
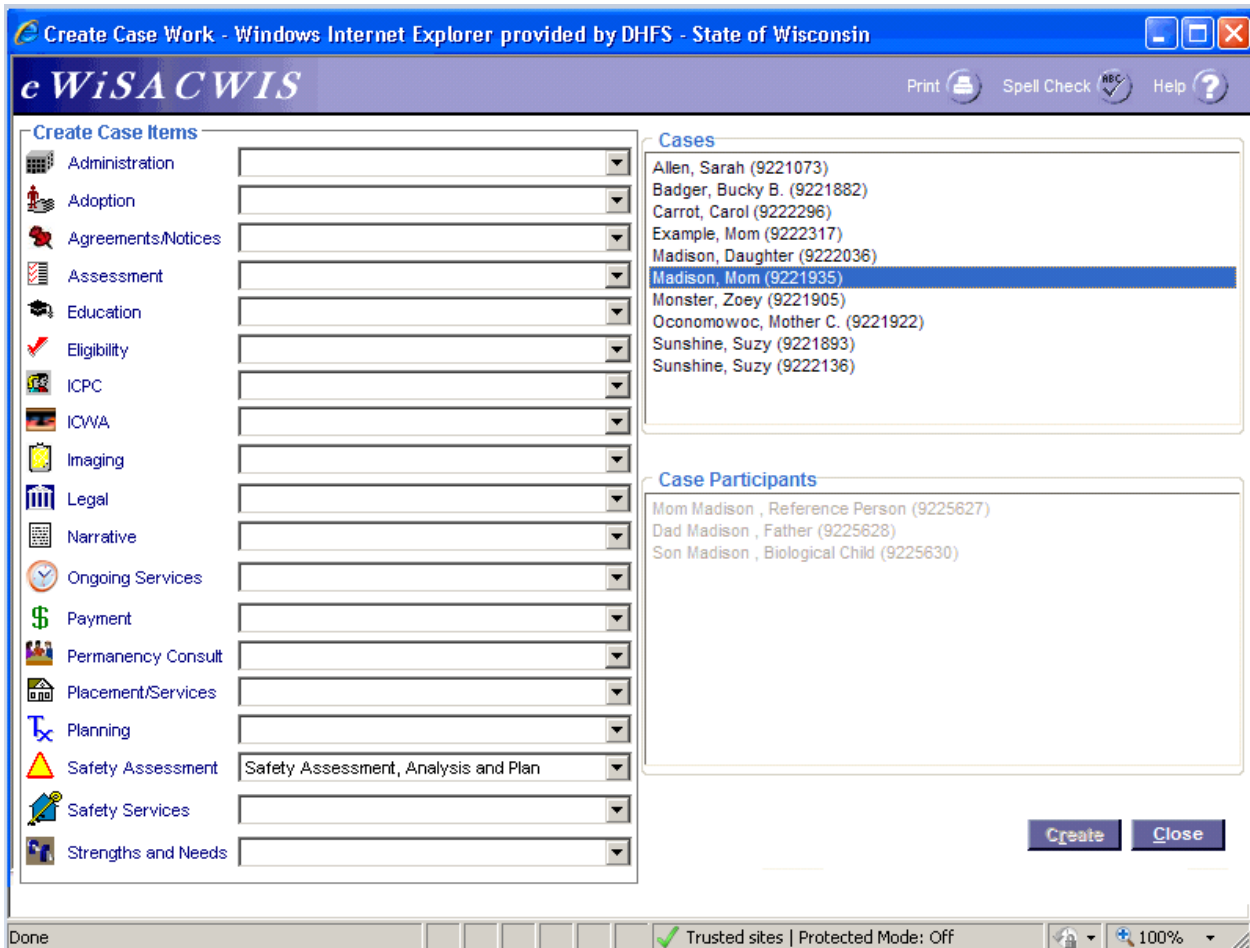


Safety Assessment, Analysis and Plan

Note: In order to create a Safety Assessment, Analysis and Plan, an assignment to the case is needed.

1. From the desktop, go up to 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 Safety Assessment, Analysis and Plan from the Safety Assessment drop-down. Select the appropriate Case. Click Create. This will open the Safety Assessment, Analysis and Plan page.



