
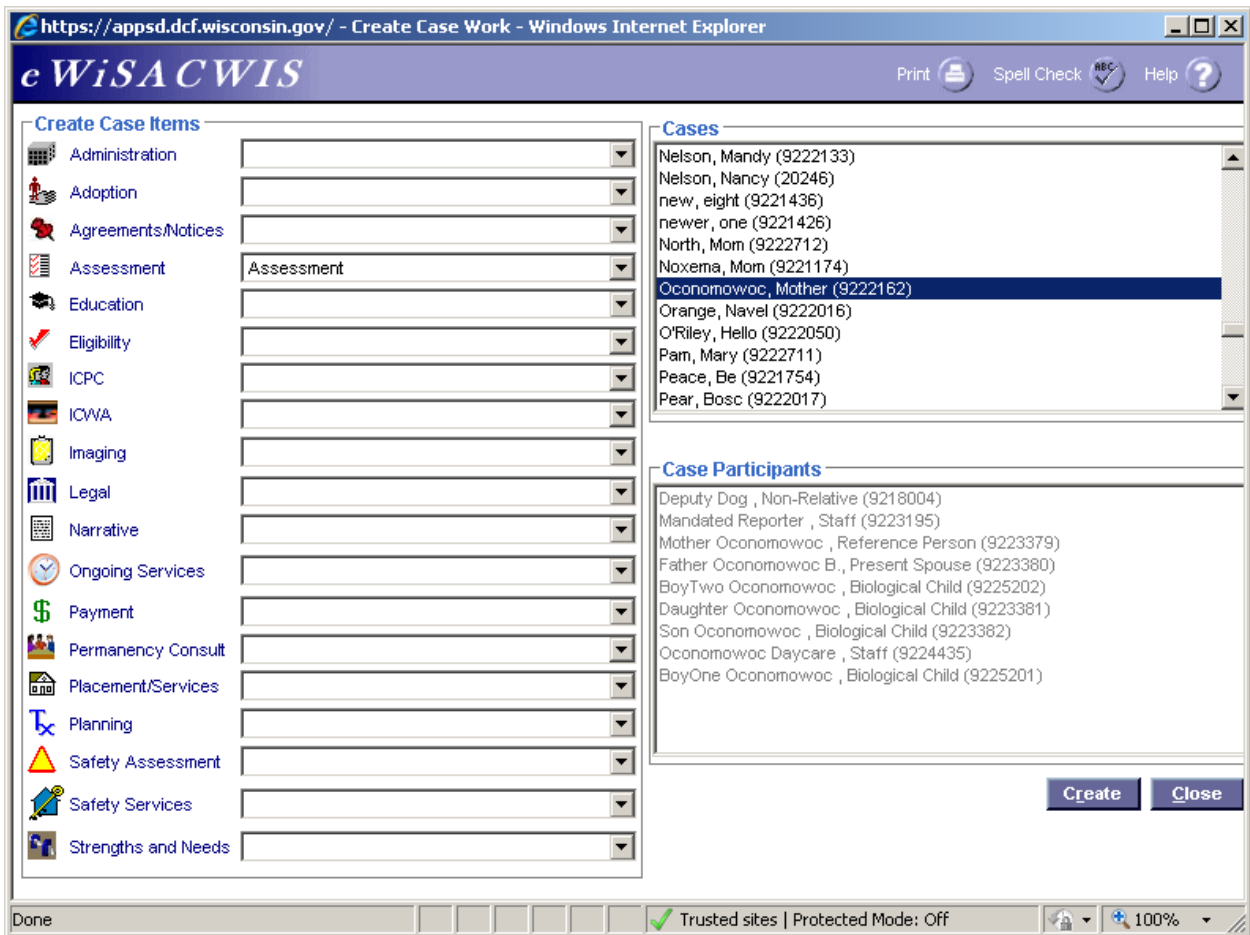


Initial Assessment – Secondary or Non Caregiver

Note: You will need an assignment to the case prior to creating an Initial Assessment – Secondary or Non Caregiver.

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
<input checked="" type="checkbox"/>	Mother C. Oconomowoc	02/23/2011 15:52:00	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. 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. 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 navigation 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: 9222007, Status: Open. The **Report** section shows: Response Time: Same Day, Date: 02/23/2011.

