
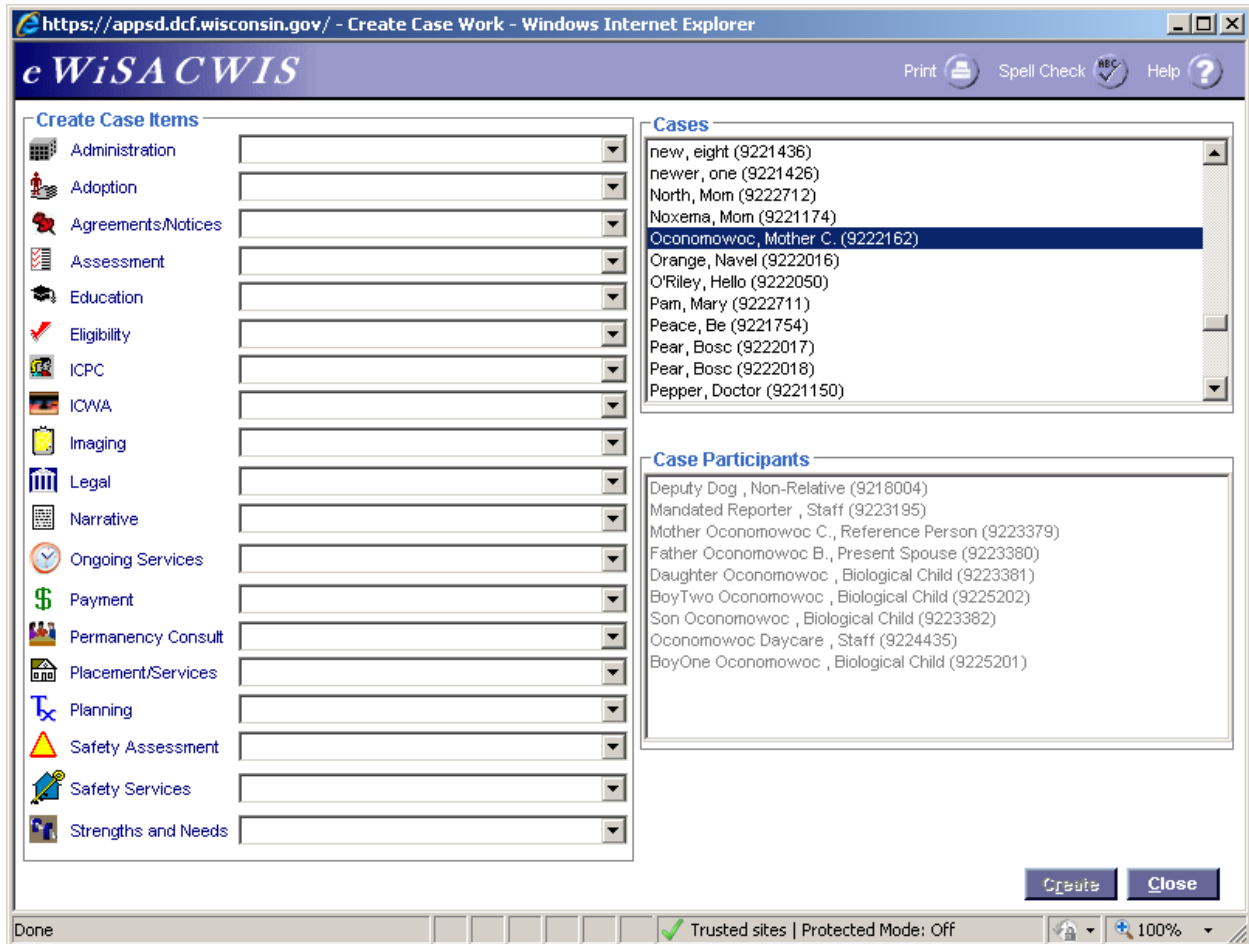


# Initial Assessment – Narrative

**Note:** You will need an assignment to the case prior to creating an Initial Assessment - Narrative.

1. From the desktop, click Create > Case Work or click the Case Work hot button . This will open the Create Case Work page.
2. On the Create Case Work page, select Assessment from the Assessment drop-down, and then select the family from the Cases group box. Click Create.



- This opens the Assessment Report Link page. This page will show all screened-in CPS Reports that are available to be linked to an Assessment. Select the checkbox for the CPS Report(s) that will be linked to this Assessment. Click the Continue button.

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input type="checkbox"/>	Mother C. Oconomowoc	02/23/2011 15:55:00	02/23/2011 08:01:00

- The Assessment page opens to the Participants tab. Click the Roles hyperlink to add the role of Alleged Maltreater to the appropriate participants. This is also the location where you may add any additional active participants to the case by choosing the Insert button. Select the Create/View ICWA Record hyperlink to complete the Child's ICWA record.

The screenshot shows the eWiSACWIS web application interface. At the top, the browser address bar displays the URL: <https://appsut.dhfs.state.wi.us/> - Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin. The application header includes the eWiSACWIS logo and utility links for Print, Spell Check, and Help.

The main content area is divided into two sections: **Assessment** and **Report**. The **Assessment** section shows: Name: Oconomowoc, Mother C.; Assessment ID: 9222008; Status: Open. The **Report** section shows: Response Time: Same Day; Date: 02/23/2011.

Below these sections are tabs for **Participants**, **Basic**, **Allegations**, **Contacts**, and **Results**. The **Participants** tab is active, displaying the **Assessment Participants** table:

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Daughter Oconomowoc</a>	Female	08/02/2003		AV-HM	<a href="#">Roles</a>
<a href="#">Son Oconomowoc</a>	Male	09/19/1999		AV-HM	<a href="#">Roles</a>
<a href="#">Mother C. Oconomowoc</a>	Female	05/05/1975	Asian	HM-PR-RN	<a href="#">Roles</a>
<a href="#">Father B. Oconomowoc</a>	Male	06/06/1966	Asian	AM-HM-PR	<a href="#">Roles</a>

At the bottom of the participants section, there is a [Create/View ICWA Record](#) link and an **Insert** button. Below the table, there is an **Options:** dropdown menu and **Save** and **Close** buttons.

The screenshot shows a **Roles -- Webpage Dialog** box. The **Participant** section shows Name: Oconomowoc, Mother C. Below this is the **Roles** section, which contains a table with checkboxes for selecting roles:

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

At the bottom of the dialog box, there are **Continue** and **Close** buttons.

- Click on the Basic tab. Select the Living Arrangement of the Child(ren) value that is most applicable. Next, select up to three Family Characteristics/Conditions. The first drop-down is required. If there are no applicable characteristics or conditions, select 'None Observed.'

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

**eWiSACWIS** Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother C. Assessment ID: 9222008 Status: Open **Report** Response Time: Same Day Date: 02/23/2011

Participants **Basic** Allegations Contacts Results

**Case Name Information**

C/O:  
 Street #: 123 Street:  
 Apt.:  
 City: Oconomowoc State: WI Zip: 53066 Country: United States  
 Phone: (262)555-1212 Ext.: Alt. Phone: Alt. Ext.:  
 Fax:  
 Language Preference: English

