
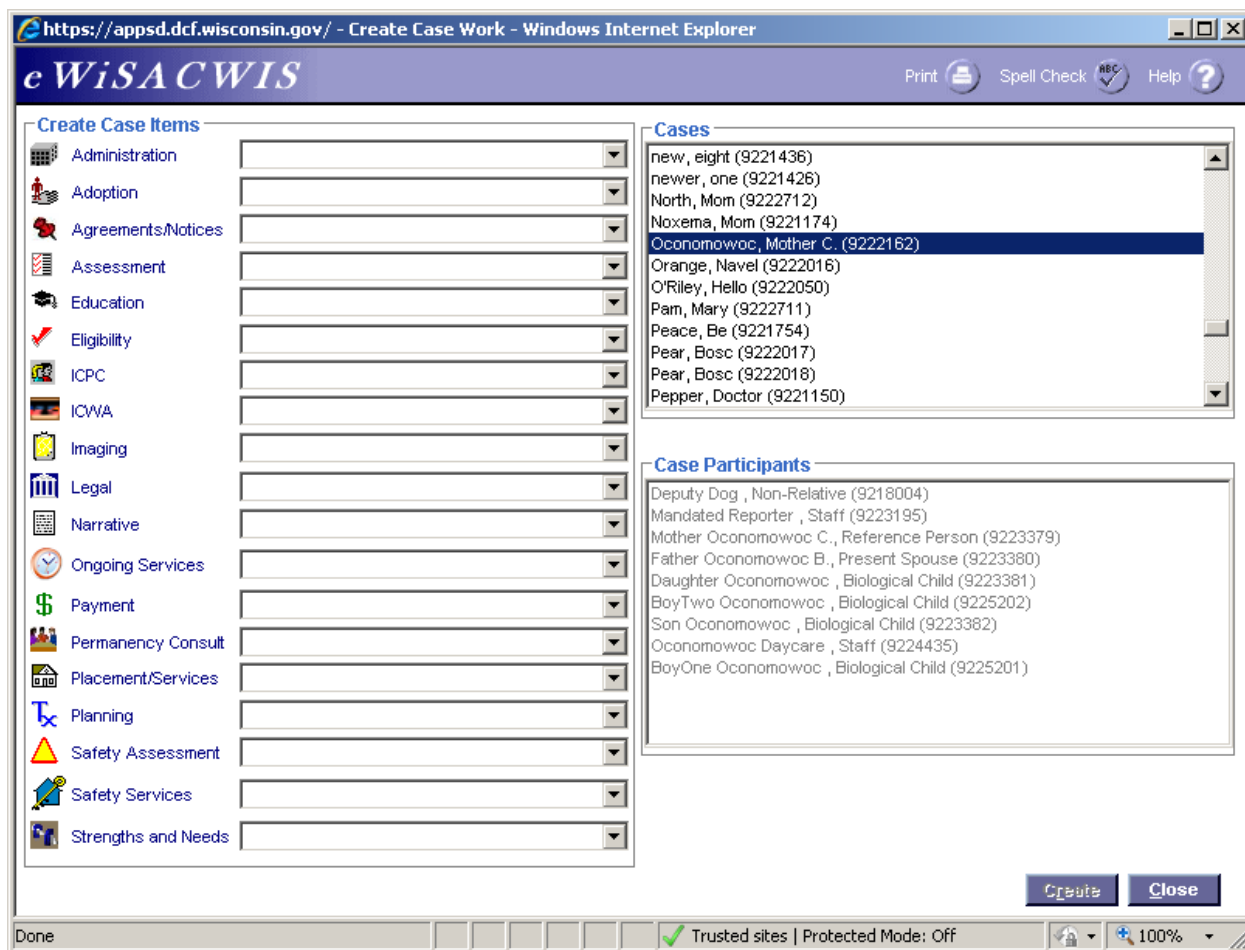


Initial Assessment – Primary

Note: If you are an Alternative Response pilot county, see the Alternative Response Quick Reference Guide.

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

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.



The screenshot shows the 'Create Case Work' page in the cWiSACWIS system. The browser address bar shows 'https://apps.dcf.wisconsin.gov/ - Create Case Work - Windows Internet Explorer'. The page title is 'cWiSACWIS'. The interface is divided into several sections:

- Create Case Items:** A list of dropdown menus for selecting a case item type. 'Assessment' is selected.
- Cases:** A list of case names and IDs. 'Oconomowoc, Mother C. (9222162)' is selected.
- Case Participants:** A list of participants associated with the selected case, including 'Deputy Dog, Non-Relative (9218004)', 'Mandated Reporter, Staff (9223195)', 'Mother Oconomowoc C., Reference Person (9223379)', 'Father Oconomowoc B., Present Spouse (9223380)', 'Daughter Oconomowoc, Biological Child (9223381)', 'BoyTwo Oconomowoc, Biological Child (9225202)', 'Son Oconomowoc, Biological Child (9223382)', 'Oconomowoc Daycare, Staff (9224435)', and 'BoyOne Oconomowoc, Biological Child (9225201)'.

At the bottom right, there are 'Create' and 'Close' buttons. The browser status bar at the bottom shows 'Done', 'Trusted sites | Protected Mode: Off', and '100%' zoom.

- 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 13:06:00	02/23/2011 08:00:00

- The Assessment page opens to the Participants tab. Click the Roles hyperlink to add the role of Alleged Maltreater to the appropriate participants. At this time you may also insert additional active participants on 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. The browser address bar displays "https://appsut.dhfs.state.wi.us/ - Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header includes 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".

The "Assessment" section displays the following information:

- Name: Oconomowoc, Mother C.
- Assessment ID: 9222005
- Status: Open

The "Report" section displays the following information:

- Response Time: Within 5 business days
- Date: 02/23/2011

Below these sections is a navigation bar with tabs for "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Participants" tab is currently selected, showing a sub-section titled "Assessment Participants".

Name	Gender	DOB	Race	Roles	Edit Roles
Son Oconomowoc	Male	09/19/1999		AV-HM	Roles
Daughter Oconomowoc	Female	08/02/2003		AV-HM	Roles
Mother C. Oconomowoc	Female	05/05/1975	Asian	AM-HM-PR-RN	Roles
Father B. Oconomowoc	Male	06/06/1966	Asian	AM-HM-PR	Roles
Deputy Dog	Male	07/23/1970	Unable to Determine	NM-RP	Roles

At the bottom of the "Assessment Participants" section, there is a "Create/View ICWA Record" link and an "Insert" button. Below this, there is an "Options:" dropdown menu with a "Go" button, and "Save" and "Close" buttons.

The browser status bar at the bottom shows "Installing components..." and "Trusted sites" with a green checkmark. The zoom level is set to 100%.

