Delete
Example, Dad	Searched Not Found	Edit	Delete
Example, Child	Searched Not Found	Edit	Delete
Example, Baby	Searched Not Found	Edit	Delete

10. Identify the Relationship of each participant in the CPS Report. The identification of a Reference Person is required (usually the female head-of-household), and the other relationships are in regards to the reference person.

The screenshot shows the eWiSACWIS web application interface. The browser address bar displays the URL: https://appsut.dhfs.state.wi.us/?action=EDIT&ACCESS_ID_ACCESS_REPOR. The page title is "eWiSACWIS".

Access Information
 Report Name: Example, Mom Worker: Cake, Caitlin M., Sr
 Date and Time Report was Received: 02/23/2011 08:00 AM PM
 Report Type: CPS Report ID: 9237749

Participants

Names	Gender	DOB	Age	Race
Example, Child	Female	02/02/2006	5	White
Example, Baby	Female	01/01/2010	1	White
Reporter, Robbie		00/00/0000		
Example, Dad	Male	02/21/1972	39	White
Example, Mom	Female	00/00/0000		White

[Consolidated Court Automation Programs \(CCAP\)](#)

Reporter
 Name: Reporter, Robbie Relation to Alleged Victim / Identified Child: [Dropdown]
 Home: Work: Affiliation: [Text Box] Report Method: [Dropdown]
 Address: Mandated Reporter Notice to Reporter Generated

Relationship List (Dropdown Menu):
 Birth Sibling
 Cousin
 Former Significant Other
 Former Spouse
 Foster Child
 Grandchild
 Grandparent
 Great Aunt
 Great Grandchild
 Great Grandparent
 Great Nephew
 Great Niece
 Great Uncle
 Guardian
 Mandated Reporter
 Nephew
 Niece
 Non Mandated Reporter
 Non-Relative
 Other Relative
 Present Spouse
 Reference Person
 Significant Other
 Step Child
 Step Grandchild
 Step Grandparent
 Step Parent
 Step Sibling
 Uncle
 Unknown

Roles Table:

Roles
AV-HM Roles
AV-HM Roles
RP Roles
HM-PR Roles
HM-PR Roles

Buttons: Add/Edit, Address Copy, Save, Close

Options: [Dropdown] [GD](#)

Taskbar: Installing components... Trusted sites 100%

11. Click the Roles hyperlink to open the Roles page.

- For CPS Reports, you must identify an Alleged Victim, Report Name, and Reporter.
- You cannot select more than 5 roles for one participant.
- For the person making the report, do not select additional roles beyond 'Reporter' unless that individual is intended to be part of the case. In almost all instances, mandated reporters should never have a role other than just 'Reporter.'
- The Report Name is usually the Reference Person.
- If the reporter is also identified as a worker in eWiSACWIS, then you cannot select non-household member as a role description. This is to limit the unnecessary restriction of cases.

Click Continue to return to the Access Report page.

The screenshot shows a web browser window titled "Roles -- Webpage Dialog". The address bar shows the URL: https://appsa.dhfs.state.wi.us/ewcountyttest/common/ModalFrame.jsp?templateMapUrl=/SM06A_AssessmentRoles. The page header includes the "eWiSACWIS" logo and navigation links for "Print", "Spell Check", and "Help".

The main content area is divided into two sections:

- Participant**: A text input field labeled "Name:" containing the text "Example, Child".
- Roles**: A table with three columns: "Select", "Roles Description", and "Code".

Select	Roles Description	Code
<input checked="" type="checkbox"/>	Alleged Victim	AV (CPS Report ONLY)
<input checked="" type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Non-Household Member	NM
<input type="checkbox"/>	Parent/Parental Role	PR
<input type="checkbox"/>	Report Name	RN
<input type="checkbox"/>	Reporter	RP

At the bottom right of the dialog, there are two buttons: "Continue" and "Close".

The browser's status bar at the bottom shows the URL: <https://appsa.dhfs.state.wi.us/ewcountyttest/common/ModalFrame.jsp?templateMapUrl=/SM06> and the connection type "Internet".

12. The Address Copy button allows the address from one participant to be copied over to other participants. Select the person's address you want to copy in the top group box labeled Available Addresses to Copy. For all participants that should have the same address as the person identified above, check the box next to the participant in the Update Primary Address Selection group box. Click Save to apply the change(s) in address. Then click Close to return to the Access Report page.

Available Addresses to Copy

Names	DOB	Phone	Address	Address Type
<input type="radio"/> Example, Child (9226505)	02/02/2006		222 Main Street Fairchild, WI 54741	Primary Residence
<input type="radio"/> Example, Baby (9226506)	11/11/2009		222 Main Street Fairchild, WI 54741	Primary Residence
<input type="radio"/> Reporter, Robbie (9226507)	00/00/0000	(555)555-5555	111 School Street Fairchild, WI 54741	Primary Residence
<input checked="" type="radio"/> Example, Mom (9226503)	11/27/1979		222 Main Street Fairchild, WI 54741	Primary Residence
<input type="radio"/> Example, Dad (9226504)	02/02/1972		222 Main Street Fairchild, WI 54741	Primary Residence

Update Primary Address Selection

Names	DOB	Phone	Current Primary Address
<input checked="" type="checkbox"/> Example, Child (9226505)	02/02/2006		222 Main Street Fairchild, WI 54741
<input checked="" type="checkbox"/> Example, Baby (9226506)	11/11/2009		222 Main Street Fairchild, WI 54741
<input type="checkbox"/> Reporter, Robbie (9226507)	00/00/0000	(555)555-5555	111 School Street Fairchild, WI 54741
<input type="checkbox"/> Example, Mom (9226503)	11/27/1979		222 Main Street Fairchild, WI 54741
<input checked="" type="checkbox"/> Example, Dad (9226504)	02/02/1972		222 Main Street Fairchild, WI 54741

- After completing the Relationships and Roles for all Access Participants and updating addresses as needed, complete the Reporter group box. The Reporter's Name, phone number and address will pre-fill from reporter's Person Management page. This information will pre-fill based upon the participant identified with the Role of Reporter (RP). The value selected in the 'Relation to Alleged Victim / Identified Child' drop-down will either check or uncheck the Mandated Reporter checkbox.

