

**This session is being recorded.
Webinar will begin at 10:04.**



eWiSACWIS Webinar

June 2026



Wisconsin Department of Children and Families

Agenda

- June 2026 Release
- Development Roadmap for 2026
- Recurring Webinar Series



June 2026 Release



Wisconsin Department of Children and Families

Topics

- Access Response Time
- DCF 57 Rule Change support
- OHC Placement Referral Updates for SYNC users
- Updates to Family Case Plan functionality to enhance engagement and center family voice
- Template changes for the Notice of Removal from Parent's custody form



Access Response Time



Wisconsin Department of Children and Families

This enhancement includes:

- ❖ Modifications were made on Access Report page – PDTs and IDTs were removed
- ❖ New page: “Response Time Factors” will display when a user selects ‘Screen In’ on the Decision tab of an Access Report.
 - Page displays a list of six 24-hour response time factors, and conditionally displays four mitigating factors and an optional discretionary 24-hour response time field in individual group boxes.



Modifications were made on Access Report – Narrative Tab + Allegation Narrative Tab

eWiSACWIS Resource TM Print

Access Information

Report Name: Worker: Calk, Caitlin C. Access Report Type: CPS Report

Date and Time Report was Received: 00/00/0000 00:00 AM/PM R/T: ID: 9250639

Narrative Participants Allegation Allegation Narr Prior Involvement Decision

Narrative

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

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

Describe the child's current location (school/childcare, including dismissal time), functioning - including any disabilities or special needs (i.e., physical disabilities, developmental disabilities, communication disabilities, etc.) and services already in place to address the child's needs, if any, and current vulnerability.

Document relevant information from CPS history, CCAP and Sex Offender Registry-Reverse Address checks (if no relevant information found, document that checks were completed). [Consolidated Court Automation Programs \(CCAP\)](#) [Sex Offender Registry \(SOR\)](#)

Describe any changes in circumstances that may make it difficult to fulfill CPS responsibilities.

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

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

Access Report - Work - Microsoft Edge
https://apps.dcf.enterprise.wisstate.us/ewsscreenshot/SM02_AccessReport.do?action=CREATE&fHtml5=Y&ACCESS_CD_ACCESS_TYPE=1

eWiSACWIS Resource TM Print

Access Information

Report Name: Worker: Calk, Caitlin C. Access Report Type: CPS Report

Date and Time Report was Received: 11/19/2025 10:00 AM/PM R/T: ID: 9250659

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

Primary Allegation Narrative

Describe the parents or adults in the parental role, including current location, functioning (including information about disabilities or other special needs), parenting practices and views of the child.

Describe the family functioning, strengths, and current stresses.

Describe the alleged maltreater's whereabouts and his or her access to the child at the time of the report and within the next five days.

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

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



Modified Page: Access Report – Decision Tab: Worker’s view before selecting factors

eWiSACWIS Resource TM Print

Access Information

Report Name: Worker: Access Report Type: CPS Report

Date and Time Report was Received: 10/22/2025 10:00 AM R/T: ID: 11204435

Worker Recommendation

Name: Screen In Screen Out Pending [Response Time Factors](#)

Date/Time Decision Made: Response Time:

Reason:

Explain:

Supervisor Decision

Name: Screen In Screen Out Pending

Date/Time Decision Made: 00/00/0000 00:00 AM PM Response Time:

Reason:

Explain:

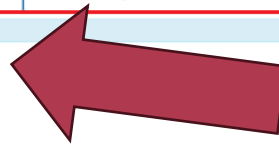
Status

After Hours Report Law Enforcement Notified Worker Safety Concerns?

Primary Language: Interpreter Needed?


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

Options:



New Page: Response Time Factors

- ❖ The page displays as a pop-up when the user makes a 'Screen In' decision on the Decision tab of the Access Report.
- ❖ Displays a list of six 24-hour response time factors as well as an option to select when there are no 24-hour response time factors identified.