- 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 TM Print Spell Check Help

Assessment Name: Oconomowoc, Mother C. Assessment ID: 9222005 Status: Open **Report** Response Time: Within 5 business days 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: Life crises or external stressor affecting caregiver

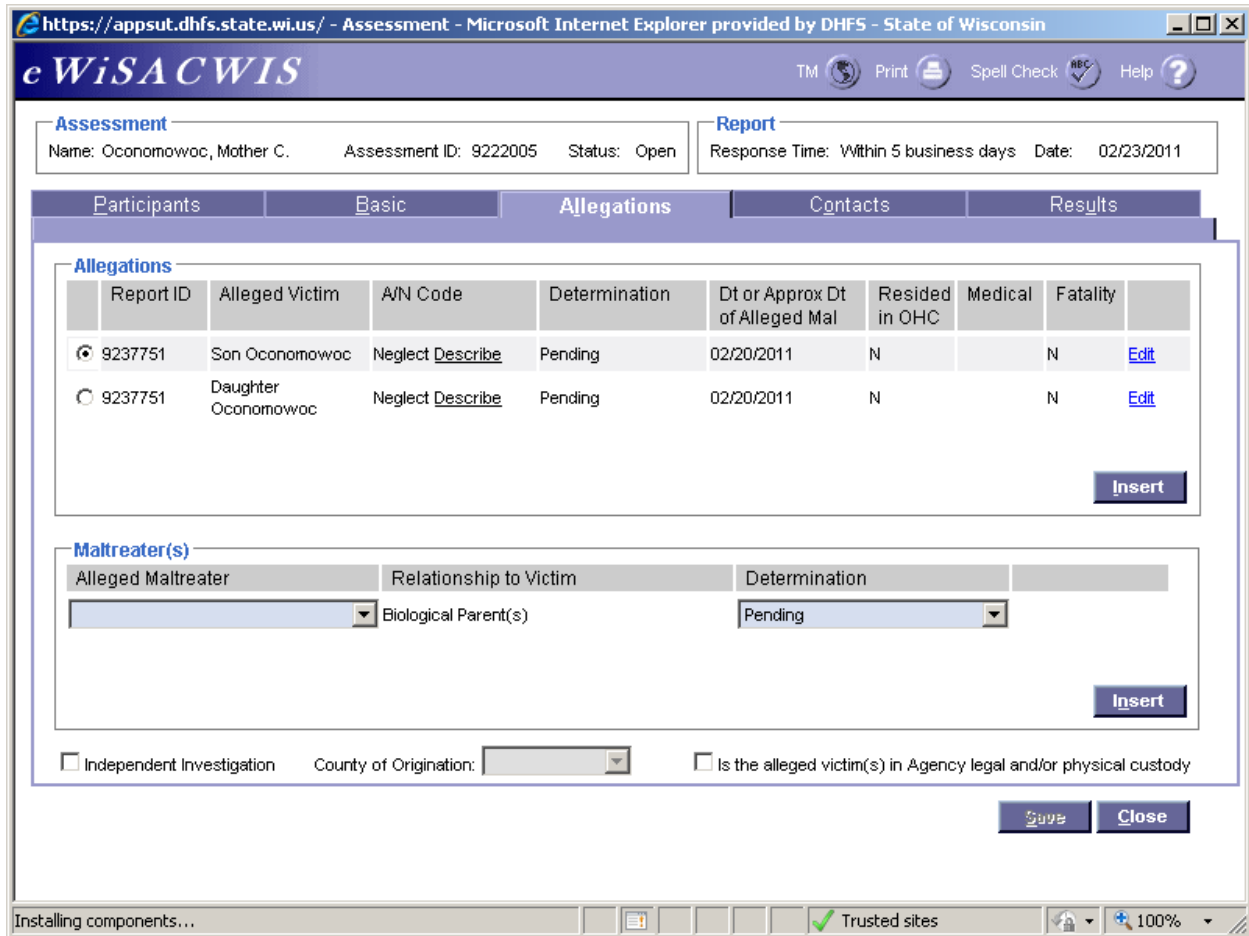
Family Characteristics/Conditions: Unresolved history of trauma affects caregiver

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

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.

The screenshot shows the eWiSACWIS web application interface. The browser address bar indicates 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 two tabs: "Assessment" and "Report". Under "Assessment", the Name is "Oconomowoc, Mother C.", Assessment ID is "9222005", and Status is "Open". Under "Report", the Response Time is "Within 5 business days" and the Date is "02/23/2011".

The "Allegations" tab is active, showing a table of 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"/> 9237751	Son Oconomowoc	Neglect Describe	Pending	02/20/2011	N		N
<input type="radio"/> 9237751	Daughter Oconomowoc	Neglect Describe	Pending	02/20/2011	N		N

Below the table is an "Insert" button. Underneath is the "Maltreater(s)" form, which includes a table with columns for "Alleged Maltreater", "Relationship to Victim", and "Determination". The "Relationship to Victim" dropdown is set to "Biological Parent(s)" and the "Determination" dropdown is set to "Pending". There is an "Insert" button below this form.

At the bottom of the form, there are checkboxes for "Independent Investigation" and "Is the alleged victim(s) in Agency legal and/or physical custody", along with a "County of Origination" dropdown menu. "Save" and "Close" buttons are located at the bottom right of the form area.

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

The screenshot shows the eWiSACWIS web application interface. At the top, the browser address bar displays "https://apps.dhfs.state.wi.us - Assessment - Windows 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.

The main content area is divided into two tabs: "Assessment" and "Report". The "Assessment" tab shows the following information:

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

The "Report" tab is active and contains several sections:

- 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:	Circumstances:	Child Functioning:	Parenting - Discipline:
Adult Functioning:	Parenting - General:	Family's Functioning:	Total:
<input type="radio"/> Minimal to Low (0 to 6.9)	<input type="radio"/> Moderate (7 to 13.9)	<input type="radio"/> Significant (14 to 20.9)	<input type="radio"/> High (21 to 28.0)
- Family Service Level**:
 - Family Service Level: Override Family Service Level
 - Override Level: [Dropdown menu]
 - Describe reason for override: [Text area]
- Initial Face-to-Face Contact Information**:
 - Initial Face-to-Face Must Occur By: [Text area]
 - Initial Face-to-Face Documented: [Text area]
 - [Create Initial Face-to-Face Contact Note](#)

At the bottom of the page, there is an "Options:" dropdown menu, a "Save" button, and a "Close" button. The browser status bar at the very bottom shows "Done" and "Trusted sites".

- 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 return to the Results tab of the Assessment page.

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 02:58 PM Note Finalized Contact By Designee

Note Information

Date: 02/20/2011 Category: **Initl Assess Contact** View Inactive Participants

Begin Time: 11:00 AM Type: **Initial Face-to-Face** Participants:

End Time: 00:00 AM Type Detail: Face-to-Face Location: **Home Visit** Oconomowoc, BoyTwo (Bio Child)

Duration: 0000.0 Face-to-Face Result: **Occurred** Oconomowoc, Daughter (Bio Child)

Billable 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](#)

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

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

- Assessment Tab:**
 - Name: Oconomowoc, Mother C.
 - Assessment ID: 9222005
 - Status: Open
- Report Tab:**
 - Response Time: Within 5 business days
 - Date: 02/23/2011

Below the tabs are several sections:

- Participants, Basic, Allegations, Contacts, Results:** A set of tabs for navigation.
- 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:	Circumstances:	Child Functioning:	Parenting - Discipline:
Adult Functioning:	Parenting - General:	Family's Functioning:	Total:
<input type="radio"/> Minimal to Low (0 to 6.9)	<input type="radio"/> Moderate (7 to 13.9)	<input type="radio"/> Significant (14 to 20.9)	<input type="radio"/> High (21 to 28.0)
- 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: 03/02/2011 08:00 AM
 - Initial Face-to-Face Documented: 02/20/2011 11:00 AM
 - [CPS Report 9237751](#)
 - [Case Note ID 9223338](#)
 - [Create Initial Face-to-Face Contact Note](#)

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

The browser status bar at the bottom shows "Installing components...", "Trusted sites", and "100%" zoom.