Access Information
 Report Name: Example, Mom Worker: Cake, Caitlin M., Sr.
Date and Time Report was Received: 02/23/2011 08:00 AM R/T:

Names	Gender	DOB	Age	Race	Relationship
Example, Child	Female	02/02/2006	5	White	Biological Child
Example, Baby	Female	01/01/2010	1	White	Biological Child
Reporter, Robbie		00/00/0000			Non Mandated Rep
Example, Dad	Male	02/21/1972	39	White	Present Spouse
Example, Mom	Female	00/00/0000		White	Reference Person

Reporter
 Name: Reporter, Robbie Relation to Alleged Victim / Identified Child:
 Home: Work: Affiliation: Report Method:
 Address: Mandated Reporter Notice to Reporter Generated

Options:

Daycare Center Staff
 Dentist
 Emergency Medical Technician
 GHRCC Staff
 Grandparent of Child Victim
 Home Daycare Provider
 Law Enforcement
 Legal Agency
 Licensed/Certified Daycare Provider
 Maltreater
 Mental Health Professional
 Neighbor/Friend
 Nurse
 Occupational Therapist
 Optometrist
 Other
 Other Caregiver of Child Victim
 Other Medical Professional
 Other Relative of Child Victim
 Parent of Child Victim
 Physical Therapist
 Physician
 Probation/Parole Officer
 Public Assistance Worker
 Religious Agency
 School Administrator
School Counselor
 Social Worker
 Speech Therapist/Audiologist
 Teacher

14. On the Allegation tab, click Insert to insert a new allegation.

Access Information

Report Name: Example, Mom Worker: Cake, Caitlin M., Sr. Access Report Type: CPS Report

Date and Time Report was Received: 02/23/2011 08:00 AM R/T: ID: 9237749

Allegations

Alleged Victim	AM Relationship to Victim	A/N Code	Dt or Approx Dt of Alleged Mal	Resided in OHC	Fatality		
Insert							

Allegation Details

CPS Report Type:

Incident Location Same as Report Name C/O:

Number: Address: Apt: VM City:

Options: **Save** **Close**

Installing components... Trusted sites 100%

15. The Allegation (Access Report) page will open. Select an Alleged Victim from the drop-down.

Allegation (Access Report) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim:

[AM Relationship to Victim](#)

Abuse/Neglect Code:

[Description](#)

Date or Approximate Date of Alleged Maltreatment:

Alleged Maltreatment occurred while the child's residence was an OHC placement: Yes No Unknown

Serious Incident: [Details](#) Yes No

Death / Alleged maltreatment [Details](#)

Death / Alleged suicide OHC

Serious injury [Details](#)

Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

16. Select the 'AM Relationship to Victim' hyperlink to identify the alleged maltreater(s) relationship to the alleged victim. This will open the Relationship page. Select the appropriate relationship(s) of all alleged maltreaters. If several people are alleged to have maltreated the child in this allegation, identify the multiple relationships.
- For example, if a child was physically abused and the allegations are it could be the biological parents or a licensed day care center employee, you would select the two relationships indicated in the screen shot below. If it was one or both biological parents alleged to have maltreated the child, you would only select 'Biological Parent(s)' and nothing else.

Click Continue to return to the Allegation (Access Report) page.

Relationship -- Webpage Dialog
 https://appsa.dhfs.state.wi.us/ewcountytest/common/ModalFrame.jsp?templateMapUrl=/SM06A_AllegationRltn

eWiSACWIS Print Spell Check Help

Policy
 NOTE: Please select the appropriate relationship(s) of all alleged maltreaters for this allegation of abuse or neglect. For example, if two biological parents and a grandparent living in the home are alleged to have maltreated the child, select 'Biological Parent(s)' and 'Relative(s)/Primary Care Provider(s)'.

Alleged Maltreater(s) Relation to Victim

<u>Primary</u>		<u>Secondary</u>		<u>Non-Caregiver</u>	
Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Adoptive Parent(s)	<input type="checkbox"/>	Alleged maltreater(s) not verified	<input type="checkbox"/>	Family Friend(s)
<input checked="" type="checkbox"/>	Biological Parent(s)	<input type="checkbox"/>	Certified family home provider(s)	<input type="checkbox"/>	Neighbor(s)
<input type="checkbox"/>	Child(ren) in family Not Mature	<input type="checkbox"/>	Child care provider(s) in home of child	<input type="checkbox"/>	Other child(ren) Not Mature
<input type="checkbox"/>	Child(ren) in foster home Not Mature	<input type="checkbox"/>	Child(ren) in other lic. care Not Mature	<input type="checkbox"/>	Other non-caregiver(s)
<input type="checkbox"/>	Foster Parent/Non-Relative(s)	<input type="checkbox"/>	Licensed day care center employee(s)	<input type="checkbox"/>	Peer Maltreater(s)
<input type="checkbox"/>	Foster Parent/Relative(s)	<input type="checkbox"/>	Non-certified family home provider(s)	<input type="checkbox"/>	Stranger(s)
<input type="checkbox"/>	Individual(s) who share a Foster Home	<input type="checkbox"/>	Relative/Non-Care Provider(s)		
<input type="checkbox"/>	Not Specified	<input type="checkbox"/>	Staff at a Juvenile correction facility		
<input type="checkbox"/>	Partner/Friend of parent sharing dwell	<input type="checkbox"/>	Staff at RCC/other facility		
<input type="checkbox"/>	Relative/Court-Ordered Care Provider(s)	<input type="checkbox"/>	Teacher/Other school employee(s)		
<input type="checkbox"/>	Relative/Primary Care Provider(s)	<input type="checkbox"/>	Youth org. staff or volunteer leader(s)		
<input type="checkbox"/>	Sibling(s), Step Sibling(s)				
<input type="checkbox"/>	Step Parent(s)				
<input type="checkbox"/>	Unknown				