Response Time Factors Print 

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Description
<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input type="checkbox"/>	No 24-hour response time factor selected



Worker's View when selected No 24-hour response

Response Time Factors Print

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Description
<input type="checkbox"/>	A report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	Child has a serious physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal or result in significant physical harm and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input checked="" type="checkbox"/>	No 24-hour response time factors selected


Discretionary 24-Hour Response Time

Discretionary 24-Hour Response [Details](#)

[Save](#) [Close](#)



Worker's View (Discretionary 24-hour response and warning message)

Response Time Factors Print 

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Description
<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input checked="" type="checkbox"/>	No 24-hour response time factor selected

Discretionary 24-Hour Response Time

Discretionary 24-hour response [Details](#)



Confirmation pop-up

Response Time Factors Print

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Description
<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact
<input type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening
<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental or is unknown with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater
<input type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input checked="" type="checkbox"/>	No 24-hour response time factors selected

Confirmation

If you unselect this option, any information entered under the Discretionary 24-Hour Response field will be deleted. Do you want to continue?

Discretionary 24-Hour Response Time

Discretionary 24-Hour Response Details



Worker's View (24-hour and Mitigating Factors display)

Response Time Factors Print

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Description
<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input checked="" type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input checked="" type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input type="checkbox"/>	No 24-hour response time factor selected

Mitigating Response Time Factors

Check All That Apply

Select	Description
<input type="checkbox"/>	Parent/caregiver or another adult in the home is demonstrating protective action
<input type="checkbox"/>	Child is in alternative safe environment
<input checked="" type="checkbox"/>	Alleged maltreater will not have contact with the child in the next 5 business days
<input type="checkbox"/>	Other reason 24-hour response is not needed



Worker's View (Other Mitigating Factor)

Response Time Factors

Print

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Description
<input type="checkbox"/>	A report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	Child has a serious physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal or result in significant physical harm and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input checked="" type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input type="checkbox"/>	No 24-hour response time factors selected

Mitigating Response Time Factors

Check All That Apply

Select	Description
<input type="checkbox"/>	Parent/caregiver or another adult in the home is demonstrating protective action
<input type="checkbox"/>	Child is in an alternative safe environment
<input type="checkbox"/>	Alleged maltreater will not have contact with the child in the next 5 business days
<input checked="" type="checkbox"/>	Other reason 24-hour response is not needed <input type="text"/>

Save

Close



Wisconsin Department of Children and Families

Modified Page: Access Report – Decision Tab: Worker’s view after selecting factors

eWiSACWIS Resource TM Print

Access Information

Report Name: Worker: Access Report Type: CPS Report

Date and Time Report was Received: 10/23/2025 10:00 AM R/T: Within 5 business days ID: 90000840

Worker Recommendation

Name: Screen In Screen Out Pending [Response Time Factors](#)

24-Hour Response Time Factors selected:

- Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
- There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status

Mitigating Factors selected:

- Alleged maltreater will not have contact with the child in the next 5 business days

Date/Time Decision Made: 10/22/2025 12:34 PM Response Time: Within 5 business days

Reason: Screen In - CA/N Primary

Explain:

Supervisor Decision

Name: Screen In Screen Out Pending

Date/Time Decision Made: 00/00/0000 00:00 AM Response Time:

Reason:

Explain:


Status

After Hours Report Law Enforcement Notified Worker Safety Concerns?
 Interpreter Needed?

Primary Language: English



Supervisor's View (No 24-hour Factor selected)

Response Time Factors Print 

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	No 24-hour response time factor selected


Mitigating Response Time Factors

Check All That Apply

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Parent/caregiver or another adult in the home is demonstrating protective action
<input type="checkbox"/>	<input type="checkbox"/>	Child is in alternative safe environment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleged maltreater will not have contact with the child in the next 5 business days
<input type="checkbox"/>	<input type="checkbox"/>	Other reason 24-hour response is not needed



Supervisor's View (24-hour and Mitigating Factors selected)

Response Time Factors Print 

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	No 24-hour response time factors selected