**Living Arrangement of the Child(ren)**

Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

**Family Characteristics/Conditions**

**Family Characteristics/Conditions:** Other financial stress

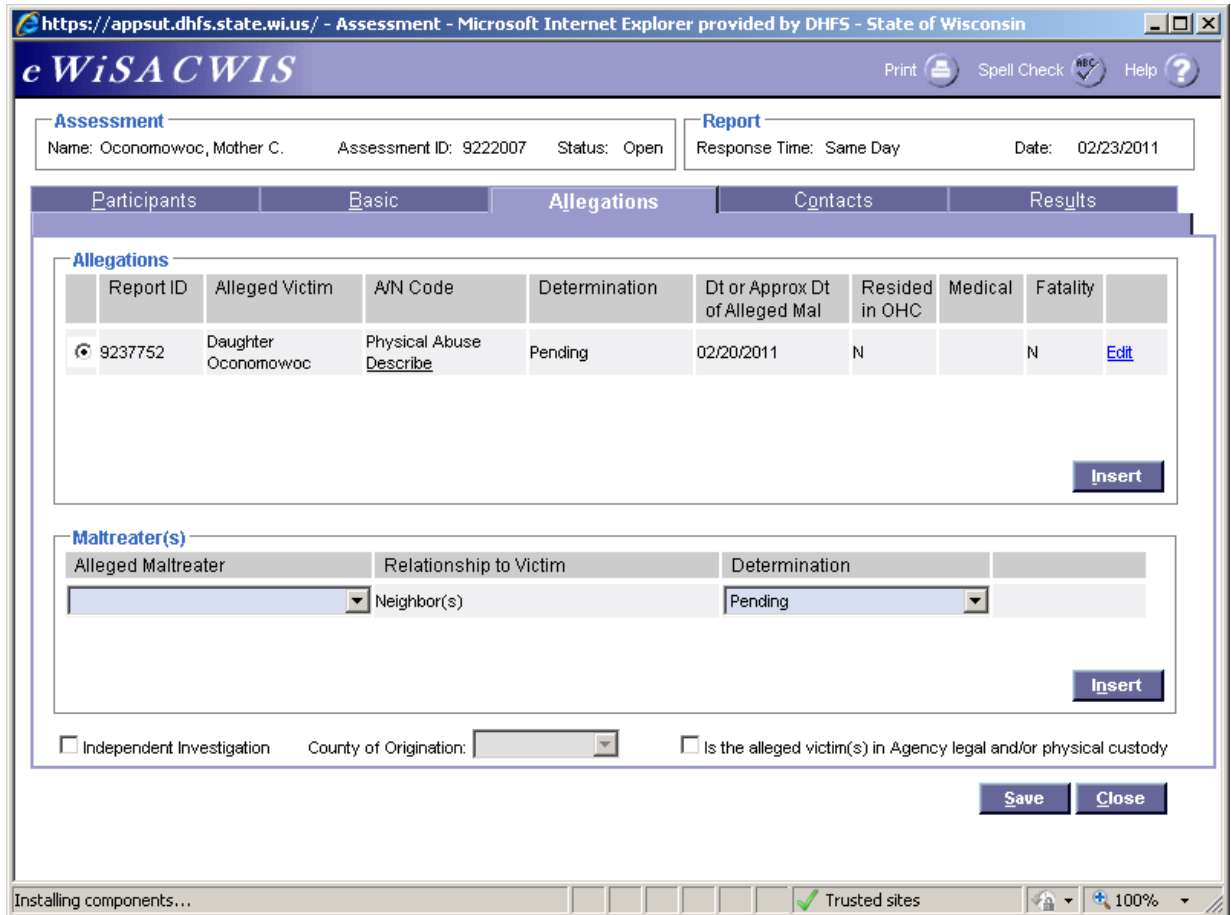
**Family Characteristics/Conditions:** Child with special needs

**Family Characteristics/Conditions:**

Options: Save Close

Installing components... Trusted sites 100%

6. The Allegations tab will pre-fill with the allegations documented on the CPS Report.



- Complete allegations by selecting the 'Edit' link which will open the Allegation (Assessment) page. When completing an existing allegation that was entered on the Access Report page, enter a maltreatment determination, date of maltreatment, answer the medical treatment question, and if the allegation is a serious incident identify the type of serious incident. Select the maltreatment determination.
- Add any additional allegations using the 'Insert' button located in the lower-right corner which will open the Allegation (Assessment) page (see the following steps to insert a new allegation).

7. To insert a new allegation, select an Alleged Victim from the drop-down. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

**Allegation**

Alleged Victim: Son Oconomowoc

Abuse/Neglect Code:

[Description](#)

Determination:

**Date or Approximate Date of Alleged Maltreatment:**

Alleged Victim received medical treatment as a result of this alleged maltreatment:  Yes  No

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](#)

**Save** **Close**

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

Description -- Webpage Dialog

*eWiSACWIS* Print Spell Check Help

**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 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 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 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**

9. 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.
10. Select whether the alleged maltreatment resulted in 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.
11. Click Save and Close to return to the Assessment page.

**Allegation (Assessment) -- Webpage Dialog**

*eWiSACWIS* Print Spell Check Help

**Allegation**

Alleged Victim: Son Oconomowoc

Abuse/Neglect Code: Physical Abuse

[Description](#) Blunt Force Trauma-Bruising

Determination: Substantiated

**Date or Approximate Date of Alleged Maltreatment:** 02/20/2011

Alleged Victim received medical treatment as a result of this alleged maltreatment:  Yes  No

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](#)

**Save Close**

12. On the Allegations tab on the Assessment page, complete the Maltreater(s) group box.
  - Each allegation may have different maltreaters. Select the radio button next to the allegation to view the maltreater(s) for that allegation.
  - There must be at least one substantiated maltreater when the maltreatment has been substantiated.
  - If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.
  - Only individuals that were given the role of Alleged Maltreater on the Participants tab will be available in the Alleged Maltreater drop-down.
  - Additional Maltreaters for an allegation are added using the Insert button in the Maltreater(s) group box. For example, when both parents are alleged maltreaters, only one maltreater row will exist from the access report. Insert an additional row for the second parent.
  - If you substantiate maltreatment but cannot name the maltreater (unknown or unnamed for policy reasons), select the default 'Unknown, Unknown' in the Alleged Maltreater drop-down.

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

**eWiSACWIS** Print Spell Check Help

**Assessment** Name: Oconomowoc, Mother C. Assessment ID: 9222007 Status: Open **Report** Response Time: Same Day Date: 02/23/2011

Participants Basic **Allegations** Contacts Results

**Allegations**

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality
<input checked="" type="radio"/> 9237752	Daughter Oconomowoc	Physical Abuse Describe	Pending	02/20/2011	N		N

[Edit](#) **Insert**

**Maltreater(s)**

Alleged Maltreater	Relationship to Victim	Determination
<input type="text"/>	Neighbor(s)	Pending

**Insert**

Independent Investigation County of Origination:   Is the alleged victim(s) in Agency legal and/or physical custody

**Save** **Close**

Installing components... Trusted sites 100%

13. The Contacts tab is view only, displaying the linked Assessment Contacts. In this example, there aren't any. See the Quick Reference Guides 'Assessment Contact' and 'Initial Face to Face Contact' for more information.

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

The main content area is divided into two sections: "Assessment" and "Report".

- Assessment:** Name: Abelmann, Samantha; Assessment ID: 9221457; Status: Open
- Report:** Response Time: Same Day; Date: 09/17/2008

Below these sections is a horizontal menu with tabs: Participants, Basic, Allegations, **Contacts**, and Results. The "Contacts" tab is active, displaying a table with the following headers:

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
---------	------	--------------------------	-------	------	-------------------

The table body is currently empty. At the bottom right of the main content area, there are "Save" and "Close" buttons. The browser's status bar at the bottom shows "Done" and "Trusted sites".

14. The Results tab is mostly view only and pre-fills information from the Initial Assessment – Narrative and the Safety Assessment, Analysis and Plan when those are completed. Select the hyperlink Create Initial Face-to-face Contact Note. This will open the Case Notes page.

The screenshot shows a web browser window with the URL <https://appsut.dhfs.state.wi.us/>. The page title is "Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application logo is "eWiSACWIS".

At the top, there are two tabs: "Assessment" and "Report". Under "Assessment", the name is "Oconomowoc, Mother C.", Assessment ID is "9222008", and Status is "Open". Under "Report", Response Time is "Same Day" and Date is "02/23/2011".

The main content area has a navigation bar with tabs: "Participants", "Basic", "Allegations", "Contacts", and "Results" (which is selected). Below this, there are several sections:

- Assessment Results:** Result: **Substantiated**
- Disposition:** (Empty field)
- Family RA Future A/N:** Abuse Score, Neglect Score, Risk Level (All empty)
- Safety Assessment:** Safety Decision (Empty)
- Strengths and Needs:** Needs Level (Empty)
- Initial Assessment - Primary Rating:** A grid of ratings for Maltreatment, Circumstances, Child Functioning, Parenting - Discipline, Adult Functioning, Parenting - General, Family's Functioning, and Total. All are set to "Minimal to Low (0 to 6.9)".
- Family Service Level:** Family Service Level (Empty),  Override Family Service Level, Override Level (Dropdown), Describe reason for override (Text area)
- Initial Face-to-Face Contact Information:** Initial Face-to-Face Must Occur By: 02/23/2011 11:59 PM, [CPS Report 9237753](#), [Create Initial Face-to-Face Contact Note](#), Initial Face-to-Face Documented: (Empty)

At the bottom, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

- The Category and Type will pre-fill as an Initial Assessment Contact with Type of Initial Face-to-Face. Complete the remainder of this page accordingly. Select Save and then Close. You will be taken back to the Results tab.

Case Notes -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

Case: Oconomowoc, Mother C ( 9222162) Worker Creating Note: Cake, Caitlin M., Sr. Worker Making Contact: Cake, Caitlin M., Sr. [Search](#)

Case Note ID: Date Entered: 02/23/2011 05:27 PM  Note Finalized  Contact By Designee

**Note Information**

Date: 02/22/2011 Category: **Initl Assess Contact**  View Inactive Participants

Begin Time: 12:00 AM  PM  Type: **Initial Face-to-Face** Participants:

End Time: 00:00 AM  PM Type Detail: Type: Oconomowoc, BoyTwo (Bio Child)

Duration: 0000.0 Face-to-Face Location: **Home Visit** Oconomowoc, Daughter (Bio Child)

Billable Face-to-Face Result: **Occurred** Oconomowoc, Father B., Jr. (Present Spou)

Oconomowoc, Mother C. (Reference Person)

Oconomowoc, Son (Bio Child)

Reporter, Mandated (Staff)

Hold down the 'Ctrl' key for multi-selection [Add Contacts](#)

**Narrative**

Case Note 1/1 [Details](#)

text....