Continue **Close**

https://appsa.dhfs.state.wi.us/ewcountytest/common/ModalFrame.jsp?templateMapUrl=/SM06A_AllegationRltn Internet

17. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

Allegation

Alleged Victim: Example, Child

[AM Relationship to Victim](#)

Abuse/Neglect Code:

[Description](#)

Date or Approximate Date of Alleged Maltreatment:

Alleged Maltreatment occurred while the child's residence was an OHC placement:

Serious Incident: [Details](#)

Death / Alleged maltreatment [Details](#)

Death / Alleged suicide OHC

Serious injury [Details](#)

Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Emotional Damage/Abuse Neglect

Physical Abuse

Sexual Abuse

Unborn Child Abuse

Yes No

[Continue](#) [Close](#)

18. Select the Description hyperlink. This will open the Description page. Select up to three values that apply and click Continue.

Descriptions

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Lack of Supervision	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Abusive Head Trauma	<input type="checkbox"/>	Malnutrition	<input type="checkbox"/>	Shaken Baby/Shaken Impact
<input type="checkbox"/>	Blunt Force Trauma	<input type="checkbox"/>	Manufacturing Meth	<input type="checkbox"/>	Subdural Hemorrhage/ Hematoma
<input checked="" type="checkbox"/>	Bruising	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion	<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Medical Neglect of a Disabled Infant	<input checked="" type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity	<input type="checkbox"/>	Unable to Locate Children
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury	<input type="checkbox"/>	Untreated Injury/Lack of Medical Care
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Other Medical Neglect		
<input type="checkbox"/>	Exposure to genitals/pubic areas	<input type="checkbox"/>	Permanent Impairment		
<input type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Pregnancy		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Prostitution		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Retinal Hemorrhage		
<input checked="" type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Serious Lack of Hygiene		
<input type="checkbox"/>	Lack of Care Due to Poverty	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input type="checkbox"/>	Lack of Necessary Care	<input type="checkbox"/>	Sexual Contact/Intercourse		
		<input type="checkbox"/>	Sexual Exploitation		

[Continue](#) [Close](#)

http://dhfs-unit-test/ewisacwis/common/ModalFrame.jsp?templateMapUrl=/SM06A_AllegationDesc Internet

19. Enter the Date or Approximate Date of Alleged Maltreatment. Answer the question if the alleged maltreatment occurred while the child's residence was an out of home care placement.
20. Select whether the alleged maltreatment was a Serious Incident. If yes, select the appropriate checkboxes related to the Serious Incident. You can click on the 'DCF memo 2010-01' hyperlink to access the memo regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78. To access the 2009 Wisconsin Act 78, select the Act 78 hyperlink. Click Continue to return to the Access Report page.

Allegation

Alleged Victim:

[AM Relationship to Victim](#)

Abuse/Neglect Code:

[Description](#)

Date or Approximate Date of Alleged Maltreatment:

Alleged Maltreatment occurred while the child's residence was an OHC placement: Yes No Unknown

Serious Incident: Yes No

Death / Alleged maltreatment [Details](#)

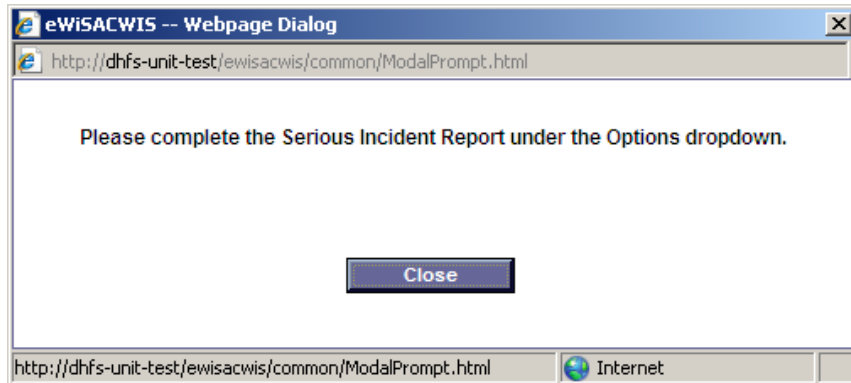
Death / Alleged suicide OHC

Serious injury [Details](#)