16. 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.

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.

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: 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.’

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.

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.

Windows title bar: Serious Incident Notification -- Webpage Dialog

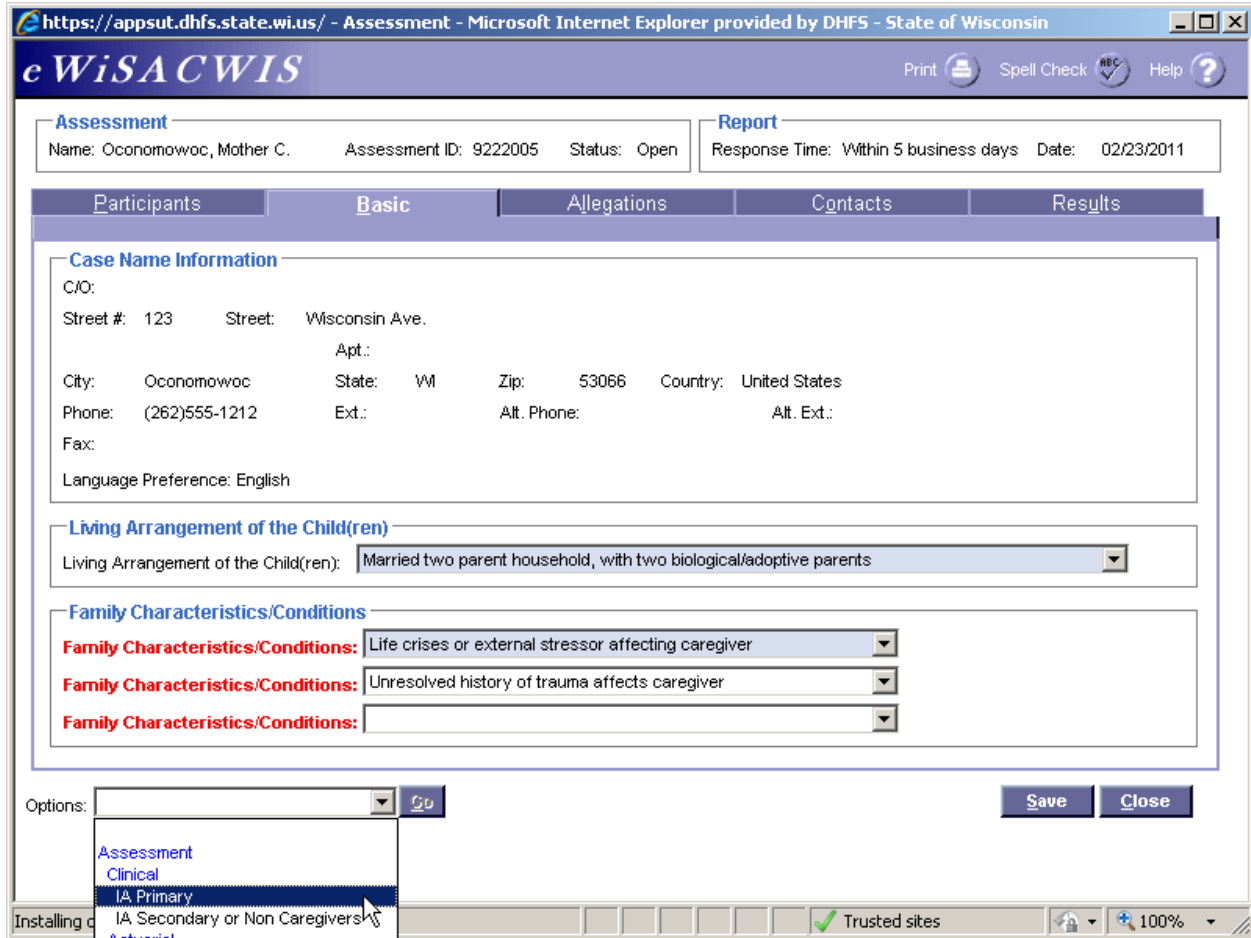
Application Header: **eWiSACWIS** | Print | Spell Check | Help

Form Fields:

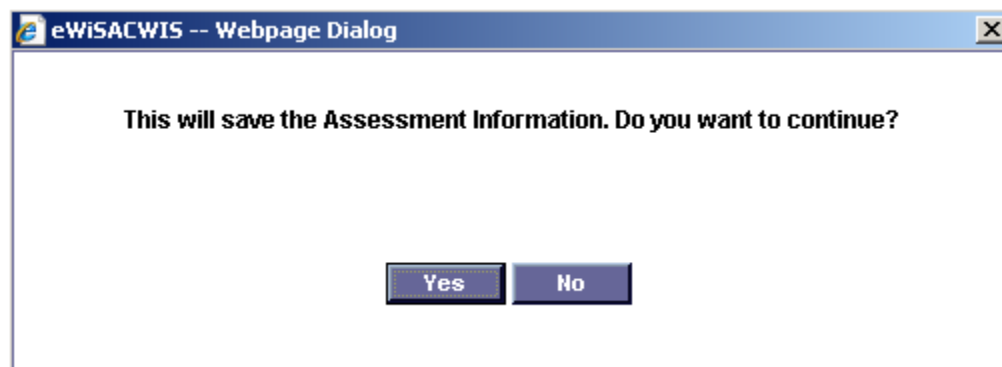
- Send Serious Incident Notification to DCF Date Sent: 04/12/2011 Sent By: Corn, Conn C., Jr.
- Additional information (Optional):
Enter optional text here
- Child Welfare System History**
Child, family, or alleged maltreater is known to child welfare. Yes No
- Serious Incident Verification**
Tracking 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.
[]