Mitigating Response Time Factors

Check All That Apply

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Parent/caregiver or another adult in the home is demonstrating protective action
<input type="checkbox"/>	<input type="checkbox"/>	Child is in alternative safe environment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alleged maltreater will not have contact with the child in the next 5 business days
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other reason 24-hour response is not needed: Worker entered narrative text for 'Other' displayed as static text



Supervisor's View (Other Mitigating Factors selected)

Response Time Factors Print 

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and there is no parent/caregiver taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input type="checkbox"/>	<input type="checkbox"/>	No 24-hour response time factor selected

Mitigating Response Time Factors

Check All That Apply

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Parent/caregiver or another adult in the home is demonstrating protective action
<input type="checkbox"/>	<input type="checkbox"/>	Child is in alternative safe environment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alleged maltreater will not have contact with the child in the next 5 business days
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other reason 24-hour response is not needed: Worker entered narrative text for 'Other' displayed as static text Supervisor entered required narrative field



Supervisor's View

Response Time Factors Print

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input checked="" type="checkbox"/>	<input type="checkbox"/>	No 24-hour response time factors selected

Mitigating Response Time Factors

Check All That Apply

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Parent/caregiver or another adult in the home is demonstrating protective action
<input type="checkbox"/>	<input type="checkbox"/>	Child is in alternative safe environment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleged maltreater will not have contact with the child in the next 5 business days
<input type="checkbox"/>	<input type="checkbox"/>	


This is selected when the Response Time Factors above do not indicate a 24-hour response, but the agency determines a response within 24 hours is necessary. If the information in the report indicates that one of the 24-Hour Response Time Factors above are present, that factor should be selected instead of a Discretionary 24-Hour Response.

Discretionary 24-Hour Response

Discretionary 24-Hour Response [Details](#)



Supervisor's View:

Response Time Factors Print 

24-Hour Response Time Factors

Check All That Apply [\(Critical Thinking Guide\)](#)

Select	Worker	Description
<input type="checkbox"/>	<input type="checkbox"/>	Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input type="checkbox"/>	Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
<input type="checkbox"/>	<input type="checkbox"/>	Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
<input type="checkbox"/>	<input type="checkbox"/>	There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
<input type="checkbox"/>	<input type="checkbox"/>	Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access
<input type="checkbox"/>	<input type="checkbox"/>	Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No 24-hour response time factors selected

Discretionary 24-Hour Response Time

Discretionary 24-Hour Response [Details](#)
Worker entered narrative text for selecting discretionary 24-hour response.



Modified Page: Access Report – Decision Tab: Supervisor’s view after selecting factors

Narrative	Participants	Allegation	Allegation Narr	Prior Involvement	Decision
Worker Recommendation					
Name: <input checked="" type="radio"/> Screen In <input type="radio"/> Screen Out <input type="radio"/> Pending					
24-Hour Response Time Factors selected:					
<input checked="" type="checkbox"/> Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received					
<input checked="" type="checkbox"/> There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status					
Mitigating Factors selected:					
<input checked="" type="checkbox"/> Alleged maltreater will not have contact with the child in the next 5 business days					
<input checked="" type="checkbox"/> Other reason 24-hour response is not needed: Worker entered narrative text for 'Other' displayed as static text					
Date/Time Decision Made: 10/22/2025 12:34 PM Response Time: Within 5 business days					
Reason: <input type="text" value="Screen In - CA/N Primary"/>					
Explain: <input type="text"/>					
Supervisor Decision					
Name: <input checked="" type="radio"/> Screen In <input type="radio"/> Screen Out <input type="radio"/> Pending Response Time Factors					
24-Hour Response Time Factors selected:					
<input checked="" type="checkbox"/> Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received					
<input checked="" type="checkbox"/> There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status					
Mitigating Factors selected:					
<input checked="" type="checkbox"/> Alleged maltreater will not have contact with the child in the next 5 business days					
<input checked="" type="checkbox"/> Other reason 24-hour response is not needed: Supervisor entered required narrative field					
Date/Time Decision Made: <input type="text" value="10/24/2025"/> <input type="text" value="01:39"/> <input type="radio"/> AM <input checked="" type="radio"/> PM Response Time: Within 5 business days					
Reason: <input type="text"/>					
Explain: <input type="text"/>					
Create/Link Case					
Status					



Updates to Family Case Plan functionality to enhance engagement and center family voice.