[Insert Correction Note](#) [Clear Fields](#) [Create](#) [Save](#) [Close](#)

16. Notice that after the page is saved the Initial Face-to-Face Contact Information automatically calculated when the Initial Face-to-Face Must Occur By. It also displays when the Initial Face-to-Face was documented. Inclusion of this functionality is to help ensure workers complete and document the Initial Face-to-Face contact in a timely and accurate manner.

The screenshot displays the eWiSACWIS web application interface within a Microsoft Internet Explorer browser window. The address bar shows the URL: https://appsut.dhfs.state.wi.us/ - Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin. The page title is "eWiSACWIS".

The main content area is divided into several sections:

- Assessment:** Name: Oconomowoc, Mother C.; Assessment ID: 9222008; Status: Open.
- Report:** Response Time: Same Day; Date: 02/23/2011.
- Navigation Tabs:** Participants, Basic, Allegations, Contacts, Results (selected).
- Assessment Results:** Result: **Substantiated**.
- Disposition:** (Empty field).
- Family RA Future A/N:** Abuse Score, Neglect Score, Risk Level.
- Safety Assessment:** Safety Decision.
- Strengths and Needs:** Needs Level.
- Initial Assessment - Primary Rating:**
  - Maltreatment:  Minimal to Low (0 to 6.9)  Moderate (7 to 13.9)  Significant (14 to 20.9)  High (21 to 28.0)
  - Circumstances:  Parenting - General:  Family's Functioning:  Parenting - Discipline:  Total:
- Family Service Level:**
  - Family Service Level:  Override Family Service Level. Override Level: [Dropdown]
  - Describe reason for override: [Text Area]
- Initial Face-to-Face Contact Information:**
  - Initial Face-to-Face Must Occur By: 02/23/2011 11:59 PM. [CPS Report 9237753](#)
  - Initial Face-to-Face Documented: 02/22/2011 12:00 PM. [Case Note ID 9223340](#)
  - [Create Initial Face-to-Face Contact Note](#)

At the bottom of the page, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons. The browser's status bar at the bottom indicates "Installing components..." and "Trusted sites".

17. 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 on the Results tab 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.

Enter the Date of Incident.

The Case Name, Case ID, Date of Incident, Number of Children Involved in This Incident, Check all that apply, and Child Information will pre-fill from the Allegation (Assessment) page on the Allegations tab of the Assessment 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**

*e WiSACWIS* 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: Mariah Smith

Title: Superintendent    Phone: (608)555-1212    Ext:

Case Name (Last, First, MI): Flinstone, Wilma    Case ID: 9222726

Date of Incident: 03/31/2011    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

The three narrative fields in the Narrative group box are also required. The 'Additional Information' narrative field is optional. 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.

Enter required text here.

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

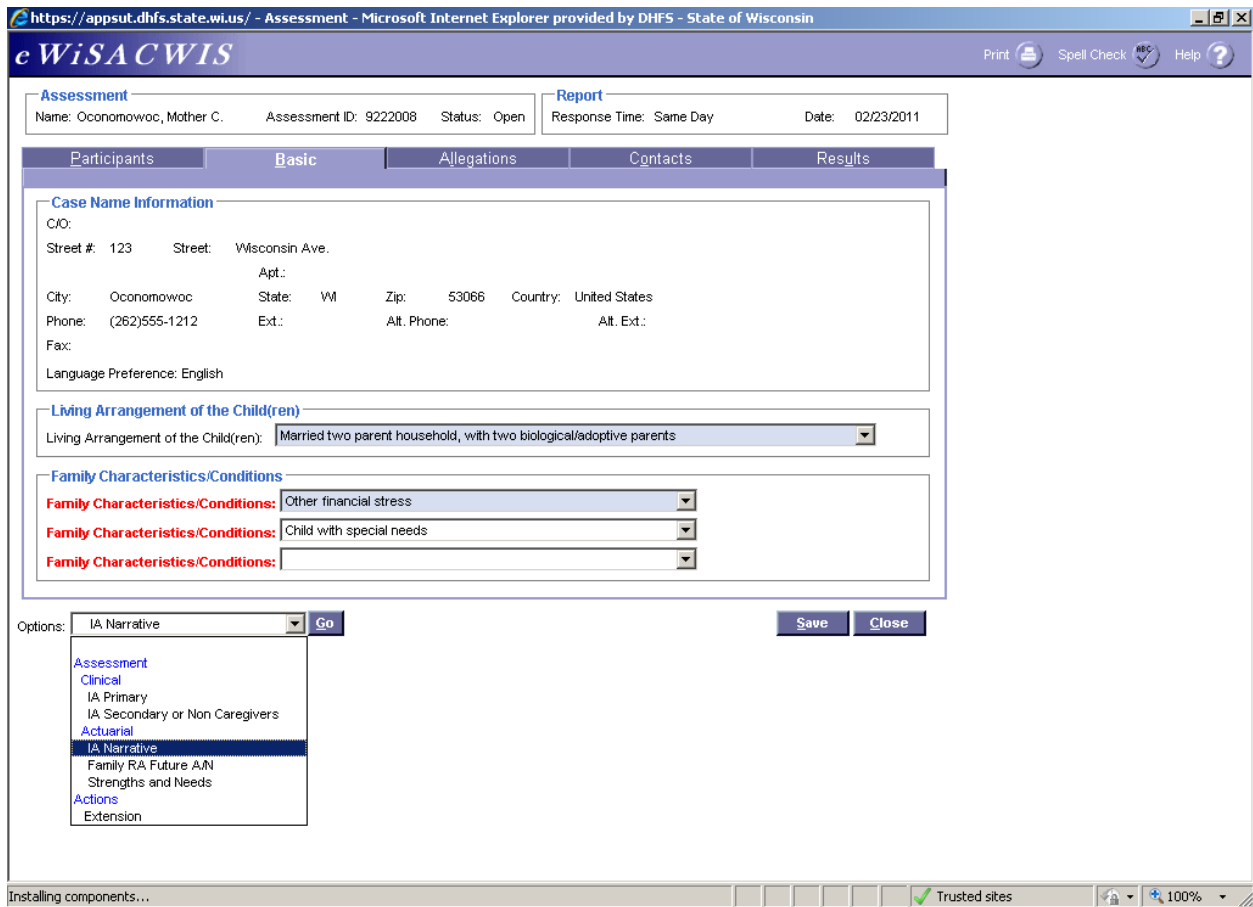
**Serious Incident Verification**

Tracking Number:     Verified By:    Verified Date:

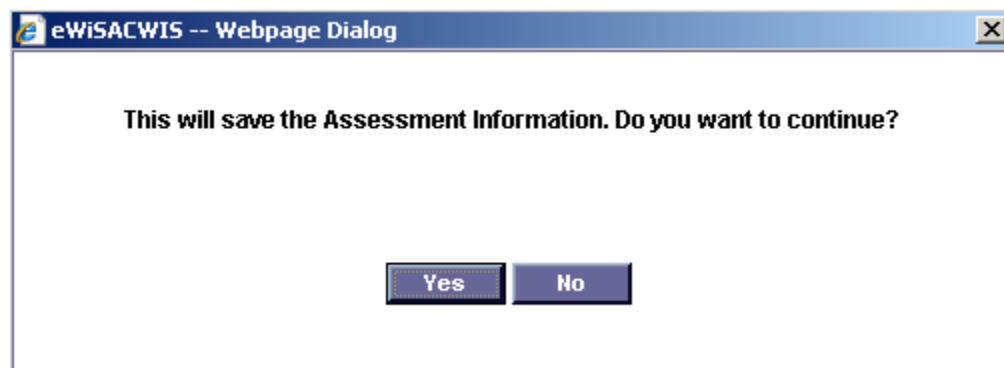
The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78.

Save Close

18. Return to the Basic tab. From the Options drop-down, select IA Narrative and click 'Go.'



19. This will launch a message stating the assessment will save and asking if you want to continue. Click 'Yes' to continue to the IA – Narrative or 'No' if you want to return to the Assessment page and not save.



20. The Initial Assessment - Narrative page will open to the Participants tab. This is where active child(ren) and adult(s) that are part of the assessment are added. Use the Add/Edit buttons in each group box to add the participants. The Add/Edit button opens the Case Participants/Collaterals page.