Buttons: Save, Close

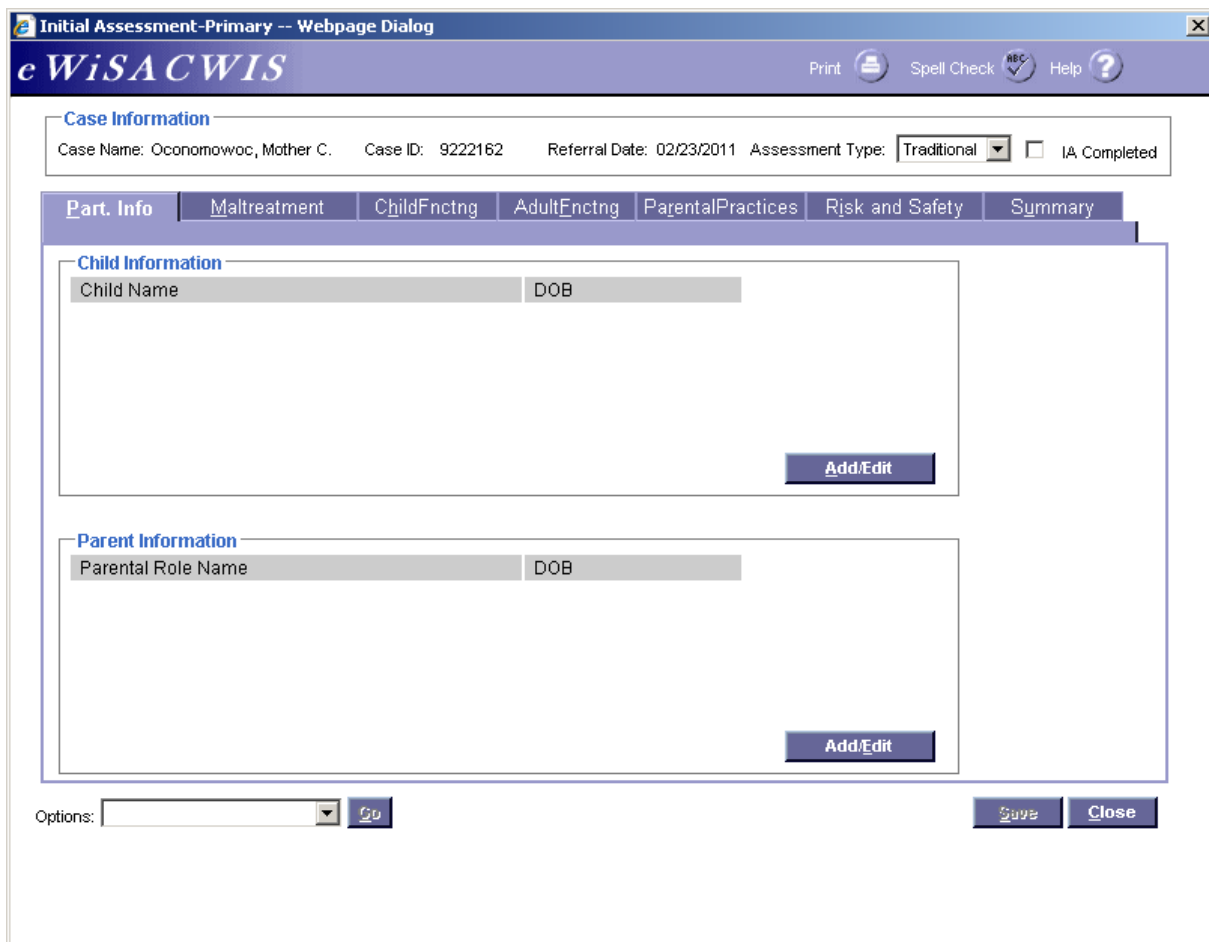
17. On the Basic tab under the Options drop-down, select IA Primary and click 'Go.'



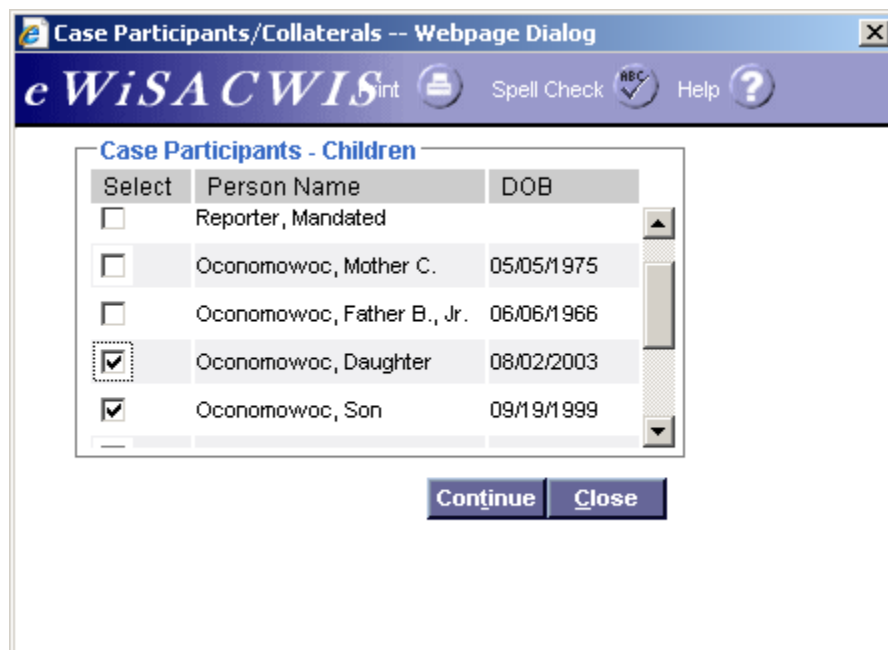
18. This will launch a message stating the assessment will save and asking if you want to continue. Click 'Yes' to continue to the IA – Primary or 'No' if you want to return to the Assessment page and not save.



19. The Initial Assessment - Primary page will open to the Part. Info (Participant Info) tab. This is where the 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.



20. Select the checkbox next to the participant to be added to the assessment. Select Continue.



21. The Participant Info tab is now pre-filled with the selected participants.

The screenshot shows a web application window titled "Initial Assessment-Primary -- Webpage Dialog". The application logo "eWiSACWIS" is visible in the top left, and utility icons for "Print", "Spell Check", and "Help" are in the top right. The "Case Information" section at the top displays: Case Name: Oconomowoc, Mother C., Case ID: 9222162, Referral Date: 02/23/2011, Assessment Type: Traditional (dropdown), and IA Completed (checkbox). Below this is a navigation bar with tabs: "Part. Info" (selected), "Maltreatment", "ChildFunctng", "AdultEncng", "ParentalPractices", "Risk and Safety", and "Summary".

The "Child Information" section contains a table with the following data:

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

An "Add/Edit" button is located at the bottom right of this section.

The "Parent Information" section contains a table with the following data:

Parental Role Name	DOB
Oconomowoc, Mother C.	05/05/1975
Oconomowoc, Father B.	06/06/1966

An "Add/Edit" button is located at the bottom right of this section.

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

22. On the Maltreatment tab, answer the safety questions pertaining to the alleged maltreatment. Document the narrative information regarding the Maltreatment and Surrounding Circumstances, and select the appropriate ratings for each area.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information
Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info **Maltreatment** ChildFunctng AdultFunctng ParentalPractices Risk and Safety Summary

Safety Assessment

One or both parents/caregivers intend(ed) to seriously hurt the child. [Details](#) Yes No

Living arrangements seriously endanger the child's physical health. [Details](#) Yes No

Maltreatment

1. Maltreatment:
Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

Describe maltreatment...

Maltreatment Rating:

2. Surrounding Circumstances:
Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include parents explanation of circumstances even if the finding is no maltreatment.

Save Close

23. At the bottom of the Maltreatment tab, there are two expandos. The expandos contain Anchors for the Maltreatment and Anchors for Surrounding Circumstances. The anchors provide guidance in rating each category. Click the expando to expand or collapse the text.