Wisconsin Department of Children and Families

This enhancement includes :

- ❖ A prompt will be added to the Planning & Services tab that reminds the Child Welfare Professional to write conditions/goals in a SMART framework.
- ❖ Legal Information will be removed from the Family Case Plan Basic tab and template to keep the content focused and relevant for families.
 - ❖ Legal information section will remain available in the Permanency Plan.
- ❖ A 'Family Case Plan guide Content Guide' link will be added to the Family Case Plan Basic section. The link will remain available at all times, including after approval and when accessed via search.
- ❖ 'Safety Decision' box and its contents from the Safety tab will be removed from the Family Case Plan and its template but will remain on Permanency Plan.
- ❖ Users will be able to print one or more goals at a time instead of the full list, making it easier to focus on specific goals.





This enhancement includes :

❖ Updates will be made to:

- Family Case Plan Templates
- Permanency Plan Templates
- History of Planning and Services Templates



Support SMART goals for In Home Case Planning

Conditions and Services Resource  Print 

Court Condition

Conditions/goals should be written to describe behavior change and in a [SMART](#) format (Specific, Measurable, Achievable, Realistic, and Timely). Check for required fields

Condition:	Child: Add/Edit	<input type="radio"/> Court-Ordered	<input type="radio"/> Proposed	<input type="radio"/> Child Services	Condition 1 of 1
<div style="border: 1px solid #ccc; height: 200px;"></div>					

Services

Service Category:	<input type="text" value=""/>	Applies To: Add/Edit	Service 1 of 1
Specifically Explain Service and Describe Progress:	<div style="border: 1px solid #ccc; height: 100px;"></div>		



What are SMART Goals?

Conditions for Return should be drafted using the SMART Goal Analysis.

SMART Goals is an acronym for specific, measurable, achievable, realistic, and timely objectives.

SPECIFIC	MEASURABLE	ACHIEVABLE	REALISTIC	TIMELY
<p>The condition is specifically related to an identified Impending Danger Threat.</p> <p>An Impending Danger Threat is a foreseeable state of danger in which a family behavior, attitude, motive, emotion or situation that can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.</p>	<p>The condition is clear about what behavior needs to change.</p> <p>The condition is focused on behavioral change and not on completing a service.</p> <p>The condition can be measured based on what the parent has or has not changed in their behavior.</p>	<p>The condition is clear as to how the parent or caregiver will make progress towards the goal.</p> <p>The condition is clear about how successful completion of the goal is evaluated.</p> <p>The parent or caregiver is capable of achieving the condition.</p>	<p>The condition is written in language that can be understood by the parent or caregiver.</p> <p>The condition is culturally competent.</p> <p>The condition is least intrusive.</p> <p>It is possible for the parent or caregiver to meet the condition.</p>	<p>The condition is workable and there are no barriers to complete the condition.</p> <p>The parent or caregiver can begin to work on the behavioral change promptly.</p> <p>The behavior change cannot occur overnight but work towards that change can begin soon.</p>



Modified Page: Safety tab of the Case Plan only

eWiSACWIS Resource Print

Basic

Case Name: [sunny_Miss_\(90000660\)](#) Plan Type: CPS, IH Plan Date: **11/17/2025** [Details](#) [Family Case Plan Content Guide](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Plan Due Date: 11/17/2025 Check for required fields

[Basic](#) **Safety** [Planning & Services](#) [Child's Well-Being](#)

Safety Analysis

A plan is necessary to maintain the child's safety and mitigate the imminent risk of removal from the home and entry into out of home care. Yes [Create Safety Assessment, Analysis and Plan](#) [View Safety Assessment, Analysis and Plan](#)

Safety Services

The identified Safety Threat, Diminished Protective Capacity, and the associated Safety Services / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified and listed below:

Identified Safety Threat: No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs.