Initial Assessment - Narrative -- Webpage Dialog

eWiSACWIS Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011  IAN Completed

**Participants** Child Functioning Adult Functioning Family Functioning Maltreatment Summary

**Child Information**

Child Name DOB

Add/Edit

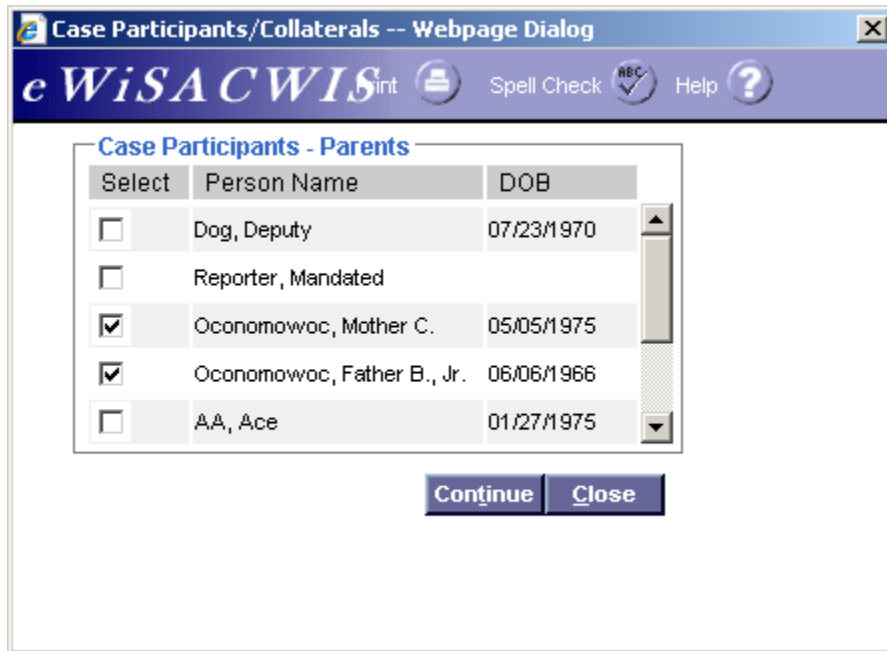
**Parent Information**

Parental Role Name DOB

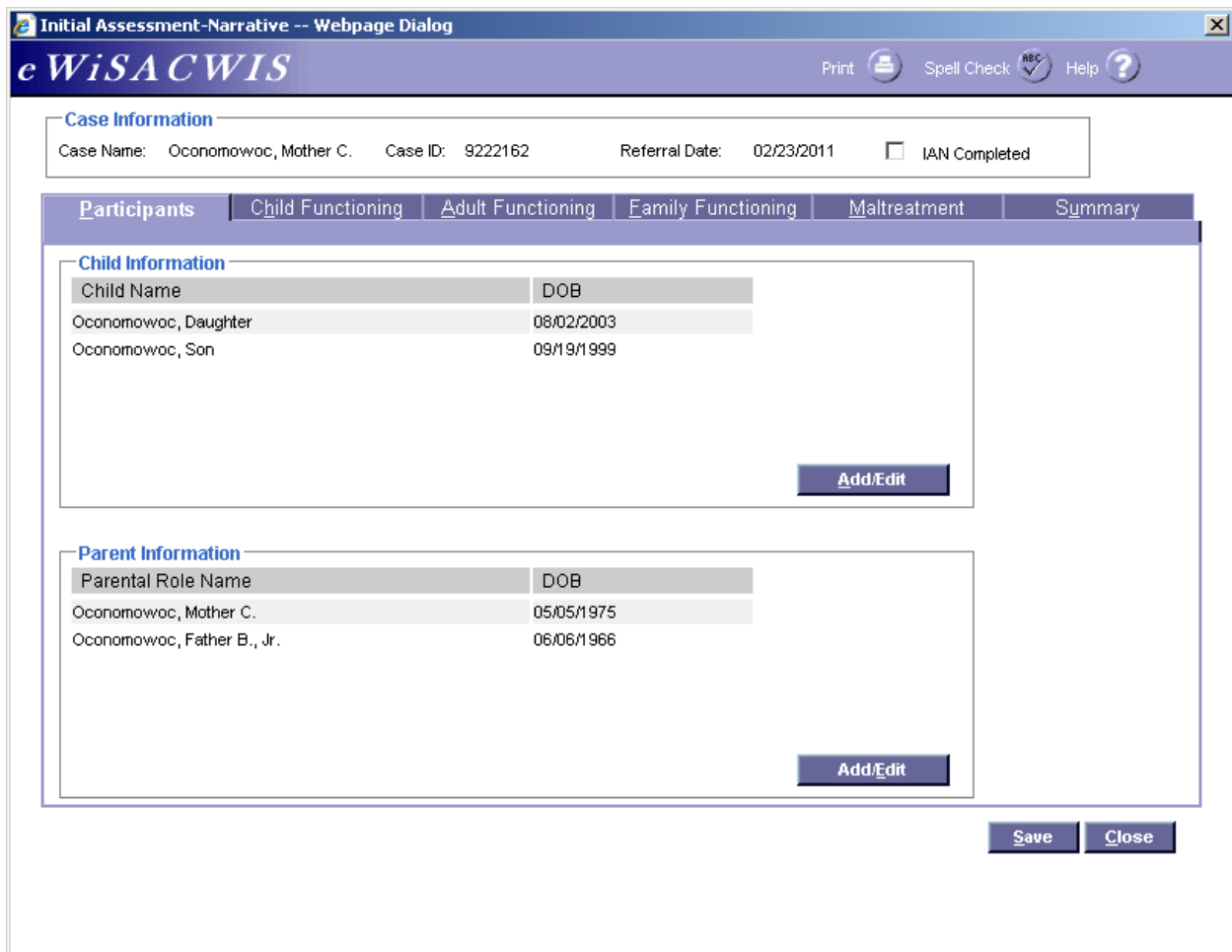
Add/Edit

Save Close

21. Select the checkbox next to the participant(s) to be added to the assessment. Select Continue.



22. The Participants tab is now pre-filled with the selected participants.



23. On the Child Functioning tab, complete the required narrative for each child that was identified on the Participants tab.

**Initial Assessment-Narrative -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**Case Information**  
Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011  IAN Completed

Participants **Child Functioning** Adult Functioning Family Functioning Maltreatment Summary

**Child Functioning**

Child Name: Oconomowoc, Daughter  
Describe the child's general functioning and effects of any maltreatment.  
Row 1 of 2  
Description of child functioning...

Child Name: Oconomowoc, Son  
Describe the child's general functioning and effects of any maltreatment.  
Row 2 of 2  
Description of child functioning...

Save Close

24. On the Adult Functioning tab, complete the required narrative for each adult that was identified on the Participants tab.

**Initial Assessment-Narrative -- Webpage Dialog**

*eWiSACWIS* Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011  IAN Completed

Participants Child Functioning **Adult Functioning** Family Functioning Maltreatment Summary

**Adult Functioning**

Parental Role Name: Oconomowoc, Mother C. Row 1 of 2

Describe each adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.) Describe the disciplinary approaches generally used by the parent and the typical context within which they are used. Describe the parents' general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.)

Description of adult functioning...

Parental Role Name: Oconomowoc, Father B., Jr. Row 2 of 2

Describe each adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.) Describe the disciplinary approaches generally used by the parent and the typical context within which they are used. Describe the parents' general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.)

Description of adult functioning...

Save Close

25. Complete the required narrative text on the Family Functioning tab.

The screenshot shows a web browser window titled "Initial Assessment-Narrative -- Webpage Dialog". The application header features the "eWiSACWIS" logo and navigation links for "Print", "Spell Check", and "Help". Below the header, a "Case Information" section displays the following details: Case Name: Oconomowoc, Mother C.; Case ID: 9222162; Referral Date: 02/23/2011; and a checkbox for "IAN Completed" which is currently unchecked. A horizontal menu bar contains tabs for "Participants", "Child Functioning", "Adult Functioning", "Family Functioning" (which is selected), "Maltreatment", and "Summary". The "Family Functioning" tab is active, showing a sub-header "Family Functioning" and a descriptive instruction: "Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context." Below this instruction is a large, empty text input area with a vertical scrollbar. At the bottom right of the form, there are two buttons labeled "Save" and "Close".

26. Complete the narrative section on the Maltreatment tab.

The screenshot shows a web browser window titled "Initial Assessment-Narrative -- Webpage Dialog". The application header includes the logo "eWISACWIS" and navigation links for "Print", "Spell Check", and "Help". Below the header, the "Case Information" section displays: Case Name: Oconomowoc, Mother C., Case ID: 9222162, Referral Date: 02/23/2011, and a checkbox for "IAN Completed" which is currently unchecked. A tabbed interface below shows several tabs: "Participants", "Child Functioning", "Adult Functioning", "Family Functioning", "Maltreatment" (which is selected and highlighted), and "Summary". The "Maltreatment" tab contains a section titled "Describe the Maltreatment and Surrounding Circumstances" with the following instructions: "Describe the maltreatment that occurred. Be specific about injuries and/or conditions. If the child(ren) received medical attention, describe the findings. Also, describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the parent's, facility's or other responsible adult's explanation of circumstances even if the finding is no maltreatment." Below the instructions is a large, empty text input area with a vertical scrollbar. At the bottom right of the form, there are two buttons: "Save" and "Close".