The screenshot displays the eWiSACWIS web application interface. At the top, the browser title is "Initial Assessment-Primary -- 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 shows: Case Name: Oconomowoc, Mother C., Case ID: 9222162, Referral Date: 02/23/2011, Assessment Type: Traditional (dropdown), and IA Completed (checkbox). A tabbed interface below shows several tabs: "Part. Info", "Maltreatment" (selected), "ChildFncng", "AdultEncng", "ParentalPractices", "Risk and Safety", and "Summary". The "Maltreatment" tab contains a "Maltreatment Rating" dropdown set to "1", a section for "2. Surrounding Circumstances" with a text area and a "Surrounding Circumstances Rating" dropdown set to "1", and two expandable sections: "Anchors for Maltreatment" and "Anchors for Surrounding Circumstances". The "Anchors for Maltreatment" section is currently collapsed, showing a right-pointing triangle and the text "Maltreatment". The "Anchors for Surrounding Circumstances" section is also collapsed, showing a right-pointing triangle and the text "Surrounding Circumstances". At the bottom right of the form, there are "Save" and "Close" buttons.

24. Next is the ChildFuncng (Child Functioning) tab. Answer the safety questions, complete the narrative, and select a rating. Each child that was identified on the Part. Info tab will have a narrative section and a rating. At the bottom of the ChildFuncng tab, there is an expando for the Anchors for Child Functioning to assist in determining the correct rating.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information
Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info Maltreatment **ChildFuncng** AdultFuncng ParentalPractices Risk and Safety Summary

Safety Assessment
The child is profoundly fearful of the home situation or people within the home. [Details](#) Yes No

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

Anchors for Child Functioning
▶ Child Functioning

Save Close

25. The AdultFncng (Adult Functioning) tab is very similar to the Maltreatment and ChildFncng tabs. Answer the corresponding safety questions, complete the narrative and select a rating regarding the functioning of each adult identified on the Part. Info tab. The Anchors for Adult Functioning are located at the bottom of the AdultFncng tab.

The screenshot displays the 'Initial Assessment-Primary -- Webpage Dialog' window for the eWiSACWIS system. The interface includes a header with the system name and navigation icons for Print, Spell Check, and Help. Below the header is a 'Case Information' section with fields for Case Name (Oconomowoc, Mother C.), Case ID (9222162), Referral Date (02/23/2011), Assessment Type (Traditional), and a checkbox for IA Completed. A series of tabs at the top allows navigation between different assessment areas: Part. Info, Maltreatment, ChildFncng, **AdultFncng** (selected), ParentalPractices, Risk and Safety, and Summary. The main content area is divided into two sections. The 'Safety Assessment' section contains two questions with radio button options for 'Yes' and 'No': 'One or both parents/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.' and 'One or both parents/caregivers are violent.' The 'Adult Functioning' section shows the 'Parental Role Name' as 'Oconomowoc, Mother C.' and a 'Rating' dropdown set to '1'. It includes a text area for describing the adult's general functioning, daily life management, mental health, and substance use. A table below the text area shows 'Row 1 of 2' with a text input field containing 'Adult functioning...'. At the bottom right of the dialog are 'Save' and 'Close' buttons.

26. The Parental Practices tab is similar to the previous tabs. After the safety questions, there are three narrative areas and ratings to complete. Disciplinary Approaches and Parenting Practices narratives and ratings are completed for each adult. The Family Functioning narrative and rating is completed once for the family as a whole. The associated anchors for each area are located at the bottom of the tab to assist with the ratings.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information
 Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFunctng AdultEcntng **ParentalPractices** Risk and Safety Summary

Disciplinary Approaches
 Parental Role Name: Oconomowoc, Mother C. Rating: 1
 Describe the disciplinary approaches generally used by the parent and the typical context within which they are used. Row 1 of 2
 Disciplinary approaches...

Parenting Practices
 Parental Role Name: Oconomowoc, Mother C. Rating: 1.5
 Describe the parent's general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.). Row 1 of 2
 Parenting practices...

Family Functioning
 Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context.
 Family functioning

Save Close

27. The Risk and Safety tab will pre-fill with all the rating and safety information completed on the previous four tabs. If an area contains more than one rating, the highest rating is displayed and used when calculating the risk level. The Safety Decision and Date of Safety Assessment will pre-fill once the Safety Assessment & Plan is completed.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information
 Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFncng AdultFncng ParentalPractices **Risk and Safety** Summary

Risk Rating

Maltreatment:	1	Circumstances:	1	Risk Level Based on Risk Rating Total: <input type="radio"/> High (21 to 28.0) <input type="radio"/> Significant (14 to 20.9) <input checked="" type="radio"/> Moderate (7 to 13.9) <input type="radio"/> Minimal to Low (0 to 6.9) <input type="radio"/> N/A
Child Functioning:	1.0	Parenting - Discipline:	1.0	
Adult Functioning:	1.0	Parenting - General:	1.5	
Family's Functioning:	2.5	Total:	9.0	

Safety Assessment and Conclusion

One or more factors that negatively affect safety are identified. Yes No

Safety Decision:
Date of Safety Assessment: 00/00/0000

Save Close

28. The Summary tab is the last tab of the Initial Assessment – Primary page. Document the Family Support Network information if the case is being opened for services, otherwise complete the Closing Summary. Complete the Case Disposition information.

The screenshot shows a web application window titled "Initial Assessment-Primary -- Webpage Dialog". The header includes the "eWiSACWIS" logo and navigation icons for Print, Spell Check, and Help. The main content area is divided into several sections:

- Case Information:** Displays Case Name: Oconomowoc, Mother C., Case ID: 9222162, Referral Date: 02/23/2011, Assessment Type: Traditional (dropdown), and IA Completed checkbox.
- Navigation Tabs:** Part. Info, Maltreatment, ChildFnctng, AdultFnctng, ParentalPractices, Risk and Safety, and **Summary** (selected).
- Family Support Network:** Includes a text area for describing the family's support network, with a prompt: "If opening/transferring the case for services complete this section by describing the family's support network, taking into account the family's cultural context. Otherwise, go directly to the Closing Summary." The text area contains "Family support network...".
- Closing Summary:** Includes a text area for "Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):".
- Case Disposition:** Features radio buttons for "Case Closed" and "Case Opened" (selected). It includes dropdown menus for "Reason Case Closed:" and "Reason Case Opened:" (currently showing "Case Opened-Ongoing CPS Svcs: Vol").
- Correspondence:** A section for entering correspondence, currently empty.

At the bottom right, there are "Save" and "Close" buttons.

29. The Summary tab also contains a Correspondence group box. This includes the Mandated Reporter and Relative Reporter group boxes. These documents are available on the Options drop-down of the Assessment page.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case Information
Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFnctng AdultFnctng ParentalPractices Risk and Safety **Summary**

Case Disposition
 Case Closed Reason Case Closed:
 Case Opened Reason Case Opened:

Correspondence

Mandated Reporter
 Not applicable
Date mandated reporter given feedback:

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

Save Close

30. Return to the Part. Info tab. In the Options drop-down, there are two choices available: Safety Assessment, Analysis and Plan and Initial Assessment Primary. Select Safety Assessment, Analysis and Plan and click 'Go.' If you do not see the Safety Assessment, Analysis and Plan option, click 'Save' on the Initial Assessment – Primary page and the option will be available.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information
 Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info | Maltreatment | ChildFncng | AdultEncng | ParentalPractices | Risk and Safety | Summary

Child Information

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

Add/Edit

Parent Information

Parental Role Name	DOB
Oconomowoc, Mother C.	05/05/1975
Oconomowoc, Father B.	06/06/1966

Add/Edit

Options: Go

- Action
 - Safety Assessment, Analysis and Plan
- Text
 - Initial Assessment Primary

Save Close

31. The Safety Assessment, Analysis and Plan page will open, and the Part. Info tab will pre-fill with the same participants identified in the Part. Info tab of the Initial Assessment – Primary page. Select Add/Edit if changes need to be made regarding the identified participants.