Below these sections are five tabs: **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
Mother C. Oconomowoc	Female	05/05/1975	Asian	HM-PR-RN	Roles
Father B. Oconomowoc	Male	06/06/1966	Asian	HM-PR	Roles
Oconomowoc Daycare	Female		White		Roles

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

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. For the Family Characteristics/Conditions, select 'Not Applicable – No allegation relating to primary caregiver' since this is a secondary or non-caregiver assessment.

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

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: Not Applicable - No allegation relating to primary caregiver

Family Characteristics/Conditions:

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.

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

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
9237752	Daughter Oconomowoc	Physical Abuse Describe	Pending	02/20/2011	N	N	N

[Edit](#)

Insert

Maltreater(s)

Alleged Maltreater	Relationship to Victim	Determination
Neighbor(s)	Neighbor(s)	Pending

Insert

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

Save **Close**

Installing components... Trusted sites 100%

- 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 (Assessment) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

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 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. Once the Allegation (Assessment) page is completed you are returned to the Allegations tab on the Assessment page. The next step is to 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 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 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: 9222007
- 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 "Allegations" tab is active, displaying a table with the following data:

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality
9237752	Daughter Oconomowoc	Physical Abuse Describe	Pending	02/20/2011	N		N

An "Insert" button is located at the bottom right of the Allegations table.

Below the Allegations table is the "Maltreater(s)" section, which contains a table with the following data:

Alleged Maltreater	Relationship to Victim	Determination
[Dropdown]	Neighbor(s)	Pending

An "Insert" button is located at the bottom right of the Maltreater(s) table.

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.

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

13. 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 ‘Create Initial Face-to-face Contact Note’ hyperlink. This will open the Case Notes page.

https://apps.dcf.wisconsin.gov/?action=EDIT&IVGN_ID_CASE=9222162&IVGN_ID_INV5=9222007 - Assess - Windows Intern...

eWiSACWIS TM Print Spell Check Help

Assessment Name: Oconomowoc, Mother Assessment ID: 9222007 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: Ptn

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: Low 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 9237752](#) [Create Initial Face-to-Face Contact Note](#)
Initial Face-to-Face Documented:

Options:

Done Trusted sites | Protected Mode: Off 100%

- 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 04:43 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: Dog, Deputy (Non-Relative)

Duration: 0000.0 Face-to-Face Location: Office Oconomowoc, BoyOne (Bio Child)

Billable Face-to-Face Result: Occurred Oconomowoc, BoyTwo (Bio Child)

Oconomowoc, Daughter (Bio Child)

Oconomowoc, Father B., Jr. (Present Spou

Oconomowoc, Mother C. (Reference Person

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

Narrative

Case Note 1/1 [Details](#)

details...

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

15. Notice that when the page is saved the Initial Face-to-Face Contact Information automatically calculated when an initial face-to-face contact 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 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 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: 9222007
- Status: Open

Report Tab:

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

Below the tabs is a navigation bar with "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Results" tab is active.

Assessment Results: Result: **Substantiated**

Disposition:

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:

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 9237752](#) [Create Initial Face-to-Face Contact Note](#)

Initial Face-to-Face Documented: 02/22/2011 12:00 PM [Case Note ID 9223339](#)

Options:

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.

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

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

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

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

Information

Name - County or State Agency: Milwaukee

Name - Agency Contact Person: 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

17. Back on the Basic tab under the Options drop-down, select IA Secondary or Non Caregivers and click 'Go.'

Assessment Name: Oconomowoc, Mother C. Assessment ID: 9222007 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