3. If prior Safety Assessment, Analysis and Plans exist for this case, the copy selection page will pop-up allowing the user to copy the previous plan by clicking the Copy hyperlink. If you do not want to copy any previous plan, select the 'Create' button.



4. Select the Type of Safety Assessment, Analysis and Plan being created.
5. The Part. Info tab will be blank unless a Safety Assessment, Analysis and Plan was selected to copy. Click the Add/Edit button in the Child Information and Parent/Caregiver Information group boxes to add the participants for this Safety Assessment, Analysis and Plan.

https://apps.dcf.wisconsin.gov/?action=CREATE&SFTY_ASMNT_PLAN_ID_CASE=9222747&fromWhere=desкто - Windows In...

eWisACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: Completed

Part. Info | Safety Assessment | Description of Safety Threats

Child Information
 Child Name: DOB:
 Add/Edit

Parent/Caregiver Information
 Parent/Caregiver Name: DOB:
 Add/Edit

Options: Save Close

Done Trusted sites | Protected Mode: Off 100%

6. The Case Participants/Collaterals page allows you to select the appropriate participants. Click Continue to return to the Safety Assessment, Analysis and Plan page. New participants or collaterals must be added to the case before they will display here.



7. The participants are now displayed on the Part. Info tab.

The screenshot shows a web browser window displaying the eWISACWIS application. The browser's address bar shows the URL: https://apps.dcf.wisconsin.gov/?action=EDIT&SFTY_ASMNT_PLAN_ID_CASE=9222747&SFTY_ASMNT_PLAN_ID. The application header includes the eWISACWIS logo and navigation icons for TM, Print, Spell Check, and Help. The main content area is divided into several tabs: **Part. Info**, Safety Assessment, Description of Safety Threats, and Plan Analysis. The **Part. Info** tab is active and contains the following information:

General
Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: **Prior to Case Closur** Completed

Child Information

Child Name	DOB
Madison, Daughter	02/02/2006
Madison, Son	05/05/2004

Parent/Caregiver Information

Parent/Caregiver Name	DOB
Madison, Dad	02/21/1972
Madison, Mom	11/27/1979

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

8. The Safety Assessment tab contains 11 Safety Threats. Answer the 11 questions 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 check box in the upper right-hand corner and proceed to step 16 in this guide.
 - If any safety question is answered yes, proceed to the next step.

https://apps.dcf.wisconsin.gov/?action=EDIT&SFTY_ASMNT_PLAN_ID_CASE=9222747&SFTY_ASMNT_PLAN_ID - Windows In...

eWiSACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: Completed

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

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

Options:

Done Trusted sites | Protected Mode: Off 100%

9. 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: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: Prior to Case Closur 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.

The child is profoundly fearful of the home situation or people within the home. Row 1 of 1

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%

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

eWiSACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: Completed

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

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

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

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:

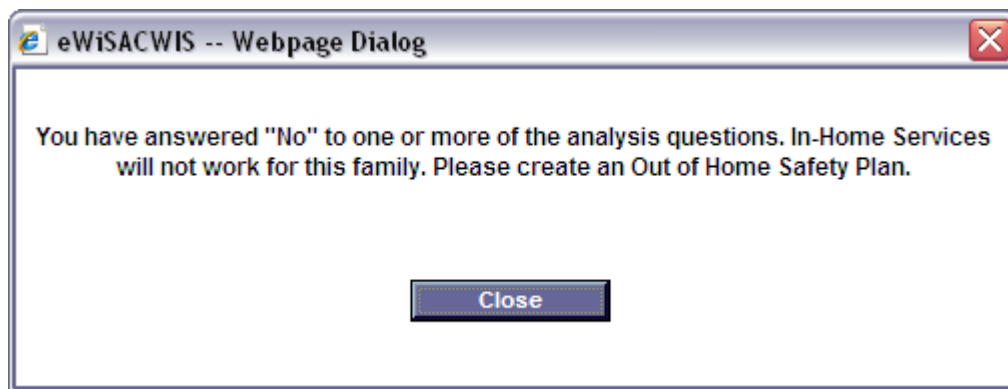
Done Trusted sites | Protected Mode: Off 100%

11. If all of the Analysis questions are answered ‘Yes’, you will receive the following message. Selecting No returns you to the Plan Analysis tab. 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.