27. The Summary tab is the last tab of the Initial Assessment – Narrative page. Complete the Case Disposition group box. The Correspondence group box includes the Mandated Reporter and Relative Reporter group boxes. These text templates are available via the Options drop-down on the Assessment page. The Summary group box is used to document case closing and/or supervisor comments.

**Initial Assessment-Narrative -- Webpage Dialog**

**eWiSACWIS** TM Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011  IAN Completed

Participants Child Functioning Adult Functioning Family Functioning Maltreatment **Summary**

**Case Disposition**

Case Closed Reason Case Closed: [dropdown]

Case Opened Reason Case Opened: [dropdown]

**Correspondence**

**Mandated Reporter**

Not applicable

Date mandated reporter given feedback: [00/00/0000]

**Relative Reporter**

Not applicable

Documented request for information received from relative reporter: [00/00/0000]

Date Letter Sent: [00/00/0000] OR Date of Court Order Barring Disclosure: [00/00/0000]

**Summary**

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

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

28. When the Initial Assessment – Narrative is complete, open the text template from the Options drop-down. Next, check the IAN Completed checkbox and click Save.

Initial Assessment-Narrative -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011  IAN Completed

Participants Child Functioning Adult Functioning Family Functioning Maltreatment **Summary**

**Case Disposition**

Case Closed Reason Case Closed: [dropdown]

Case Opened Reason Case Opened: Case Opened- Ongoing CPS Srvcs: Petition [dropdown]

**Correspondence**

**Mandated Reporter**

Not applicable

Date mandated reporter given feedback: 00/00/0000

**Relative Reporter**

Not applicable

Documented request for information received from relative reporter: 00/00/0000

Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000

**Summary**

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

Options: [dropdown]

29. Under Options, select Safety Assessment, Analysis and Plan and click 'Go.'

Initial Assessment-Narrative -- Webpage Dialog

**eWiSACWIS** TM Print Spell Check Help

**Case Information**

Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011  IAN Completed

Participants Child Functioning Adult Functioning Family Functioning Maltreatment **Summary**

**Case Disposition**

Case Closed Reason Case Closed: [dropdown]  
 Case Opened Reason Case Opened: Case Opened- Ongoing CPS Srvcs: Petition [dropdown]

**Correspondence**

**Mandated Reporter**

Not applicable  
Date mandated reporter given feedback: 00/00/0000

**Relative Reporter**

Not applicable  
 Documented request for information received from relative reporter: 00/00/0000  
 Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000

**Summary**

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

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

- Text
- IA, Narrative
- Actions
- Safety Assessment, Analysis and Plan**

30. You will receive a message indicating this will save the IA Narrative. Click 'Yes' to save the Assessment and continue to the Safety Assessment, Analysis and Plan. Click 'No' to return to the Initial Assessment – Narrative page.

eWiSACWIS -- Webpage Dialog

**This will save the IA Narrative. Do you want to continue?**

**Yes** **No**

- On the Safety Assessment, Analysis and Plan page, select Initial Assessment Narrative from the Type drop-down. The Part. tab will pre-fill with the same participants identified on the Participants tab of the Initial Assessment – Narrative. Select Add/Edit if changes need to be made regarding the identified participants.

[https://appsut.dhfs.state.wi.us/?action=CREATE&subAction=OPEN&fromWhere=ASSESS&SFTY\\_ASMNT\\_PLAN\\_](https://appsut.dhfs.state.wi.us/?action=CREATE&subAction=OPEN&fromWhere=ASSESS&SFTY_ASMNT_PLAN_) - Microsoft Int...

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: **Initial Assessment Narrative**  Completed

**Part. Info** | Safety Assessment | Description of Safety Threats

**Child Information**

Child Name	DOB
Oconomowoc, Daughter	08/02/2003
Oconomowoc, Son	09/19/1999

**Parent/Caregiver Information**

Parent/Caregiver Name	DOB
Oconomowoc, Mother C.	05/05/1975
Oconomowoc, Father B., Jr.	06/06/1966

Options:

Installing components... Trusted sites 100%

32. The Safety Assessment tab contains 11 Safety Threats. Answer the questions and scroll down to the Safety Assessment and Conclusion group box. Enter the Date of Safety Assessment. The BMCW Safety Services questions do not apply.
- If all safety questions are answered 'No,' enter the date of the safety assessment, open the Safety Assessment template from the Options drop-down, check the Completed box in the upper right-hand corner and click Save and Close to return to the Initial Assessment – Narrative.
  - If any safety threat question is answered yes, proceed to the next step.

https://apps.dcf.wisconsin.gov/?action=CREATE&subAction=OPEN&fromWhere=ASSESS&SFTY\_ASMNT\_PLAN\_ - Windows Int...

**eWiSACWIS** TM Print Spell Check Help

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N  Completed

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

**Safety Threats**

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

**Safety Assessment and Conclusion**  
 One or more factors that negatively affect safety are identified:  Yes  No  
 Date of Safety Assessment: 00/00/0000

Options:

Done Trusted sites | Protected Mode: Off 100%

33. The Description of Safety Threats tab displays the Safety Threats selected on the Safety Assessment tab, with required narrative text to describe each identified safety threat. The Services Available/Accessible group box questions are view only on this tab.

https://apps.dcf.wisconsin.gov/ - Safety Assessment, Analysis and Plan - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N  Completed

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

**Safety Threats**  
 Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

No adult in the home will perform parental duties and responsibilities.	Row 1 of 2
Description: <input type="text"/>	<a href="#">Add/Edit Services</a>
One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.	Row 2 of 2
Description: <input type="text"/>	<a href="#">Add/Edit Services</a>

**Services Available/Accessible**

All Needed Services/activities provided.  Yes  No

All Needed Services/activities/providers are available at level/time required.  Yes  No

Options:

Done Trusted sites | Protected Mode: Off 100%

34. The Plan Analysis tab contains several questions. How you answer ‘Can and will the non-maltreating parent or another adult in the home protect the child(ren)?’ will impact how the rest of this tab works. If you answer ‘Yes,’ the corresponding narrative becomes required and the Analysis questions are disabled. If you answer ‘No’ or ‘N/A,’ the narrative is disabled and the Analysis questions are enabled and required.

https://appsut.dhfs.state.wi.us/ - Safety Assessment, Analysis and Plan - Microsoft Internet Explorer provided by DHFS - State

**WiSACWIS** Print Spell Check Help

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N 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.

**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

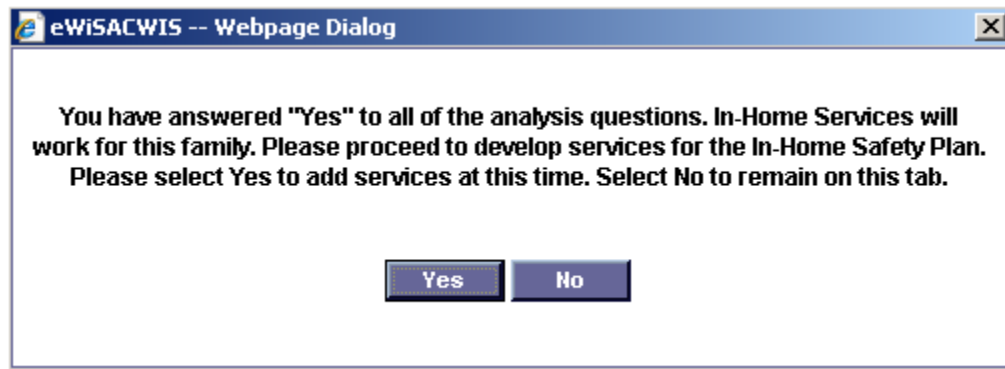
Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.  Yes  No

Parents/Caregivers are residing in the home.  Yes  No

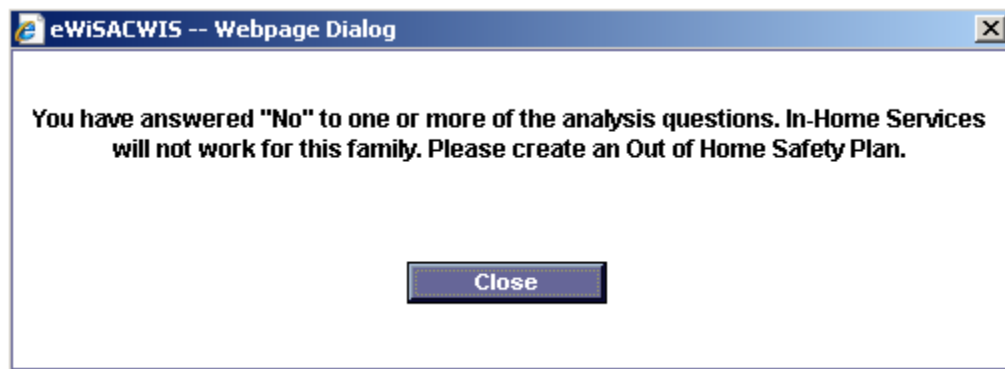
Options:  Go **Save** **Close**

Installing components... Trusted sites 100%

35. If all of the Analysis questions are answered 'Yes' you will receive the following message. Selecting 'Yes' will take you to the Description of Safety Threats tab to enter the In-Home Services that will be implemented to ensure safety of the child(ren) in the home. Selecting 'No' returns you to the Plan Analysis tab.