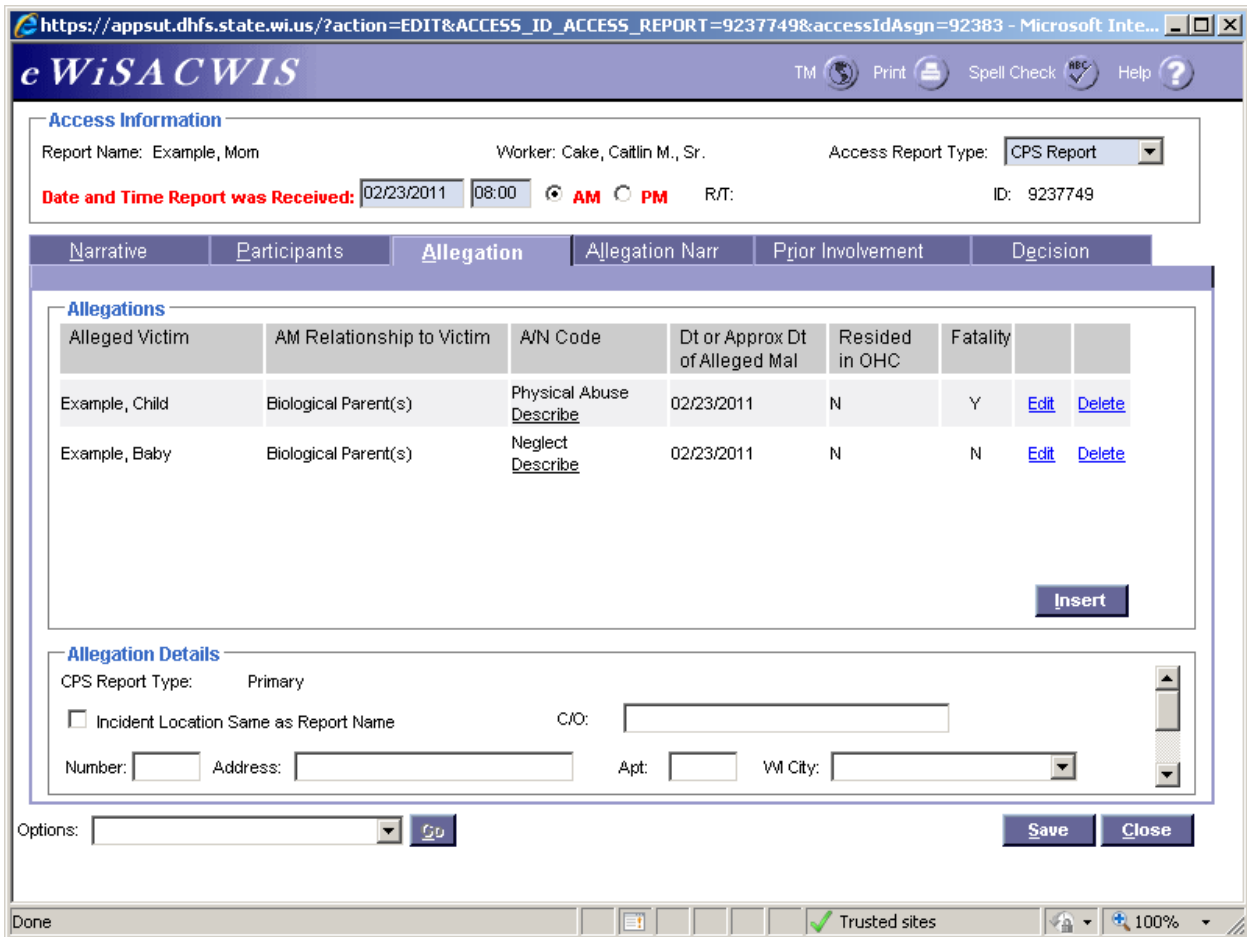
Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

- If the 'Yes' is selected for the Serious Incident question, a message will appear directing you to complete the Serious Incident Report under the Options drop-down.



- You will be brought back to the Allegations tab of the Access Report page. If you need to make any changes, select the Edit or Delete hyperlink. The descriptors can be viewed by hovering over the word 'Describe.'
- Repeat steps 14-21 as appropriate to document all allegations of abuse and neglect for each alleged victim.



24. Complete the Allegation Details group box. If the incident occurred at the same address as the report name's address, check the Incident Location Same as Reporter Name check box and it will pre-fill the address information. If the incident did not occur at the same address as the report name's address, enter the address where the alleged maltreatment occurred (if known).

Access Information

Report Name: Example, Mom Worker: Cake, Caitlin M., Sr. Access Report Type: **CPS Report**

Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9237749

Allegations

Alleged Victim	AM Relationship to Victim	A/N Code	Dt or Approx Dt of Alleged Mal	Resided in OHC	Fatality		
Example, Child	Biological Parent(s)	Physical Abuse Describe	02/23/2011	N	Y	Edit	Delete
Example, Baby	Biological Parent(s)	Neglect Describe	02/23/2011	N	N	Edit	Delete

Allegation Details

CPS Report Type: Primary

Incident Location Same as Report Name C/O: _____

Number: 222 Address: Main Apt: _____ WI City: _____

Options: _____

25. If allegations rise to the level of a serious Incident, Wisconsin Act 78 requires county agencies and the Bureau of Milwaukee Child Welfare (BMCW) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. To notify the DSP of a serious incident allegation, select Serious Incident Notification from the Options drop-down and complete the Serious Incident Notification page.

The Serious Incident Notification page is a combination of user-entered and pre-filled information. The Name – County or State Agency pre-fills with the county of the worker, but can be edited. Enter the Name – Agency Contact Person, Title, and Phone for the agency contact. The Case Name will pre-fill with the name of the reference person, but can be edited. If applicable, enter the Case ID.

The Date of Incident, Number of Children Involved in This Incident, Check all that apply, and Child Information will pre-fill from the Allegation (Access Report) page on the Allegation tab of the Access Report page.

Note: If the Serious Injury checkbox is selected, answer the ‘For “Serious Injury,” did a physician confirm the child’s condition as serious or critical?’ question.

Select the appropriate checkbox in the ‘Check one to describe current case status at the time of the incident’ group box.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Name - County or State Agency: Milwaukee

Name - Agency Contact Person: Sarah Suttle

Title: Program Assistant Phone: (715)555-1212 Ext:

Case Name (Last, First, MI): Flinstone, Wilma Case ID:

Date of Incident: 02/15/2011 Number of Children Involved in This Incident: 1

Check all that apply: Death / Alleged Maltreatment Death / Alleged Suicide Serious Injury Egregious Incident

For "Serious Injury," did a physician confirm the child's condition as serious or critical? Yes No

Child Information

Name	Gender	DOB	Age	Race
Flinstone, Zeke	Male	05/05/2006	4	

Check one to describe current case status at the time of the incident

Open CPS case - child in OHC placement Type of out-of-home-care placement:

Open CPS case - receiving in-home services

Open case with agency - not CPS

An Access report on this child or family was received within the past 12 months

An Access report on this child or family was received more than 12 months prior to this incident

Save Close

In the Narrative group box, the 'Description of incident...' will pre-fill from the Access Report page, however you can update the description. Update the other required questions in the Narrative group box. Choose the 'Yes' or 'No' radio button to the statement, 'Child, family, or alleged maltreater is known to child welfare.'