Description:

test

Safety Service / Action Type: Row 1 of 1

Safety Service Provider:

Describe the availability, accessibility and suitability of the safety service provider involved:

Specifically explain the safety service / action and how it will control the threat identified:

Type of Diminished Protective Capacity:

Demonstrated Behavioral Change needed for safe case closure:

Safety Decision

In-home Safety Plan remains sufficient, feasible, and sustainable

In-home Safety Plan revised **REMOVE**

Placement in out-of-home care is indicated

Safe case closure

Options:



Added a link to the Family Case Plan Content Guide

eWiSACWIS Resource Print

Basic

Case Name: [sunny, Miss \(90000660\)](#) Plan Type: CPS, IH Plan Date: 11/17/2025 [Details](#) [Family Case Plan Content Guide](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Plan Due Date: 11/17/2025 Check for required fields

- ❖ The link always appears, even after Approval and when accessed via Search
- ❖ The link opens the URL: <https://dcf.wisconsin.gov/files/publications/pdf/5931.pdf>
- ❖ The above changes apply to all 'Pending' and newly created Case Plan on or after go live date



Youth Justice Professionals will be allowed to complete the Family Case Plan by expected due date, while accounting for changes to plan type to CPS

AFTER - Unchecked

eWiSACWIS Resource Print

Basic

Case Name: [sunny_Miss_\(90000860\)](#) Plan Type: CPS, IH Plan Date: 11/17/2025 Details [Family Case Plan Content Guide](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Plan Due Date: 11/17/2025 Check for required fields

[Basic](#) **[Safety](#)** [Planning & Services](#) [Child's Well-Being](#)

Safety Analysis

A plan is necessary to maintain the child's safety and mitigate the imminent risk of removal from the home and entry into out of home care. Yes [Create Safety Assessment, Analysis and Plan](#)
[Select Safety Assessment, Analysis and Plan](#)

YJ JIPS Family Case Plan - Safety Assessment Pending

AFTER - Checked

eWiSACWIS Resource Print

Basic

Case Name: [sunny_Miss_\(90000860\)](#) Plan Type: CPS, IH Plan Date: 11/17/2025 Details [Family Case Plan Content Guide](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Plan Due Date: 11/17/2025 Check for required fields

[Basic](#) **[Safety](#)** [Planning & Services](#) [Child's Well-Being](#)

Safety Analysis

A plan is necessary to maintain the child's safety and mitigate the imminent risk of removal from the home and entry into out of home care. Yes YJ JIPS Family Case Plan - Safety Assessment Pending



- ❖ Checking the checkbox 'YJ JIPS Family Case Plan – Safety Assessment Pending' will immediately display a confirmation message.

Confirmation

By checking the box I am confirming that I am a Youth Justice Professional and I do not have responsibility for completing a Safety Assessment. Reach out to collaborate with the assigned Child Welfare Professional to meet family's needs.

- ❖ When the checkbox 'YJ JIPS Family Case Plan – Safety Assessment Pending' is checked and saved, the Safety section is hidden and not displayed on the Family Case Plan template.
- ❖ When the checkbox 'YJ JIPS Family Case Plan – Safety Assessment Pending' is unchecked and saved, the Safety section is displayed on the Family Case Plan template.
- ❖ The above changes apply to any 'Pending' or newly created Family Case Plans on or after go live.
- ❖ The above changes apply to the Family Case Plan template ONLY. The 'Safety' section will remain as is on the Permanency Plan template.



Youth Strengths: YJ Professionals can now identify the youth's strengths.

Describe in youth's own words the youth's identified strengths: [Details](#)

If initial planning with youth, describe in youth's own words their identified step(s) to achieve goal(s), concern(s), and barrier(s) related to their goal(s) OR if this is subsequent planning with the youth, clearly acknowledge the efforts (i.e., steps taken) made by the youth to make progress towards goals/conditions:



Flexible print options for Goals within the History of Planning & Services template

Goal : Youth/parents requested ability to see one goal at a time (or more if they like) and print achieved goals so they can track their own progress.