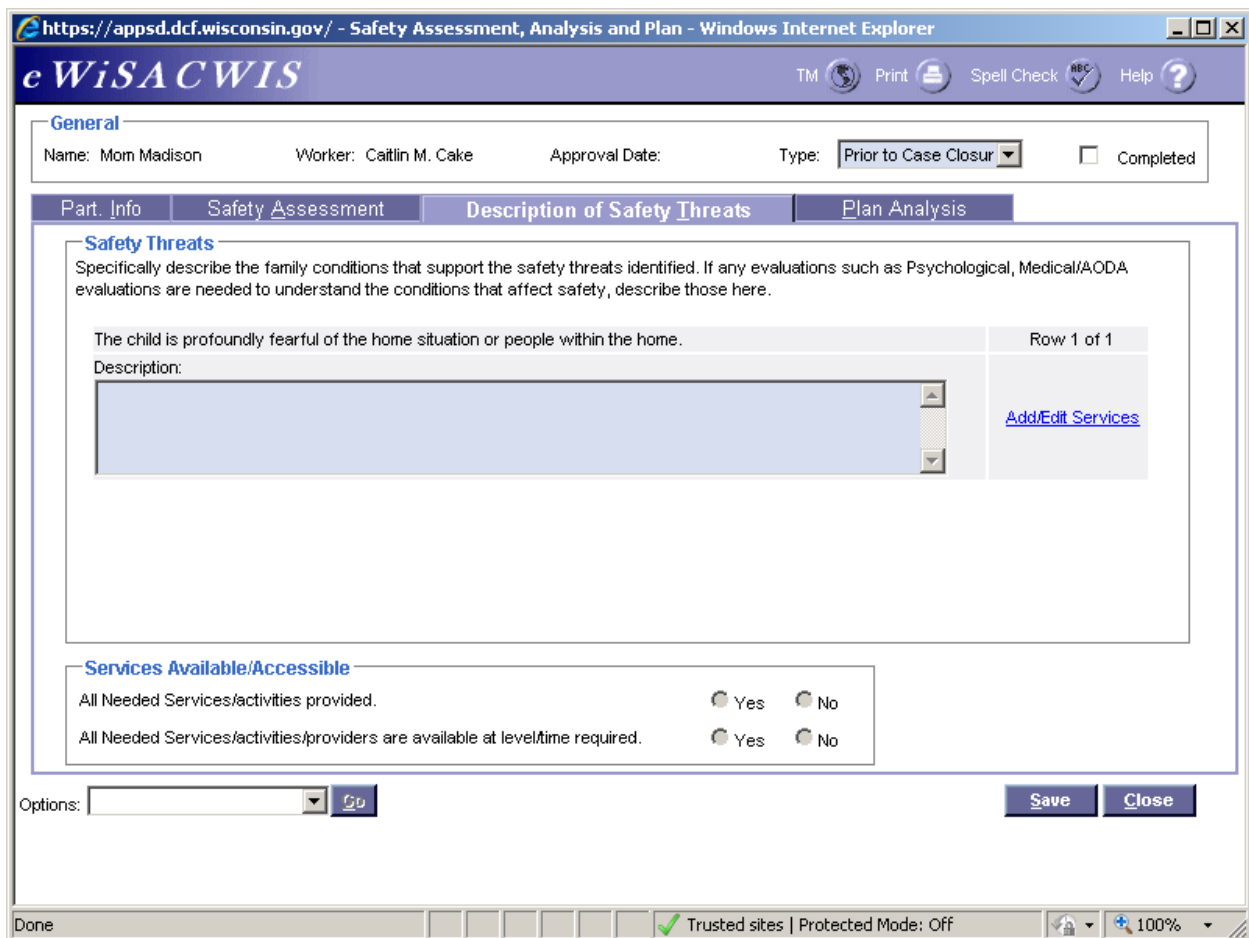
eWiSACWIS -- Webpage Dialog

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.