Send Serious Incident Notification to DCF Date Sent: Sent By:

Narrative
Description of incident including suspected cause of child's death, serious injury, or egregious incident.
This text prefills from the Access Report but remains editable.

Summarize actions taken by agency in response to this incident.
Enter required text here.

Referrals made by the county agency (list all agencies receiving referral).
Enter required text here.

Additional information (Optional).
Enter optional text here.

Child Welfare System History
Child, family, or alleged maltreater is known to child welfare. Yes No

[Serious Incident Verification](#)

Save Close

Once all fields have been completed, select the 'Send Serious Incident Notification to DCF' checkbox at the top and click 'Save' to automatically send the Serious Incident Notification to DSP. DSP will receive an email for the serious incident.

Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

The Serious Incident Verification expando may be expanded at any time. The fields under this expando become enabled only after the 'Send Serious Incident Notification to DCF' checkbox has been checked. DSP will review the Serious Incident Notification and will document their findings in this area. Click Close to return to the Access Report page.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Send Serious Incident Notification to DCF Date Sent: 04/12/2011 Sent By: Corn, Conn C., Jr.

Additional information (Optional).
Enter optional text here

Child Welfare System History
Child, family, or alleged maltreater is known to child welfare. Yes No

Serious Incident Verification

Tracking Number: Verified By: Verified Date:

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

26. The next tab is the Allegation Narr tab. This tab will contain either Primary Allegation Narrative or Secondary or Non Caregiver Allegation Narrative, depending on the relationship(s) selected on the Allegation tab. Complete the required fields.

https://appsut.dhfs.state.wi.us/?action=EDIT&ACCESS_ID_ACCESS_REPORT=9237749&accessIdAsgn=92383 - Microsoft Inte...

eWiSACWIS TM Print Spell Check Help

Access Information
Report Name: Example, Mom Worker: Cake, Caitlin M., Sr. Access Report Type: CPS Report
Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9237749

Narrative Participants Allegation **Allegation Narr** Prior Involvement Decision

Primary Allegation Narrative
Describe the parents or adults in the parent role: current location, functioning, and parenting practices and views of the child.
Parent's current role
Describe the family functioning, strengths, and current stresses.
Family Functioning
Are there any possible or likely impending danger threats to child safety? ([See Related Appendix](#)) Yes No
Document the name of the alleged maltreater and relationship to child.

Options: [] [Go] [Save] [Close]

Done Trusted sites 100%

27. If the allegation involves a Primary Caregiver, then the narrative section will include the question “Are there any possible or likely impending danger threats to child safety?” If there are identified impending danger threats, select the ‘Yes’ radio button. Upon selecting ‘Yes,’ the Impending Danger Threats page will open listing the impending danger threats according to standards. Check all that apply. If at any time you need a definition of the impending danger threats, hover over the Details with your cursor and the definition will appear. When finished, click Continue to return to the Allegation Narr tab of the Access Report page.

Note: If there are no present danger threats but there are impending danger threats, upon screening in the access report, the response time will automatically list as “Within 24-48 hours.” If present danger threats have been identified, the response time will stay “Same Day.”

Impending Danger Threats
Check All That Apply

Select	Description
<input type="checkbox"/>	No adult in the home will perform parental duties and responsibilities. Details
<input checked="" type="checkbox"/>	One or both parents/caregivers are violent. Details
<input type="checkbox"/>	One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. Details
<input type="checkbox"/>	One or both parents/caregivers have extremely negative perceptions of the child. Details
<input type="checkbox"/>	Family does not have or use resources necessary to assure the child's basic needs. Details
<input type="checkbox"/>	One or both parents/caregivers fear they will maltreat the child and/or request placement. Details
<input type="checkbox"/>	One or both parents/caregivers intend(ed) to seriously hurt the child. Details
<input type="checkbox"/>	One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Details
<input type="checkbox"/>	The child has exceptional needs which the parents/caregivers cannot or will not meet. Details
<input type="checkbox"/>	Living arrangements seriously endanger the child's physical health. Details
<input type="checkbox"/>	The child is profoundly fearful of the home situation or people within the home. Details

[Continue](#) [Close](#)

28. On the Allegation Narr tab you will see the impending danger threats you selected on the Impending Danger Threats page, along with a required narrative field. Fill out the narrative field to describe the impending danger threats.

https://apps.dcf.wisconsin.gov/ - Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Example, Mom Worker: Cake, Caitlin M. Access Report Type: CPS Report

Date and Time Report was Received: 02/23/2011 08:00 AM PM R/T: ID: 9238090

Narrative Participants Allegation **Allegation Narr** Prior Involvement Decision

Primary Allegation Narrative

Are there any possible or likely impending danger threats to child safety? ([See Related Appendix](#)) Yes No [Impending Danger Threats](#)

One or both parents/caregivers are violent. [Details](#)

Dad is violent

Document the name of the alleged maltreater and relationship to child.

Dad is the alleged maltreater.

Describe the whereabouts of the alleged maltreater at the time of the report and access to the child at the time of the report and within the next five days.

Options:

Done Trusted sites | Protected Mode: Off 100%

29. If there are no impending danger threats, select 'No.'

The screenshot shows a web browser window displaying the eWiSACWIS application. The browser's address bar shows the URL: https://appsut.dhfs.state.wi.us/?action=EDIT&ACCESS_ID_ACCESS_REPORT=9237749&accessIdAsgn=92383. The application header includes the logo 'eWiSACWIS' and navigation links for 'TM', 'Print', 'Spell Check', and 'Help'. The main content area is titled 'Access Information' and contains the following fields:

- Report Name: Example, Mom
- Worker: Cake, Caitlin M., Sr.
- Access Report Type: CPS Report (dropdown menu)
- Date and Time Report was Received: 02/23/2011 08:00 AM (radio buttons for AM and PM)
- R/T: (empty field)
- ID: 9237749

Below the 'Access Information' section is a tabbed interface with the following tabs: Narrative, Participants, Allegation, Allegation Narr, Prior Involvement, and Decision. The 'Allegation Narr' tab is currently selected, showing the 'Primary Allegation Narrative' form. This form contains the following sections:

- A question: 'Are there any possible or likely impending danger threats to child safety? (See Related Appendix)'. The 'No' radio button is selected.
- A prompt: 'Document the name of the alleged maltreater and relationship to child.' The text 'Dad is the alleged maltreater' is entered in the text area.
- A prompt: 'Describe the whereabouts of the alleged maltreater at the time of the report and access to the child at the time of the report and within the next five days.' The text 'Maltreatment occurred at home' is entered in the text area.