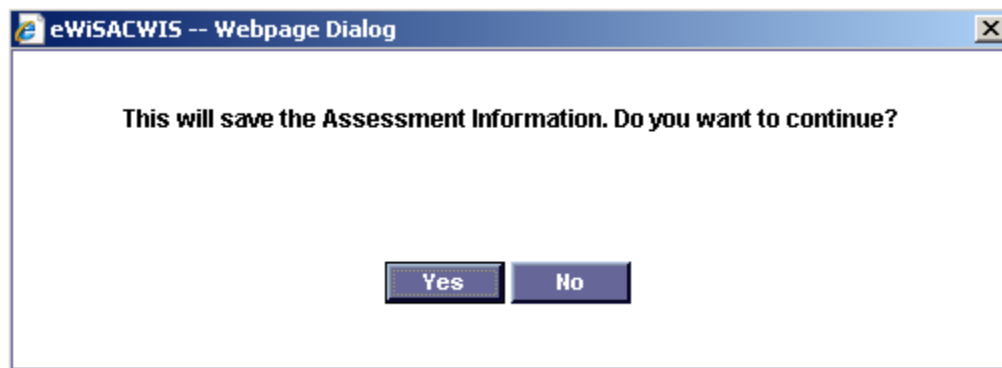
Family Characteristics/Conditions
Family Characteristics/Conditions: Not Applicable - No allegation relating to primary caregiver
Family Characteristics/Conditions:
Family Characteristics/Conditions:

Options: [Dropdown] Go Save Close

Assessment
Clinical
IA Primary
IA Secondary or Non Caregivers
Archaic

Installing d... Trusted sites 100%

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 – Secondary or Non Caregiver or 'No' if you want to return to the Assessment page and not save.



19. The Initial Assessment – Secondary or Non Caregivers page will open to the Participants 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.

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

Participants | Narratives | Summary

Child Information

Child Name	DOB

Add/Edit

Parent Information

Parental Role Name	DOB

Add/Edit

Save Close

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

Case Participants - Children

Select	Person Name	DOB
<input type="checkbox"/>	Reporter, Mandated	
<input type="checkbox"/>	Oconomowoc, Mother C.	05/05/1975
<input type="checkbox"/>	Oconomowoc, Father B., Jr.	06/06/1966
<input checked="" type="checkbox"/>	Oconomowoc, Daughter	08/02/2003
<input checked="" type="checkbox"/>	Oconomowoc, Son	09/19/1999

Continue Close

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

Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Case Information

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

Participants Narratives 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

Save Close

22. On the Narratives tab, complete the Maltreatment, Surrounding Circumstances, and Child and Family's Response to Maltreatment narrative sections.

The screenshot shows a web browser window titled "Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog". The application header includes the logo "eWiSACWIS" and navigation links for "Print", "Spell Check", and "Help".

Case Information

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

Participants **Narratives** **Summary**

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

Surrounding Circumstances
Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the facility's or other responsible adult's explanation of circumstances even if the finding is no maltreatment.
surrounding circumstances...

Child and Family's Response to Maltreatment
Document findings as required by the Investigation Standards for responding to reports of maltreatment in facilities, by other secondary caregivers, or by non-caregivers. Generally, this information includes the child's response to the maltreatment, the parental reaction and actions to provide protection and services, if needed, and the response of the part

23. On the Summary tab, complete the Case Disposition and Correspondence group boxes. Not visible in the screen shot below is a Summary group box where the closing summary and supervisory comments are documented.

The screenshot displays the 'Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog' window. The title bar includes 'TM', 'Print', 'Spell Check', and 'Help' icons. The main header features the 'eWiSACWIS' logo. Below the header, the 'Case Information' section shows: Case Name: Oconomowoc, Mother C.; Case ID: 9222162; Referral Date: 02/23/2011; and a checkbox for 'IA Completed'. A navigation bar contains 'Participants', 'Narratives', and 'Summary' tabs, with 'Summary' being the active tab. The 'Case Disposition' section has two radio buttons: 'Case Closed' (unselected) and 'Case Opened' (selected). The 'Reason Case Closed' dropdown is empty, and the 'Reason Case Opened' dropdown is set to 'Case Already Open-Ongoing CPS Svcs: Ptn'. The 'Correspondence' section is divided into three sub-sections: 'Mandated Reporter' with a checked 'Not applicable' box and a date field '00/00/0000'; 'Relative Reporter' with an unchecked 'Not applicable' box, a 'Documented request for information received from relative reporter' checkbox (unchecked) with date '00/00/0000', and 'Date Letter Sent' (unchecked) with date '00/00/0000' OR 'Date of Court Order Barring Disclosure' (unchecked) with date '00/00/0000'; and 'Licensing Notification' with an unchecked 'Not applicable' box and a date field '00/00/0000'. At the bottom, there is an 'Options:' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons.