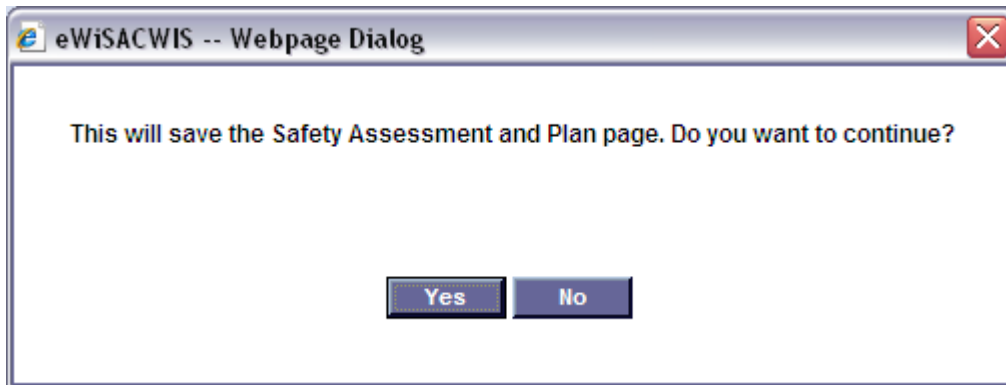
12. If one or more of the Analysis questions are answered 'No,' the following message will direct you to complete an Out of Home Safety Plan:



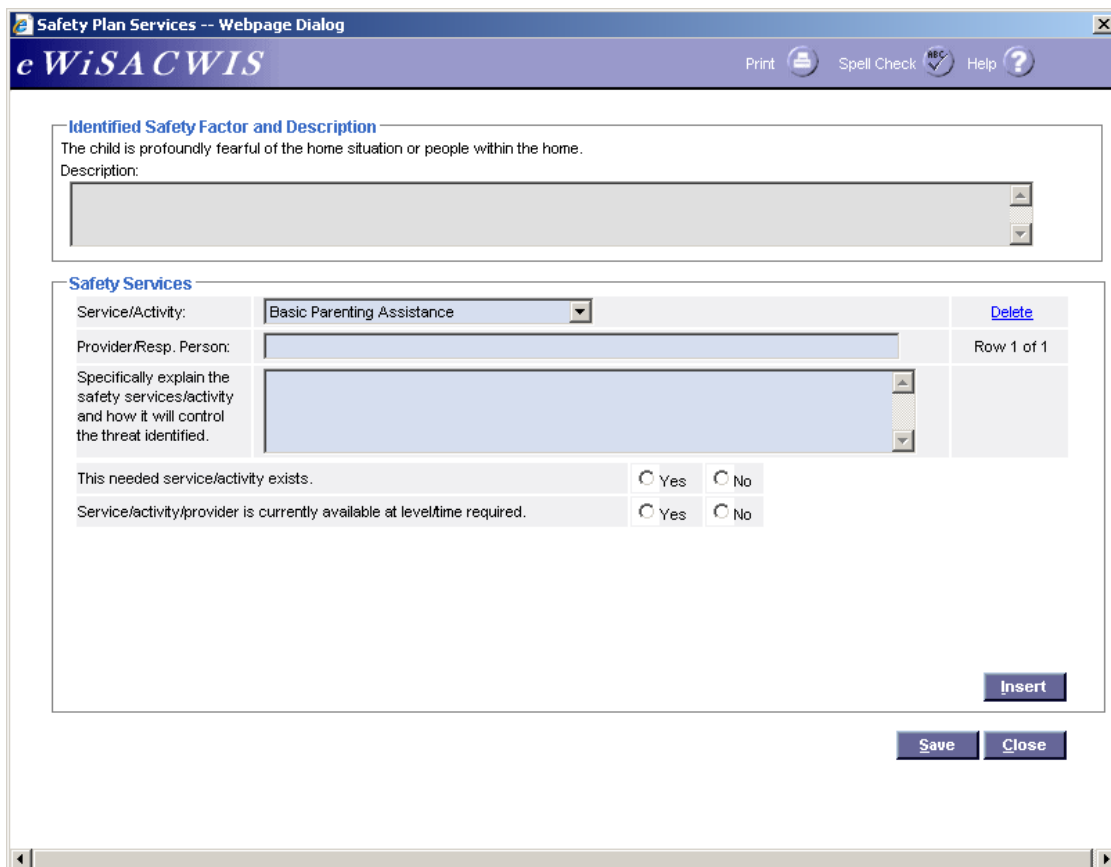
13. If in-home services may work for this family, enter the services that will be implemented by clicking the 'Add/Edit Services' hyperlink on the Description of Safety Threats tab.