- ❖ Youth/parents request to display one goal at a time.
- ❖ Youth/parents request to display more than goal if they like.
- ❖ Youth/parents requested to print accomplished/achieved goals so they could observe the “wins”.
- ❖ This change applies to the Family Case Plan and the Permanency Plan, as the History of Planning and Services template is launched from both pages.
- ❖ The above changes apply to all ‘Pending’ or newly created Family Case Plans or Permanency Plans on or after go live.



DCF 57 Rule Change support



Wisconsin Department of Children and Families

This enhancement includes:

- ❖ Ability for Group Home licensees to view previously selected characteristics and target groups during the License continuation process.
- ❖ Functionality will be introduced to allow licensees to select characteristics and target groups that will continue under the renewed license.
- ❖ Modifications were made on Providers tab under Programs/Service/Group Items
- ❖ Modifications were made on Site Visits and Non-Site Visits tabs
- ❖ Modifications were made on Complaint/SIR tab> SIR Incident Type(s) page
- ❖ Modifications were made on Facility License page > Enforcements tab
- ❖ License Continuation Process form (5013) and License Continuation Application template (5008) are updated to reflect the latest changes and enhancements.



Modifications were made on Facility License Page: Provider tab

Facility License - Google Chrome
appsd.dcf.enterprise.wistate.us/ewhelpdesk/PM04B_FacilityLicense.do?sarid=0.42406334252741906

eWiSACWIS
Help Desk - DAILY

Resource Print

Provider

Name: [Redacted] (8086435) Licensor: [Redacted]
Type: Group Home Class: Corporation

After

- Provider
- License Information
- QRTP Certification
- Fees
- Site Visits
- Non-Site Visits
- Enforcements
- Complaints/SIRs

Physical Address

Primary Contact: [Redacted]
C/O: [Redacted]
Address: [Redacted]
Phone: [Redacted] Ext: [Redacted]
Email: [Redacted]
Fax: [Redacted]
County of Residence: [Redacted]

Geographic Area(s) to be Served

Geographic Area	
Milwaukee	Delete

Insert

Other License(s)

Other License(s)	
------------------	--

Insert

Specialty Programs / Services Offered / Target Groups

Program/Service/Group	
Children in Need of Protection (CHIPS)	Delete
Expectant Or Custodial Parent with Child	Delete

Save Close Insert

Modifications were made on Facility License Page: Provider tab

Facility License - Google Chrome
appsd.dcf.enterprise.wistate.us/ewhelpdesk/PM04B_FacilityLicense.do?sarid=0.42406334252741906

eWiSACWIS Resource Print

Provider

Name: (8086435) Licensors: **AFTER**
Type: Group Home Class: Corporation

Provider License Information QRTP Certification Fees Site Visits Non-Site Visits Enforcements Complaints/SIRs

Physical Address

Primary Contact: C/O: Address: Phone: Ext: Email: Fax: County of Residence: Milwaukee

Geographic Area(s) to be Served

Geographic Area	
Milwaukee	Delete

Insert

Other License(s)

Other License(s)	
------------------	--

Insert

Specialty Programs / Services Offered / Target Groups

Program/Service/Group	
Children in Need of Protection (CHIPS)	Delete
Inactive Value: Pregnant Teens	Delete
Inactive Value: Teen Mothers with Babies	Delete

Save Close Insert

License Continuation Process form (5013) and License Continuation Application template (5008) will be updated to reflect the latest changes and enhancements.