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS Print Spell Check Help

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

Part. Info Safety Assessment Description of Safety Threats Plan Analysis

Child Information

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

Add/Edit

Parent/Caregiver Information

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

Add/Edit

Options: Go Save Close

32. The Safety Assessment tab contains all 11 safety questions that were answered as part of the Initial Assessment – Primary. Make any necessary changes and scroll down to the Safety Assessment and Conclusion group box. Enter the Date of Safety Assessment, and for BMCW workers, complete the BMCW Safety Services group box as applicable.
- 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 – Primary. Proceed to step 42 of this guide.
 - If any safety question is answered yes, proceed to the next step.

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

General

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

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

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. [Details](#) Yes No

The child has exceptional needs which the parents/caregivers cannot or will not meet. [Details](#) Yes No

Living arrangements seriously endanger the child's physical health. [Details](#) Yes No

The child is profoundly fearful of the home situation or people within the home. [Details](#) Yes No

Safety Assessment and Conclusion

One or more factors that negatively affect safety are identified: Yes No

Date of Safety Assessment:

If the answer is No, then the child(ren) is safe. Proceed only with the required documentation of contacts, interview content or observations, and supervisory approval.

If the answer is Yes, then the child(ren) may be unsafe. Please continue with the Description of Safety Threats and Plan Analysis tabs.

Final Safety Decision: Unsafe

BMCW Safety Services

Safety Case Closure

Options:

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

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

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

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Description: Description of safety threat...	Row 1 of 2
The child is profoundly fearful of the home situation or people within the home. Description: Description of safety threat...	Row 2 of 2

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

Options:

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.

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS Print Spell Check Help

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

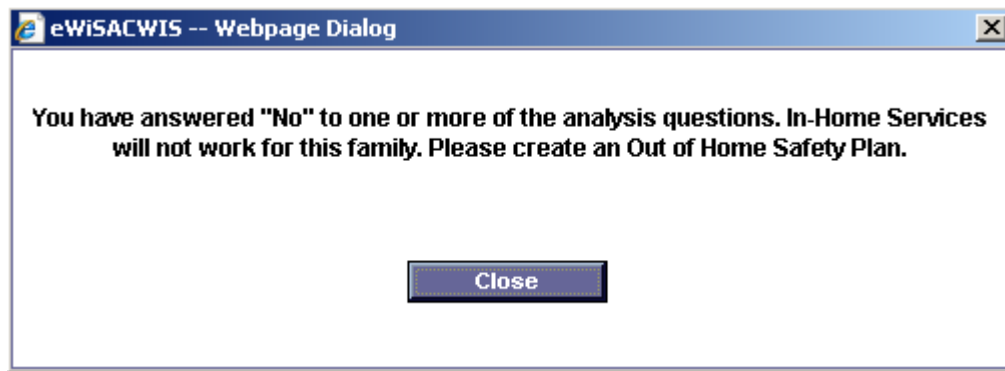
Options:

35. If all of the Analysis questions are answered ‘Yes,’ you will receive the following message. Selecting ‘Yes’ will take you to the Plan Analysis 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.

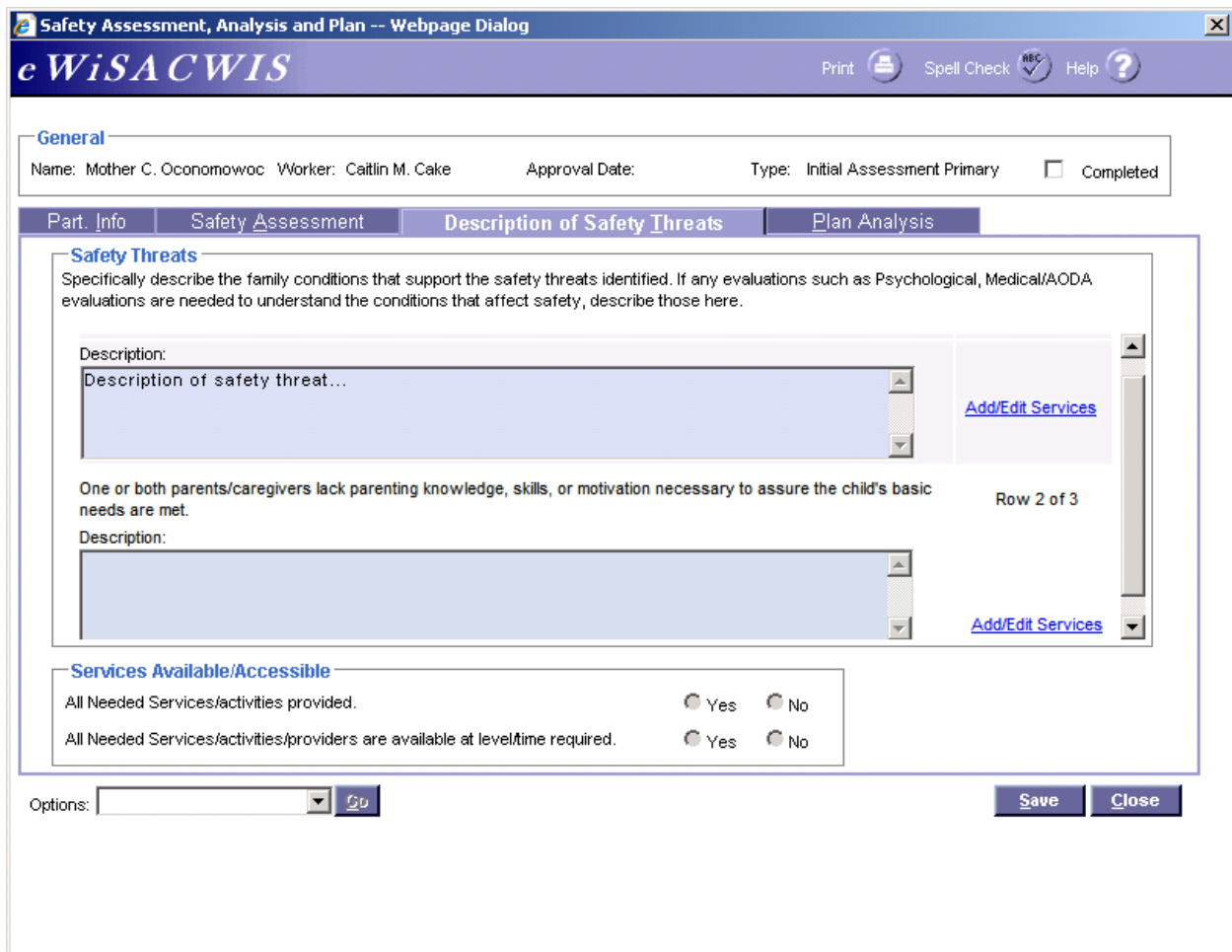
eWiSACWIS -- Webpage Dialog

You have answered "Yes" to all of the analysis questions. In-Home Services will work for this family. Please proceed to develop services for the In-Home Safety Plan. Please select Yes to add services at this time. Select No to remain on this tab.