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



15. 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.



Service/Activity:	Provider/Resp. Person:	Delete
Basic Parenting Assistance		Row 1 of 1

16. 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.

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

eWiSACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: **Prior to Case Closur** 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.

The child is profoundly fearful of the home situation or people within the home. Row 1 of 1

Description:
 Description... [Add/Edit Services](#)

Service/Activity	Provider/Responsible Person
Basic Parenting Assistance	person responsible...

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%

- Open the two templates associated with the Safety Assessment, Analysis and Plan page: the Safety Assessment and the Safety Analysis and Plan. Check the Completed check box.

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

eWiSACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: **Prior to Case Closur** Completed

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

Child Information

Child Name	DOB
Madison, Daughter	02/02/2006
Madison, Son	05/05/2004

Parent/Caregiver Information

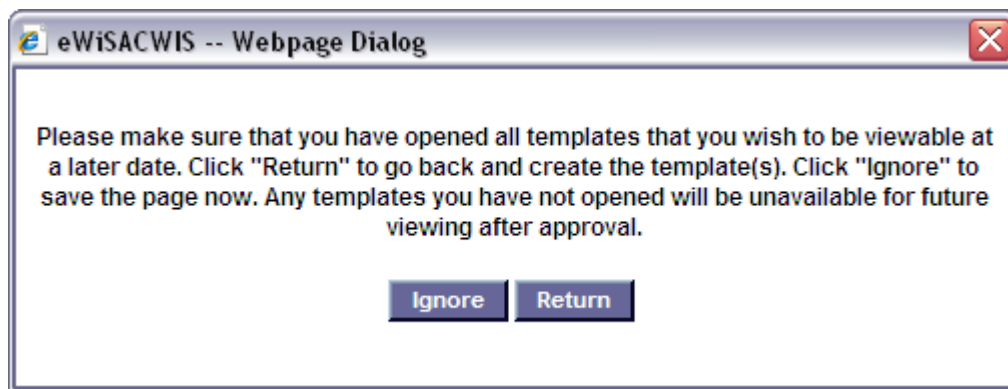
Parent/Caregiver Name	DOB
Madison, Dad	02/21/1972
Madison, Mom	11/27/1979

Options: **Actions**
 Approval
Text
 Safety Assessment
 Safety Analysis and Plan

Save Close

Done Trusted sites | Protected Mode: Off 100%

18. If you do not open the text templates, the following message will pop-up when after you check the Completed checkbox and click Save. Ignore will continue saving and Return will allow you to open the text templates and then save.



19. From the Options drop-down, select Approval and click ‘Go.’

General

Name: Mom Madison Worker: Caitlin M. Cake Approval Date: Type: Prior to Case Closur Completed

Part. Info Safety Assessment Description of Safety Threats Plan Analysis

Child Information

Child Name	DOB
Madison, Daughter	02/02/2006
Madison, Son	05/05/2004

Add/Edit

Parent/Caregiver Information

Parent/Caregiver Name	DOB
Madison, Dad	02/21/1972
Madison, Mom	11/27/1979

Add/Edit

Options: Approval Go Save Close

Done Trusted sites | Protected Mode: Off 100%

20. Select the Approve radio button and click Continue to return to the Safety Assessment, Analysis and Plan. If Approve cannot be selected, verify the Completed checkbox was checked on the Safety Assessment, Analysis and Plan page, and that all errors have been corrected.

Document Information

Case: Mom Madison
Type: Safety Assessment, Analysis and Plan
Date: 09/30/2011

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	09/30/2011	Initial

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

- Click Save on the Safety Assessment, Analysis and Plan to send the approval to the supervisor.

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

eWiSACWIS TM Print Spell Check Help

General
 Name: Mom Madison Worker: Caitlin M. Cake Approval Date: 09/30/2011 Type: Prior to Case Closure Completed

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

Child Information

Child Name	DOB
Madison, Daughter	02/02/2006
Madison, Son	05/05/2004

Add/Edit

Parent/Caregiver Information

Parent/Caregiver Name	DOB
Madison, Dad	02/21/1972
Madison, Mom	11/27/1979

Add/Edit

Options:

Done Trusted sites | Protected Mode: Off 100%