At the bottom of the form, there is an 'Options:' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons. The browser's status bar at the bottom shows 'Done', 'Trusted sites', and a zoom level of 100%.

30. The Prior Involvement tab is a view only tab with columns that can be sorted and hyperlinks to the Access Report and Initial Assessment pages. The columns can be sorted by clicking on the blue title of the column. The tab can also display by participant by selecting a participant in the Access Report Participant drop-down. The system will automatically search all participants and return any Access Reports that they have been involved in. The prior involvement row includes the date of the CPS report, a hyperlink to the CPS report as well as the county in which the final screening decision was made, worker safety concerns, the screening decision, the case name, the assessment finding that is a hyperlink to the assessment, and the name(s) of the alleged maltreater(s).

Note: Any Prior Involvement records for participants with only the role of Reporter will not appear.

Access Information

Report Name: Example, Mom Worker: Cake, Caitlin M., Sr. Access Report Type: **CPS Report**

Date and Time Report was Received: 02/23/2011 08:00 AM R/T: ID: 9237749

Access Report Participant: All

Date	Report Type	Wrkr Safety Concerns	Screening Decision	Case Name	Assessment Finding	Maltreater Name(s)
02/07/2008	CPS Report - State	N	Screen In	Zoey Monster (9221905)	Substantiated	Monster, Zoey
10/24/2007	CPS Report - State	N	Screen In	Zoey Monster (9221905)	Substantiated	Caddaby, Abby; Monster, Cookie; Monster, Zoey
10/01/2007	CPS Report - State	N	Screen In	Zoey Monster (9221905)	Substantiated	Caddaby, Abby; Monster, Zoey
09/25/2007	CPS Report - State	N	Screen In	Zoey Monster (9221905)	Substantiated	Caddaby, Abby; Monster, Cookie; Monster, Zoey
02/07/2008	CPS Report - State	N	Screen In	Zoey Monster (9221905)	Unsubstantiated	Monster, Zoey
10/24/2007	Services Report - Child Welfare - State	N	Screen In	Zoey Monster (9221905)	N/A	N/A

Options: [] **Go** **Save** **Close**

- Open all applicable templates, including the Reporter Narrative which contains user-entered information about the person reporting the allegations of child maltreatment.

The screenshot displays the eWiSACWIS web application interface. At the top, the browser address bar shows the URL: `http://dhfs-unit-test/?action=CREATE&fromWhere=desktop - Access Report - Windows Internet Explorer provided by DHFS ...`. The application header includes the logo "eWiSACWIS" and navigation icons for TM, Print, Spell Check, and Help.

The main content area is divided into several sections:

- Access Information:** Contains fields for "Report Name:", "Worker: Cake, Caitlin M., Sr.", "Access Report Type: CPS Report", "Date and Time Report was Received: 02/23/2011 08:00 AM", "R/T: Within 5 business days", and "ID: 9237749".
- Navigation Tabs:** Includes "Narrative", "Participants", "Allegation", "Allegation Narr", "Prior Involvement", and "Decision".
- Worker Recommendation:** Features a "Name" field with "Corn, Conn C., Jr.", radio buttons for "Screen In", "Screen Out", and "Pending", a "Date/Time Decision Made:" field, "Response Time:" and "Reason:" dropdowns, and an "Explain:" text area.
- Supervisor Decision:** Features a "Name" field with "Corn, Conn C., Jr.", radio buttons for "Screen In", "Screen Out", and "Pending", a "Date/Time Decision Made:" field, "Response Time:" and "Reason:" dropdowns, and an "Explain:" text area. A "Create/Link Case" link is also present.
- Options:** A dropdown menu is open, listing various templates: "Action", "Serious Incident Notification", "Text", "CPS Report", "ICW Cover Letter", "Reporter Narrative", "Mandated/Relative Reporter Notice", "Prior County Involvement", "Response Priority Tree", and "Notice to Tribal Agent".

At the bottom of the interface, there are "Save" and "Close" buttons, and a status bar showing "Done" and "Trusted sites".

32. On the Decision tab, complete the Status group box prior to making a screening recommendation or decision. The Status group box appears below the Supervisor Decision group box.

Access Information

Report Name: Example, Mom Worker: Cake, Caitlin M., Sr. Access Report Type: CPS Report

Date and Time Report was Received: 02/23/2011 08:00 AM R/T: ID: 9237749

Supervisor Decision

Name: Cake, Caitlin M., Sr. Screen In Screen Out Pending

Date/Time Decision Made: 02/23/2011 09:18 AM

Response Time: [Dropdown] Reason: [Dropdown]

Explain: [Text Area]

Status

After Hours Report Law Enforcement Notified Worker Safety Concerns?

Primary Language: English Interpreter Needed?

Is this Access Report a death, serious injury, or egregious incident ([See Related Numbered Memo](#)) ?

Serious Incident Notification generated?

Options: [Dropdown]

33. Once all applicable and pertinent information has been documented and all necessary templates have been opened, the last step is to make a screening recommendation or decision.

Note: If you are an alternative response pilot county, please see the Alternative Response Quick Reference Guide for other screening reasons.