36. If one or more of the Analysis questions are answered 'No' the following message will appear directing you to complete an Out of Home Safety Plan:



37. If in-home services may work for this family, enter the services that will be implemented by clicking the 'Add/Edit Services' hyperlink on the Description of Safety Threats tab.

https://apps.dcf.wisconsin.gov/ - Safety Assessment, Analysis and Plan - Windows Internet Explorer

**eWiSACWIS** TM Print Spell Check Help

**General**  
Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N  Completed

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

**Safety Threats**  
Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

No adult in the home will perform parental duties and responsibilities. Row 1 of 2  
Description:  [Add/Edit Services](#)

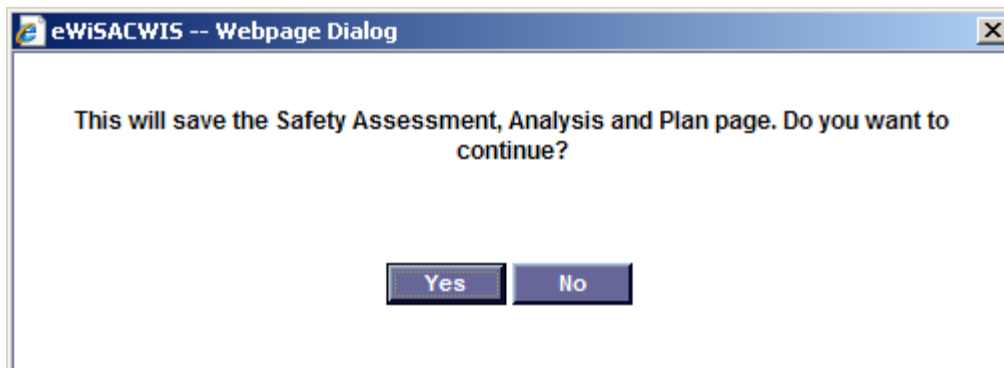
One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Row 2 of 2  
Description:  [Add/Edit Services](#)

**Services Available/Accessible**  
All Needed Services/activities provided.  Yes  No  
All Needed Services/activities/providers are available at level/time required.  Yes  No

Options:

Done Trusted sites | Protected Mode: Off 100%

38. Clicking the Add/Edit Services link will launch a message. Click 'Yes' to save and continue or 'No' to return to the Safety Assessment, Analysis and Plan page without saving.



39. The Safety Plan Services page will open, displaying the identified safety factor, the description why that factor was selected, and an empty Safety Services group box. Click the Insert button to insert a service. Select the appropriate Service/Activity that is being implemented to address the safety factor, enter the name of the provider or responsible person providing the service, any additional information about the service being provided, and answer the two questions about the service and provider being available. Click the Insert button again to add as many services being established to address this safety factor. When all services are entered, select Save and then Close.

**Identified Safety Factor and Description**

No adult in the home will perform parental duties and responsibilities.

Description:

enter info here...

**Safety Services**

Service/Activity:	Provider/Resp. Person:	Specifically explain the safety services/activity and how it will control the threat identified.	
Basic Home Management/Life Skills	asdf	asdf	Row 1 of 1

This needed service/activity exists.  Yes  No

Service/activity/provider is currently available at level/time required.  Yes  No

Insert

Save Close

40. The Service/Activity and Provider/Responsible Person displays on the Description of Safety Threats tab. The Services Available/Accessible questions now have answers pre-filled.

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N  Completed

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

**Safety Threats**  
 Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

No adult in the home will perform parental duties and responsibilities.	Row 1 of 2
Description: text...	<a href="#">Add/Edit Services</a>
<b>Service/Activity</b>	<b>Provider/Responsible Person</b>
Basic Home Management/Life Skills	text...
One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.	Row 2 of 2
Description:	

**Services Available/Accessible**

All Needed Services/activities provided.  Yes  No

All Needed Services/activities/providers are available at level/time required.  Yes  No

Options:

Done  Trusted sites | Protected Mode: Off    100%

41. Open the two templates associated with the Safety Assessment, Analysis and Plan page: the Safety Assessment and the Safety Analysis and Plan.

https://appsut.dhfs.state.wi.us/ - Safety Assessment, Analysis and Plan - Microsoft Internet Explorer provided by DHFS - State

**eWiSACWIS** Print Spell Check Help

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N  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.

**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

Options:

Installing components... Trusted sites 100%

- Select the Completed checkbox and save the page to complete the Safety Assessment, Analysis and Plan and return to the Assessment page.

https://appsut.dhfs.state.wi.us/ - Safety Assessment, Analysis and Plan - Microsoft Internet Explorer provided by DHFS - State

**eWiSACWIS** Print Spell Check Help

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment N  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.

**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

Options:

Installing components... Trusted sites 100%

- You are returned to your desktop. Click on the pending Assessment to continue working.

**Oconomowoc, Mother C. (9222162) Actions**

CPS Family - Ongoing 08/08/2007 Grant, Supervisor Iowa - Dodgeville 123 Wisconsin Ave. , Oconomowoc, WI 53066 FSL: Moderate

- Access Reports
- Administration
- Assessment
  - Assessment Substantiated 02/23/2011
  - Initial Assessment-Narrative 02/23/2011
  - Safety Assessment, Analysis and Plan (IAN) Unsafe 02/22/2011**
  - Initl Assess Contact - Initial Face-to-Face (Details)  
 02/22/2011 Cake, Caitlin M., Sr. (Oconomowoc, Mother C.; Oconomowoc, Father B., Jr.; Oconomowoc, Daughter; Oconomowoc, Son) Note Pending

44. Next we will complete the Family Risk Assessment of Future Abuse and Neglect. On the Basic tab of the Assessment page, select 'Family RA Future A/N' from the Options drop-down and click 'Go.'

The screenshot shows a web browser window with the URL [https://appsut.dhfs.state.wi.us/?action=EDIT&IVGN\\_ID\\_CASE=9222162&IVGN\\_ID\\_INV5=9222008](https://appsut.dhfs.state.wi.us/?action=EDIT&IVGN_ID_CASE=9222162&IVGN_ID_INV5=9222008). The page title is "Assess - Microsoft Intern...". The application header is "eWiSACWIS" with navigation links for "Print", "Spell Check", and "Help".

The main content area is divided into two sections: "Assessment" and "Report".

- Assessment:** Name: Oconomowoc, Mother C. Assessment ID: 9222008 Status: Open
- Report:** Response Time: Same Day Date: 02/23/2011

Below these sections are tabs for "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Basic" tab is active.

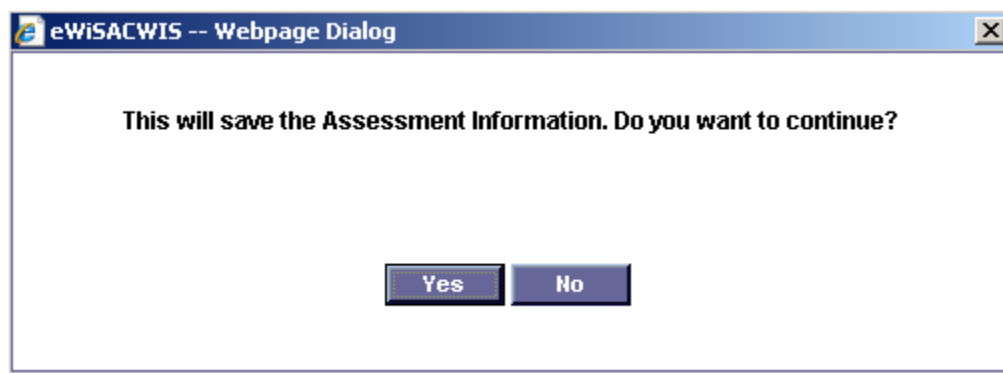
The "Basic" tab contains the following sections:

- Case Name Information:** C/O: Street #: 123 Street: Wisconsin Ave. Apt.: City: Oconomowoc State: WI Zip: 53066 Country: United States Phone: (262)555-1212 Ext.: Alt. Phone: Alt. Ext.: Fax: Language Preference: English
- Living Arrangement of the Child(ren):** Married two parent household, with two biological/adoptive parents
- Family Characteristics/Conditions:** Other financial stress, Child with special needs

At the bottom of the form, there is an "Options:" field with a dropdown menu set to "Family RA Future A/N" and a "Go" button. There are also "Save" and "Close" buttons.

The browser status bar at the bottom shows "Installing components..." and "Trusted sites".

45. A message will appear; click 'Yes' to save and continue to the Family Risk Assessment of Future Abuse and Neglect or click 'No' to return to the Assessment.