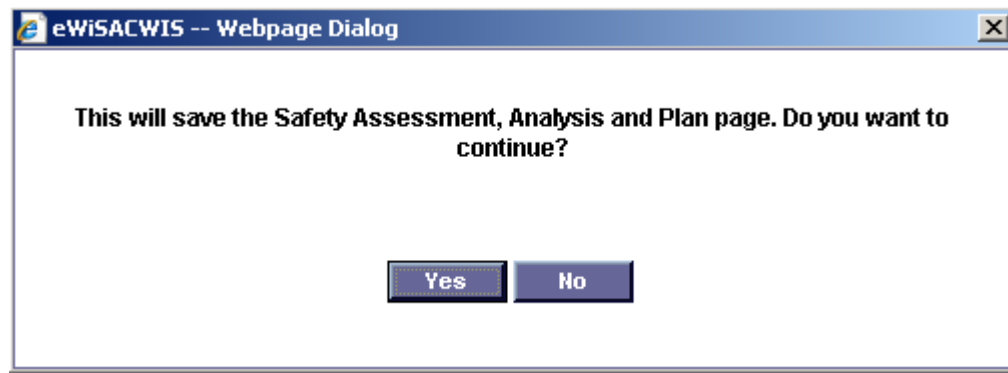
36. If one or more of the Analysis questions are answered 'No,' the following message will appear directing you to complete an Out of Home Safety Plan:



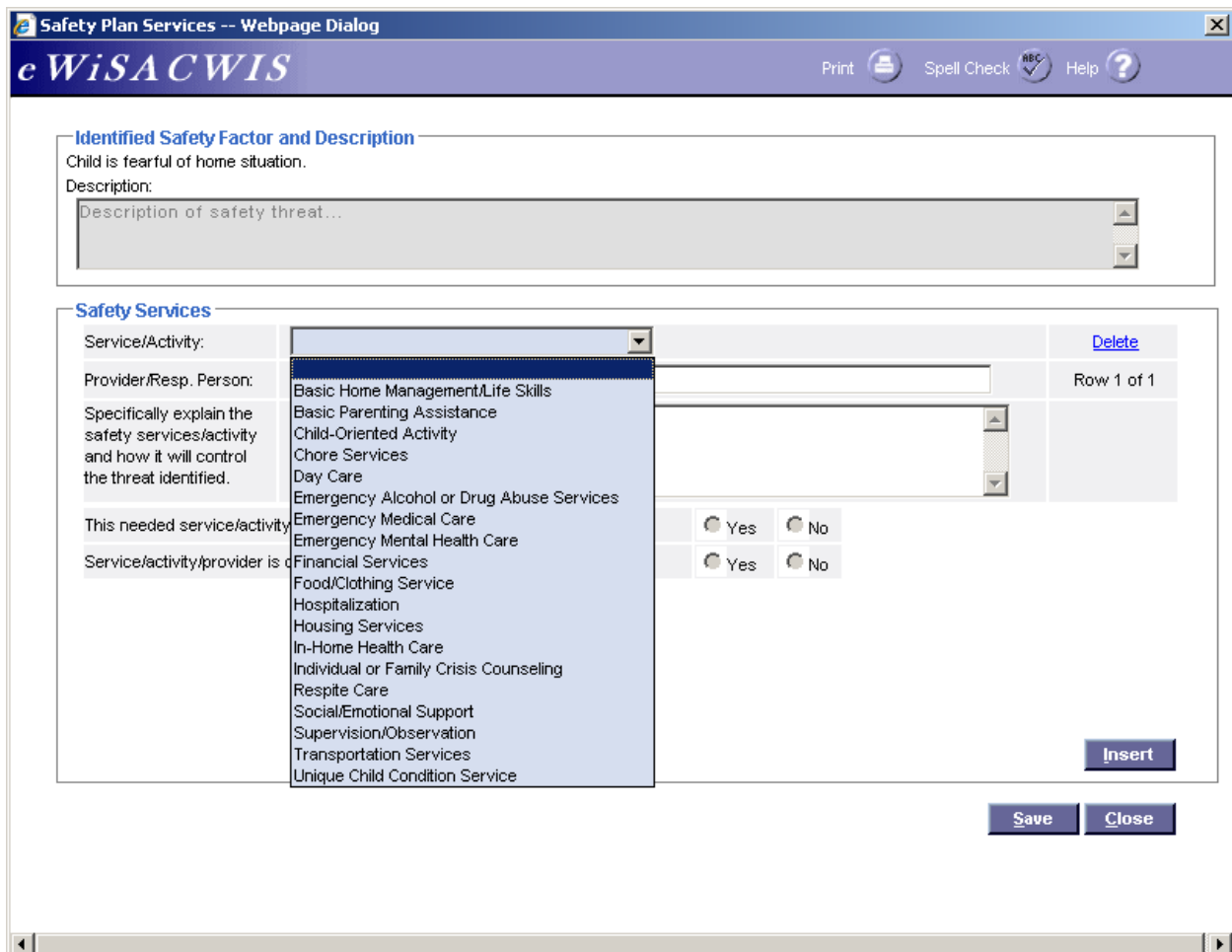
37. If in-home services may work for this family, enter the services that will be implemented by clicking the 'Add/Edit Services' hyperlink on the Description of Safety Threats tab.



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 and Planning 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.



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.

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

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

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Description: Description of safety threat...	Row 1 of 2 Add/Edit Services
The child is profoundly fearful of the home situation or people within the home. Description: Description of safety threat...	Row 2 of 2 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:

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

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

General

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary 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.

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Description: Description of safety threat...	Row 1 of 2 Add/Edit Services
The child is profoundly fearful of the home situation or people within the home. Description: Description of safety threat...	Row 2 of 2 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:

- Text
- Safety Assessment**
- Safety Analysis and Plan**

42. Once you have completed the Safety Assessment, Analysis and Plan page, check the Completed checkbox, then click Save and Close to return to the Initial Assessment – Primary page.

Safety Assessment, Analysis and Plan -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

General

Name: Mother C. Oconomowoc Worker: Caitlin M. Cake Approval Date: Type: Initial Assessment Primary 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.

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Description: Description of safety threat...	Row 1 of 2 Add/Edit Services
The child is profoundly fearful of the home situation or people within the home. Description: Description of safety threat...	Row 2 of 2 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: [Dropdown] [Go] **Save** **Close**

43. If you have not done so already, open the IA Primary text template from the Options drop-down. Check the IA Completed checkbox, click Save and then Close.