If you have Worker screening security, complete the Worker Recommendation group box. If you have Supervisor screening security, complete the Supervisor Decision group box. If the decision is to Screen In, the Response Time will be automated based on the presence or lack of present and/or impending danger threats. If you choose to screen in the access report and do not have present or impending danger threats identified, the screening time will automate to “Within 5 business days.”

Note: The Supervisor will have the ability to override the Response Time. If the Response Time is different in the Supervisor Decision group box than it is in the Worker Recommendation group box, the Explain field will be required for the Supervisor.

The screenshot displays the eWISACWIS web application interface. At the top, the browser address bar shows the URL: https://appsut.dhfs.state.wi.us/?action=EDIT&ACCESS_ID_ACCESS_REPORT=9237749&accessIdAsgn=92383. The application header includes the logo "eWISACWIS" and navigation icons for TM, Print, Spell Check, and Help.

The main content area is divided into several sections:

- Access Information:**
 - Report Name: Example, Mom
 - Worker: Cake, Caitlin M., Sr.
 - Access Report Type: CPS Report
 - Date and Time Report was Received: 02/23/2011 08:00 AM
 - R/T: Same Day
 - ID: 9237749
- Decision:**
 - Worker Recommendation:**
 - Name: Cake, Caitlin M., Sr.
 - Options: Screen In, Screen Out, Pending
 - Date/Time Decision Made: [Empty]
 - Response Time: [Empty]
 - Reason: [Empty]
 - Explain: [Text area]
 - Supervisor Decision:**
 - Name: Cake, Caitlin M., Sr.
 - Options: Screen In, Screen Out, Pending
 - Date/Time Decision Made: 02/23/2011 09:18 AM
 - Response Time: Same Day
 - Reason: Screen In - CA/N Primary
 - Explain: [Text area]
 - [Create/Link Case](#)

At the bottom of the form, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser status bar at the very bottom shows "Done", "Trusted sites", and a zoom level of 100%.

34. When you select Save, the Create Worker Assignment page appears. The page is set up to default to your supervisor. If you wish to choose another supervisor, select the associated Select hyperlink next to that supervisor's name. Click Assign to send the Access Report to the selected supervisor.

The screenshot shows the 'Create Worker Assignment' page in the eWiSACWIS system. The browser title is 'https://apps.dhfs.state.wi.us - Create Worker Assignment - Windows Internet Explorer provided by DHFS - State of Wisconsin'. The page header includes 'eWiSACWIS' and navigation links for 'Print', 'Spell Check', and 'Help'.

Sort By: Name Position Title

Workers

- [Select](#) DefaultWorker, Green CYF Supervisor, Green - Monroe
- [Select](#) Worker, County WM:90.5 Secretary-CYF Billing, Green - Monroe
- [Select](#) Supervisor, County WM:16 CYF Supervisor, Green - Monroe

View By

- County/State
- Employing Entity
- My County
- Site/Office
- Workers for Supervisor