46. Answer the questions on the Neglect tab. Click 'Calculate' to display the risk score.

**Family Risk Assessment of Future Abuse-Neglect -- Webpage Dialog**

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake  
Case Id: 9222162 Approval Date:

**Neglect Abuse Results**

**Basic**

Neglect Score: 1 Level: Medium

**Questions**

1. Was neglect alleged or substantiated in the current assessment? No
2. Prior neglect history No Prior Substantiations of neglect
3. Caregiver(s) viewed current CAN incident at least as seriously as the investigating worker Yes-both caregivers
4. Current age of primary family caregiver 23 or Younger
5. A child was inadequately supervised by either caregiver No
6. Primary family caregiver has an alcohol or drug abuse problem that contributed to the incident No
7. Primary family caregiver motivated to improve parenting skills Yes
8. Number of children involved in the CAN incident One or Two
9. Age of youngest child in household Five or Younger

**Calculate**

**Save Close**

47. Answer the questions on the Abuse tab. Click 'Calculate' to display the risk score.

Family Risk Assessment of Future Abuse-Neglect -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake  
Case Id: 9222162 Approval Date:

Neglect Abuse Results

**Basic**

Abuse Score: 4 Level: High

**Questions**

1. Was abuse alleged or substantiated in the current investigation? Yes

2. Prior CA/N history Any prior child welfare CA/N referral

3. Does caregiver(s) use excessive or inappropriate discipline? Yes-Secondary Family Caregiver only

4. Does the primary family caregiver have a history of abuse or neglect as a child? No

5. Primary family caregiver's relationship problems with other adults No serious problem evident

6. Domestic violence in household Yes

7. Caregiver(s) is motivated to improve parenting skills One or both caregivers are motivated

8. Age of youngest child in household 11 or Younger

Calculate

Save Close

48. The Results tab displays the overall Risk Level. A discretionary override is available to change the risk level if necessary. From the Options drop-down, select the Family RA of Future A/N to open the text template. Click Save and Close to return to the Assessment.

Family Risk Assessment of Future Abuse-Neglect -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake  
Case Id: 9222162 Approval Date:

Neglect Abuse **Results**

**Risk Level**

Neglect Score	Abuse Score	Risk Level
1	4	High

**Overrides**

Discretionary Override  
Enter Appropriate Reason:  
  
Override risk level:

Options:  Go

Text  
Family RA of Future A/N

Save Close

49. To complete the Strengths and Needs Assessment, select Strengths and Needs from the Options dropdown on the Basic tab of the Assessment page and click 'Go.'

The screenshot shows a web browser window with the URL <https://appsut.dhfs.state.wi.us/>. The page title is "Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application logo is "eWiSACWIS".

**Assessment**  
Name: Oconomowoc, Mother C.    Assessment ID: 9222008    Status: Open

**Report**  
Response Time: Same Day    Date: 02/23/2011

Participants    **Basic**    Allegations    Contacts    Results

**Case Name Information**  
C/O:  
Street #: 123    Street: Wisconsin Ave.  
Apt.:  
City: Oconomowoc    State: WI    Zip: 53066    Country: United States  
Phone: (262)555-1212    Ext.:    Alt. Phone:    Alt. Ext.:  
Fax:  
Language Preference: English

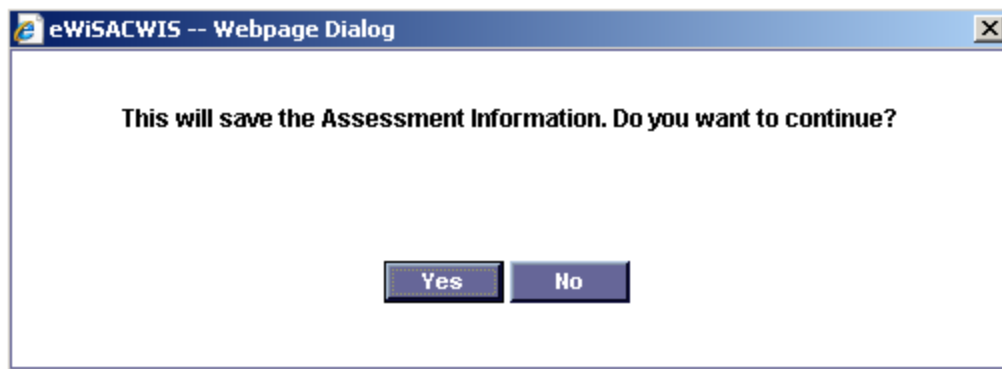
**Living Arrangement of the Child(ren)**  
Living Arrangement of the Child(ren): Married two parent household, with two biological/adoptive parents

**Family Characteristics/Conditions**  
**Family Characteristics/Conditions:** Other financial stress  
**Family Characteristics/Conditions:** Child with special needs  
**Family Characteristics/Conditions:**

Options: Strengths and Needs    **Go**    **Save**    **Close**

Installing components...    Trusted sites    100%

50. A message will appear; click 'Yes' to save and continue to the Family Strengths and Needs Assessment or click 'No' to return to the Assessment.



51. On the Questions tab, answer the questions and click the 'Calculate' button to display the score and level.

Family Strengths and Needs Assessment -- Webpage Dialog

**eWiSACWIS** Print Spell Check Help

**General**

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Date: 02/23/2011

**Questions** Results

**Basic**

Score: Level:

**Questions**

1. Substance Abuse: Abuse creates some problems in family OR caregiver in treatment
2. Emotional Stability: Moderate problems that interfere with functioning
3. Family Violence: Isolated incidents of past assaultive behavior
4. Intellectual Ability: No evidence of limitations in intellectual functioning
5. Health: No known health problems that affect functioning
6. Caregiver Victimization: No evidence of problem
  - Caregiver(s) neglected as child(ren)
  - Caregiver(s) has been a victim of sexual abuse
  - Caregiver(s) has been a victim of physical abuse
7. Parenting Skills: Needs improvement in parenting skills
8. Environmental: Family has adequate housing, clothing, and nutrition
9. Support Systems: Resources limited or have some negative impact or caregiver reluctant to use
10. Financial: Family income sufficient to meet needs and is adequately managed
11. Educational Literacy: Basic education and functional literacy skills

Options: Go Save Close

52. On the Results tab, complete the Primary Needs, Primary Strengths, and Problem Areas. If the Needs Level is different than the level calculated, enter information into the Discretionary Override group box.

Family Strengths and Needs Assessment -- Webpage Dialog

*eWiSACWIS* Print Spell Check Help

**General**  
 Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Date: 02/23/2011

**Questions** **Results**

**Primary Needs**

Rank	Area of Need
1.	Parenting Skills
2.	Emotional Stability
3.	Substance Abuse

**Needs Level**

Strengths and Needs Score: 13  
 Needs Level: Medium

**Primary Strengths**

Rank	Area of Strength
1.	Caretaker demonstrates ability to deal with adversity and crisis
2.	Household resources are adequately managed to meet basic needs
3.	Environment: Adequate housing, clothing, and nutrition is provided

**Discretionary Override**

Override Needs Level  
 New Needs Level:   
 Reason for override:

**Problem Areas**

Child(ren) Problem Areas  
 Please check all that apply

<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Health/Handicap
<input type="checkbox"/> Emotional Stability	<input type="checkbox"/> Exceptional Educational Needs
<input type="checkbox"/> School Behavior/Tuancy	<input type="checkbox"/> Support System

Give Close

53. Return to the Questions tab. To open the Family Strengths and Needs template, select Family Strengths and Needs from the Options drop-down and click 'Go.'

**Family Strengths and Needs Assessment -- Webpage Dialog**

*eWISACWIS* Print Spell Check Help

**General**  
Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Date: 02/23/2011

**Questions** **Results**

**Basic**  
Score: 13 Level: Medium

**Questions**

1. Substance Abuse: Abuse creates some problems in family OR caregiver in treatment
2. Emotional Stability: Moderate problems that interfere with functioning
3. Family Violence: Isolated incidents of past assaultive behavior
4. Intellectual Ability: No evidence of limitations in intellectual functioning
5. Health: No known health problems that affect functioning
6. Caregiver Victimization: No evidence of problem
  - Caregiver(s) neglected as child(ren)
  - Caregiver(s) has been a victim of sexual abuse
  - Caregiver(s) has been a victim of physical abuse
7. Parenting Skills: Needs improvement in parenting skills
8. Environmental: Family has adequate housing, clothing, and nutrition
9. Support Systems: Resources limited or have some negative impact or caregiver reluctant to use
10. Financial: Family income sufficient to meet needs and is adequately managed
11. Education/literacy: Basic education and functional literacy skills

Options: **Go**

- Text
- Family Strengths and Needs**

**Save** **Close**

54. Click Save and Close to return to the Assessment.

55. On the Results tab of the Assessment, the Family RA Future A/N, Safety Assessment, and Strengths and Needs group boxes all pre-fill with the information from those pieces of work that were completed.