24. Select IA Secondary or Non Caregivers from the Options drop-down and click 'Go' to open the text template.

The screenshot shows a web browser window titled "Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog". The application header includes the logo "eWiSACWIS" and navigation icons for TM, Print, Spell Check, and Help. The main content area is divided into three tabs: "Participants", "Narratives", and "Summary", with "Summary" being the active tab. Below the tabs, there are three main sections:

- Case Information:** Case Name: Oconomowoc, Mother C., Case ID: 9222162, Referral Date: 02/23/2011, and a checkbox for "IA Completed".
- Not applicable:** A checked checkbox and a date field "Date mandated reporter given feedback: 00/00/0000".
- Relative Reporter:** A "Not applicable" checkbox, a "Documented request for information received from relative reporter: 00/00/0000" checkbox, and a "Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000" checkbox.
- Licensing Notification:** A "Not applicable" checkbox and a "Date Licensing/Regulatory Agency Notified: 00/00/0000" date field.
- Summary:** A text area for "Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):".

At the bottom left, an "Options:" dropdown menu is open, showing "Text" (highlighted) and "IA, Secondary or Non Caregivers". To the right of the dropdown is a "Go" button. Further right are "Save" and "Close" buttons.

25. When the IA Secondary or Non Caregiver is complete, check the IA Completed checkbox. This checkbox must be checked prior to approval. Click Save, and then Close to return to the Assessment page.

The screenshot displays the 'Initial Assessment-Secondary or Non Caregivers' web application interface. The title bar reads 'Initial Assessment-Secondary or Non Caregivers -- Webpage Dialog'. The application header includes the 'eWiSACWIS' logo and navigation icons for TM, Print, Spell Check, and Help. The main content area is titled 'Case Information' and contains the following fields: Case Name: Oconomowoc, Mother C.; Case ID: 9222162; Referral Date: 02/23/2011; and a checked 'IA Completed' checkbox, which is highlighted with a red rectangular box. Below this, there are tabs for 'Participants', 'Narratives', and 'Summary'. The 'Summary' tab is active, showing sections for 'Case Disposition', 'Correspondence', and 'Licensing Notification'. Under 'Case Disposition', 'Case Opened' is selected with a reason of 'Case Already Open-Ongoing CPS Svcs: Ptn'. Under 'Correspondence', the 'Mandated Reporter' section has 'Not applicable' checked, and the 'Relative Reporter' section has 'Not applicable' checked. Under 'Licensing Notification', 'Not applicable' is checked. At the bottom, there is an 'Options' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons.

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

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".

Assessment Tab:

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

Report Tab:

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

Below the tabs is a navigation bar with the following tabs: Participants, Basic (selected), 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: Not Applicable - No allegation relating to primary caregiver
- Family Characteristics/Conditions:
- Family Characteristics/Conditions:

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

At the bottom of the browser window, it says "Installing components..." and "Trusted sites" with a green checkmark. The zoom level is set to 100%.

27. 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 eWISACWIS logo and navigation 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: 9222007, Status: Open. The **Report** section shows: Response Time: Same Day, Date: 02/23/2011.

Below these sections is a tabbed interface with the following tabs: **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
Mother C. Oconomowoc	Female	05/05/1975	Asian	HM-PR-RN	Roles
Father B. Oconomowoc	Male	06/06/1966	Asian	HM-PR	Roles
Deputy Dog	Male	07/23/1970	Unable to Determine	AM-NM	Roles
Oconomowoc Daycare	Female		White	NM	Roles

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 with a 'Go' button next to it. The dropdown menu is currently set to 'Approval'. To the right of the dropdown are **Save** and **Close** buttons.

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

28. 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.