Initial Assessment-Primary -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information
Case Name: Oconomowoc, Mother C. Case ID: 9222162 Referral Date: 02/23/2011 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFunctng AdultEncng ParentalPractices Risk and Safety Summary

Child Information

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

Add/Edit

Parent Information

Parental Role Name	DOB
Oconomowoc, Mother C.	05/05/1975
Oconomowoc, Father B.	06/06/1966

Add/Edit

Options: Go Save Close

44. This returns you to the Basic tab of the Assessment page. Verify the information on all tabs is complete, then proceed to the Participants tab for Approval.

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

WisACWIS Print Spell Check Help

Assessment Name: Oconomowoc, Mother C. Assessment ID: 9222005 Status: Open **Report** Response Time: Within 5 business days 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: Life crises or external stressor affecting caregiver
Family Characteristics/Conditions: Unresolved history of trauma affects caregiver
Family Characteristics/Conditions:

Options: Go Save Close

Installing components... Trusted sites 100%

45. From 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 displays 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
Name: Oconomowoc, Mother C. Assessment ID: 9222005 Status: Open

Report
Response Time: Within 5 business days Date: 02/23/2011

Below these sections are tabs for "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Participants" tab is active, displaying a table titled "Assessment Participants".

Name	Gender	DOB	Race	Roles	Edit Roles
Daughter Oconomowoc	Female	08/02/2003		AV-HM	Roles
Son Oconomowoc	Male	09/19/1999		AV-HM	Roles
Deputy Dog	Male	07/23/1970	Unable to Determine	NM-RP	Roles
Mother C. Oconomowoc	Female	05/05/1975	Asian	AM-HM-PR-RN	Roles
Father B. Oconomowoc	Male	06/06/1966	Asian	AM-HM-PR	Roles

Below the table, there is a link "Create/View ICWA Record" and an "Insert" button.

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

The browser status bar at the bottom shows "Installing components..." and "Trusted sites" with a green checkmark. The zoom level is set to 100%.

46. Select the Approve radio button and click Continue.

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

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.

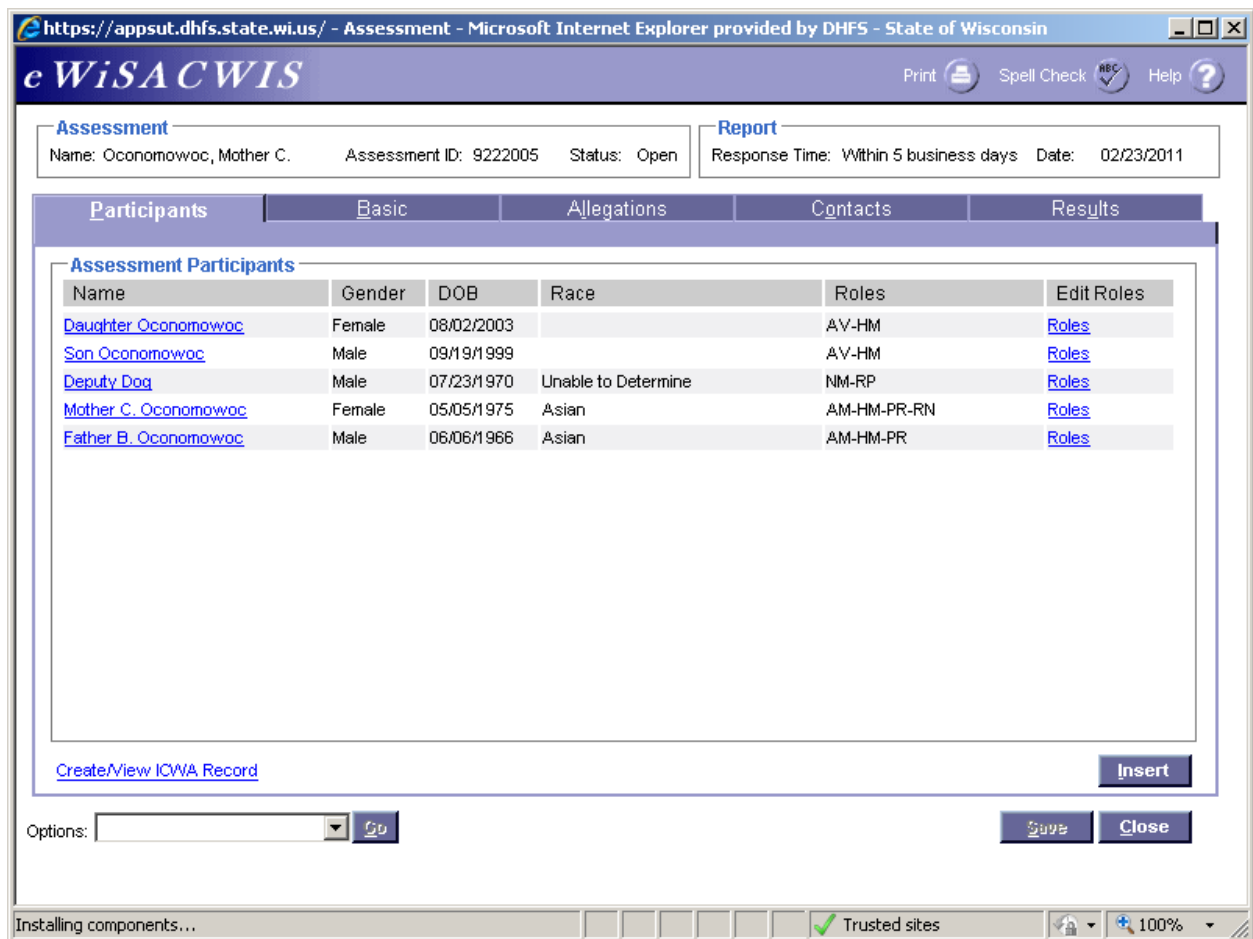
Supervisor:

Approval History

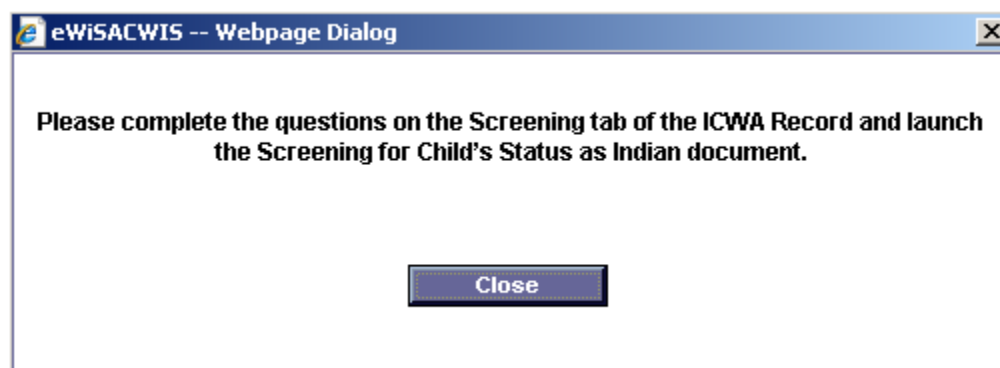
Worker Name	Status	Date	Action
Caitlin M.Cake	Initial	02/23/2011	Initial

Continue Close

47. You are returned to the Assessment page. Click Save to send the assessment for approval to your supervisor.



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



49. 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.