**Assessment**  
 Name: Oconomowoc, Mother C.    Assessment ID: 9222008    Status: Open

**Report**  
 Response Time: Same Day    Date: 02/23/2011

Participants    Basic    Allegations    Contacts    **Results**

**Assessment Results**  
 Result: **Substantiated**

**Disposition**  
 Case Already Open-Ongoing CPS Svcs: Vol

**Family RA Future A/N**  
 Abuse Score: 4  
 Neglect Score: 1  
 Risk Level: High

**Safety Assessment**  
 Safety Decision: Unsafe

**Strengths and Needs**  
 Needs Level: Medium

**Initial Assessment - Primary Rating**

Maltreatment:	Circumstances:	Child Functioning:	Parenting - Discipline:
Adult Functioning:	Parenting - General:	Family's Functioning:	Total:
<input checked="" type="radio"/> Minimal to Low (0 to 6.9)	<input checked="" type="radio"/> Moderate (7 to 13.9)	<input checked="" type="radio"/> Significant (14 to 20.9)	<input checked="" type="radio"/> High (21 to 28.0)

**Family Service Level**  
 Family Service Level: High     Override Family Service Level    Override Level:   
 Describe reason for override:

**Initial Face-to-Face Contact Information**  
 Initial Face-to-Face Must Occur By: 02/23/2011 11:59 PM    [CPS Report 9237753](#)    [Create Initial Face-to-Face Contact Note](#)  
 Initial Face-to-Face Documented: 02/22/2011 12:00 PM    [Case Note ID 9223340](#)

Options:         

Installing components...    Trusted sites    100%

56. On the Participants tab, select Approval from the Options drop-down and click 'Go.'

The screenshot shows the eWISACWIS web application interface. At the top, the browser address bar shows the URL: <https://appsut.dhfs.state.wi.us/> - Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin. The application header includes the logo "eWISACWIS" and navigation links for Print, Spell Check, and Help.

The main content area is divided into two sections: "Assessment" and "Report".

**Assessment Section:**

- Name: Oconomowoc, Mother C.
- Assessment ID: 9222008
- Status: Open

**Report Section:**

- Response Time: Same Day
- Date: 02/23/2011

Below these sections are tabs for "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Participants" tab is active.

**Assessment Participants Table:**

Name	Gender	DOB	Race	Roles	Edit Roles
<a href="#">Daughter Oconomowoc</a>	Female	08/02/2003		AV-HM	<a href="#">Roles</a>
<a href="#">Son Oconomowoc</a>	Male	09/19/1999		AV-HM	<a href="#">Roles</a>
<a href="#">Mother C. Oconomowoc</a>	Female	05/05/1975	Asian	HM-PR-RN	<a href="#">Roles</a>
<a href="#">Father B. Oconomowoc</a>	Male	06/06/1966	Asian	AM-HM-PR	<a href="#">Roles</a>

At the bottom of the table area, there is a link "Create/View ICWA Record" and an "Insert" button.

Below the table area, there is an "Options:" dropdown menu. The dropdown is open, showing the following options:

- Actions
- Approval
- Link Report to Assessment

At the bottom right of the page, there are "Save" and "Close" buttons. The browser status bar at the very bottom shows "Installing d...", "Trusted sites", and "100%" zoom level.

57. Select the Approve radio button and click Continue to return to the Assessment.

Approval History -- Webpage Dialog

*eWiSACWIS* Print Spell Check Help

**Document Information**

Case: Mother C. Oconomowoc  
Type: Assessment  
Date: 02/23/2011

**Approval Decision**

Approve  Reroute  Recall/Return  Not Approve [Clear](#)

**Supervisor Approval**

You have completed and are about to approve this piece of work. Do you wish to route this work to the supervisor listed below for future approval? If no, please select "Other" to select the appropriate party.

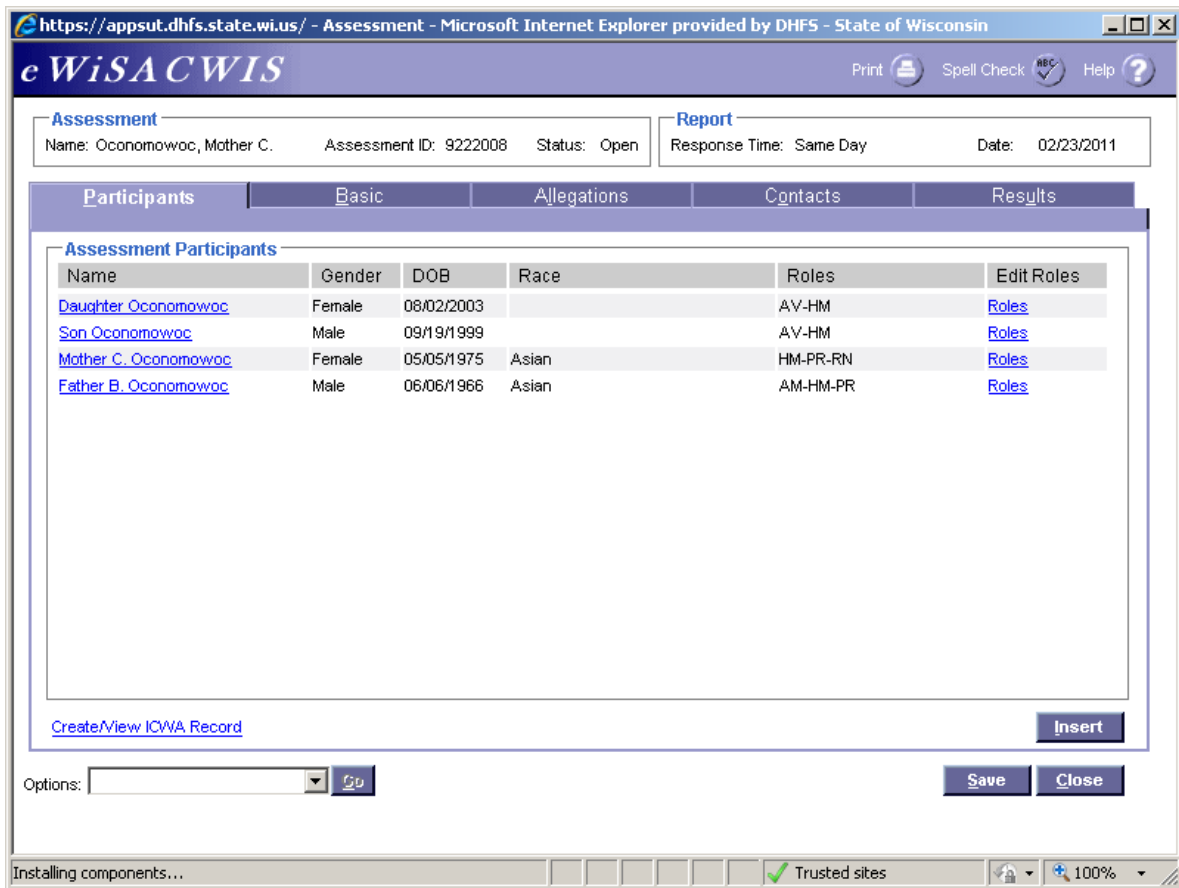
Supervisor:

**Approval History**

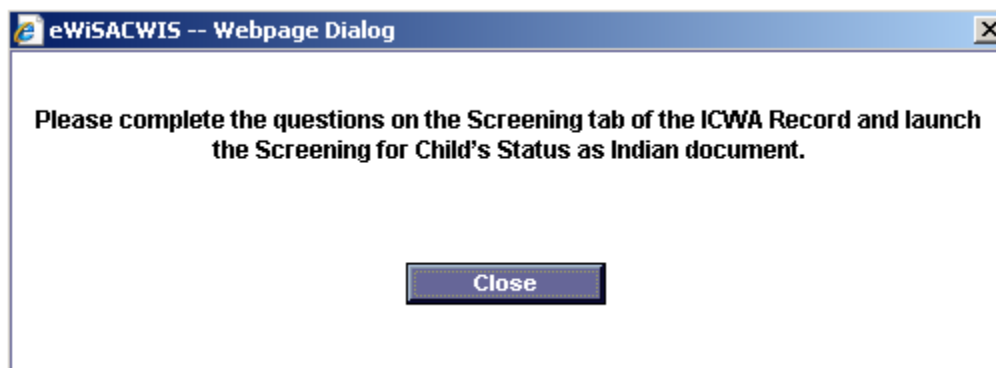
Worker Name	Status	Date	Action
Caitlin M.Cake	Initial	02/23/2011	Initial

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

58. Click Save and Close to send the Assessment to your supervisor for approval.



59. You will be reminded to complete the questions on the Screening tab of the ICWA Record.



60. To create or view an ICWA record for a child, click the 'Create/View ICWA Record' hyperlink at the lower left of the Participants tab on the Assessment page (see step 3 above). For more information regarding completing the ICWA Record see the 'Documenting ICWA' Quick Reference Guide.