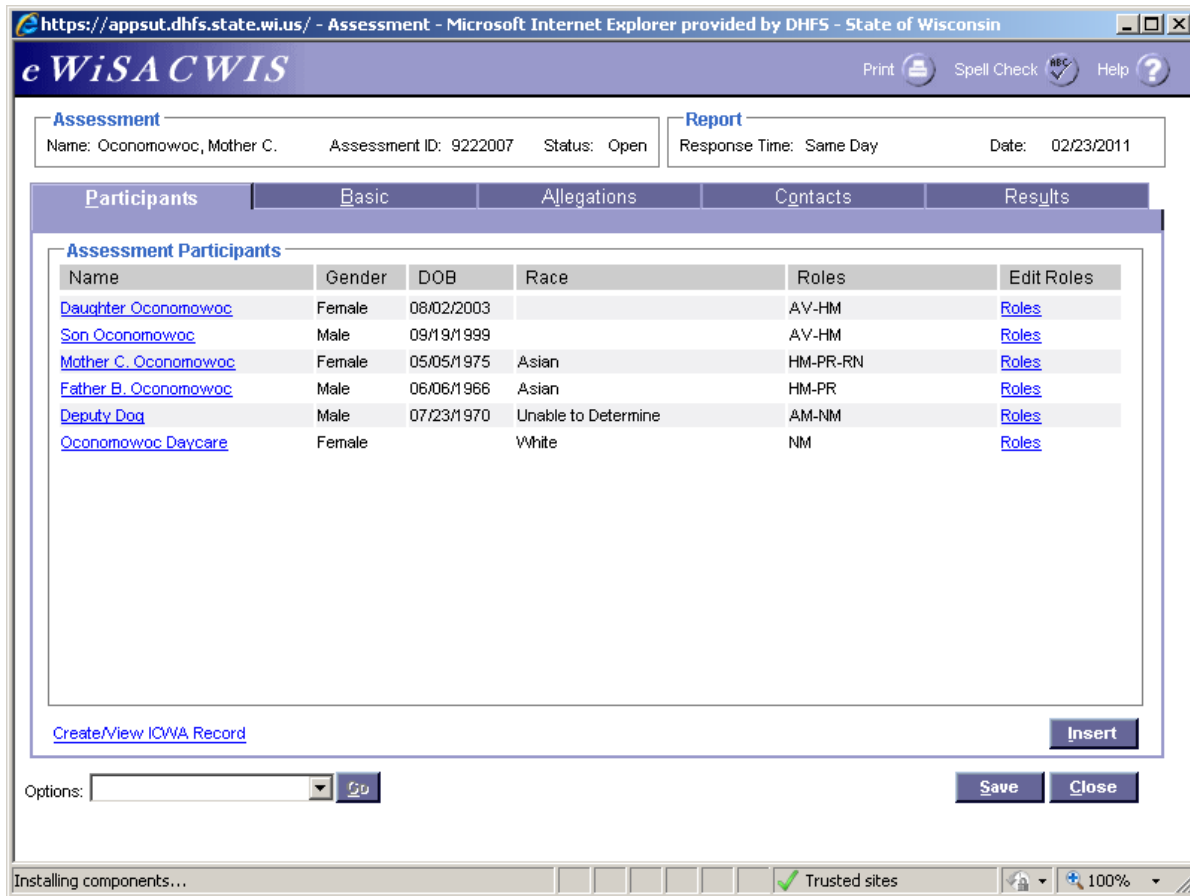
Supervisor:

Approval History

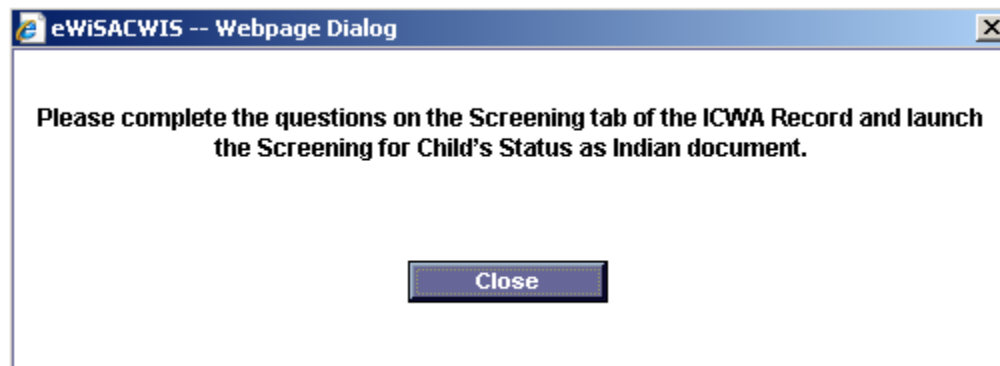
Worker Name	Status	Date	Action
Caitlin M.Cake	Initial	02/23/2011	Initial

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

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



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



31. 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.