Current Worker
Worker, County

Current Worker Status

- Close
- Do Not Close

Assignment Definition and Details

Category: Access For: Example, Mother Participant: Start Date: 10/19/2009

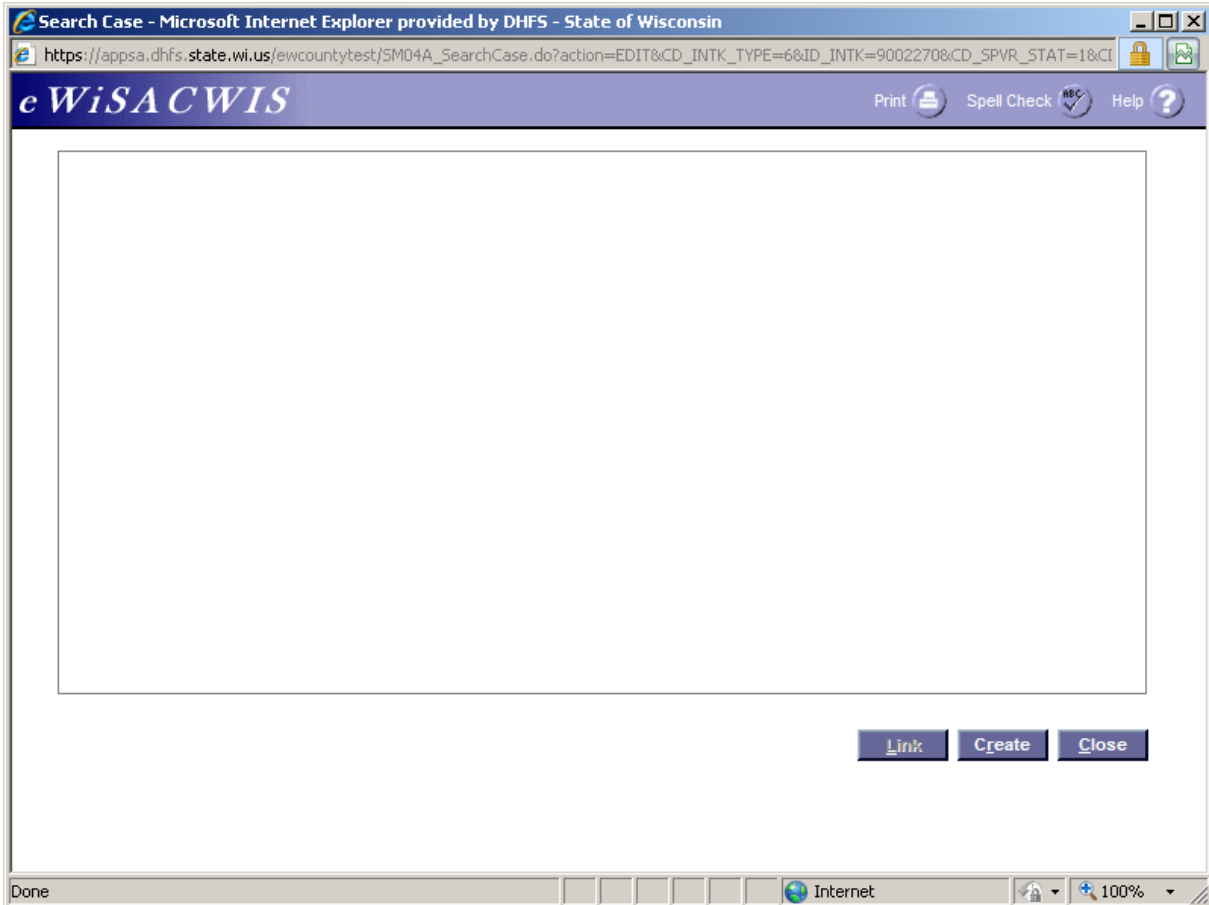
Emergency Protective Services Report

Worker Name	Type	Responsibility	Role	
Supervisor, County	Access Report	N/A	Supervisor	Delete

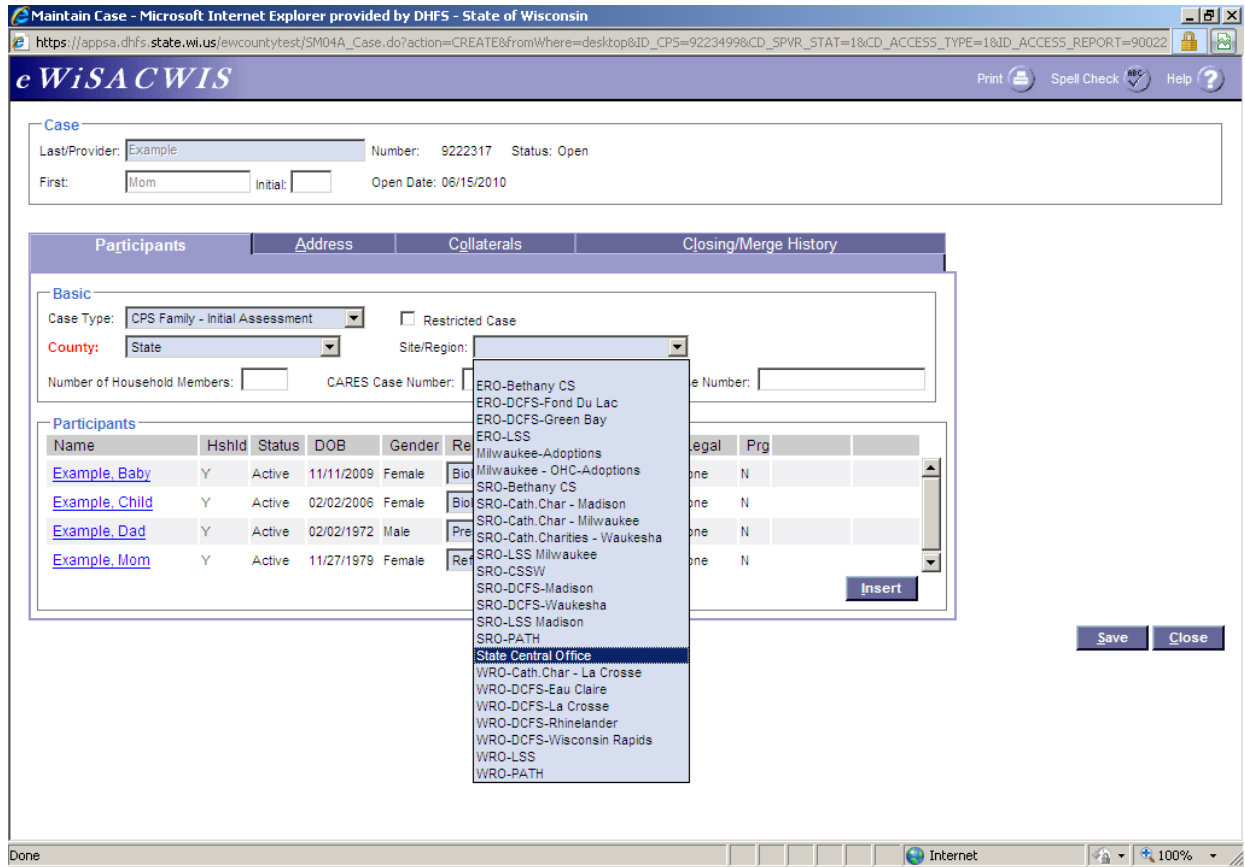
Assign **Close**

Done Trusted sites

35. When the supervisor selects the 'Create / Link Case' hyperlink, the system will search all cases that the participants have been involved in and present those as an option to link the new report to. If there is an existing case that the new report should be linked to, select the case and click the Link button. If no cases are returned or if the returned cases are not correct, the supervisor would select the Create button to create a new case.



36. Once the report is linked or a new case is created, the Maintain Case page is opened, and any updates or required fields should be completed at this time.



37. Once the case information is updated as needed, click Save. A message will appear, asking the supervisor if he or she would like to make an assignment to this case. Select 'Yes' to create an assignment to a worker (or multiple workers), select 'No' to leave the case only assigned to the supervisor. Please see the Assignment Quick Reference Guide for more information.

The screenshot shows the eWiSACWIS web application interface. The main window displays case information for 'Example' with case number 9222317 and status 'Open'. The 'Participants' tab is active, showing a table of household members:

Name	Hshld	Status	
Example, Baby	Y	Active	11
Example, Child	Y	Active	02
Example, Dad	Y	Active	02
Example, Mom	Y	Active	11

A modal dialog box titled 'eWiSACWIS -- Webpage Dialog' is overlaid on the screen, asking: 'Would you like to create an assignment for this case?'. It features 'Yes' and 'No' buttons. The background form shows 'Case Type' as 'CPS Family - Initial Assessment' and 'County' as 'State'. The browser's address bar shows the URL: https://appsa.dhfs.state.wi.us/ewcountytest/5M04A_Case.do.