- ❖ The approved licenses created prior to release will launch the 2023 version.
- ❖ The license created after release will launch the 2026 version with changes.
- ❖ And the historical pending license will launch the new 2026 version with the changes



Wisconsin Department of Children and Families

OHC Placement Referral Updates for SYNC users



Wisconsin Department of Children and Families

This enhancement includes:

- ❖ A new mechanism will allow users to easily identify and link sibling referrals, helping ensure siblings can be considered for placement together and making it clearer to providers during placement decisions.
- ❖ CANS 0-5 documents will be available to include in OHC Placement Referrals sent via SYNC, ensuring providers receive relevant assessment information for children younger than 5.
- ❖ A new imaging type 'Other - Planning' will be added for attaching the Public Adoption Readiness and Referral (DCF-F-2370) form when making referrals to the Public Adoption Program.
- ❖ Display Corresponding flag of type of referral from OHC Placement Referral from eWiSACWIS in SYNC application.
- ❖ Enable filtering and display of referral types, allowing providers to view and manage only the referrals relevant to their assigned roles and units within larger organizations.
- ❖ The OHC Placement Referral process will be enhanced to allow users to identify flag referral types, improving how providers review and route referrals within larger and more complex organizations.



Mechanism on the OHC Placement Referral to identify/link siblings requiring placement together

OHC Placement Referral - Google Chrome

eWiSACWIS Print

Basic

Child/Youth: [Abby, Alex A. \(9225927\)](#) County: Milwaukee Referral Number:

Gender: Male Child Welfare Professional: Frank Fox Supervisor: Caitlin C. Cake

Age at Referral: 15 Phone / Email: (608) 555-9999 [testtest](#) Phone / Email: (123) 456-7890 [ccake@wisconsin.gov](#)

Child/Youth Information **Documentation** **Provider Matching**

Sibling Information

Joint Sibling Referral [Modify](#)

Name	Chosen Name	Pronouns	DOB	Age	Gender	Relationship	Child Referred with Siblings
Abby Amy			12/02/2019	5	Female	Biological - Full Sibling	Yes <input type="button" value="v"/>
Abby Andy Ann			01/01/2010	15	Male	Biological - Full Sibling	No <input type="button" value="v"/>
Abby Antonia			02/02/2012	13	Female	Biological - Full Sibling	<input type="button" value="v"/>

Document any pertinent information for siblings:

Options:



Mechanism on the OHC Placement Referral to identify/link siblings requiring placement together

OHC Placement Referral - Google Chrome

eWiSACWIS Print

Basic

Child/Youth: [Abby, Alex A. \(9225927\)](#) County: Milwaukee Referral Number:

Gender: Male Child Welfare Professional: Frank Fox Supervisor: Caitlin C. Cake

Age at Referral: 15 Phone / Email: (608) 555-9999 [testtest](#) Phone / Email: (123) 456-7890 ccake@wisconsin.gov

Child/Youth Information | Documentation | Provider Matching

Sibling Information

Joint Sibling Referral [Modify](#)

Name	Chosen Name	Pronouns	DOB	Age	Gender	Relationship	Child Referred with Siblings
Abby, Amy			12/02/2019	5	Female	Biological - Full Sibling	<input type="text" value="v"/>
Abby, Andy Ann			01/01/2010	15	Male	Biological - Full Sibling	<input type="text" value="v"/>
Abby, Antonia			02/02/2012	13	Female	Biological - Full Sibling	<input type="text" value="v"/>

Document any pertinent information for siblings:

Options:



Modifications were made on OHC Placement Referral> Documentation tab: Added CANS 0-5 document

OHC Placement Referral - Google Chrome

eWiSACWIS Print

Basic

Child/Youth: Abby Amy (9224555)	County: Milwaukee	Referral Number: 8000660
Gender: Female	Child Welfare Professional: Frank Fox	Supervisor: Caitlin C. Cake
Age at Referral: 4	Phone / Email: (608) 555-9999 testtest	Phone / Email: (123) 456-7890 ccake@wisconsin.gov

Child/Youth Information
Documentation
Provider Matching

Documentation

Type	Date	Date Shared		
CANS 0-5 ▼			Document Search	Delete
CANS 5-21 ▼			Document Search	Delete
Child Description for Adoption Recruitment ▼			Document Search	Delete
Child Description for Foster Home Placement Recruitment ▼			Imaging Search	Delete
Crisis Plan ▼			Imaging Search	Delete

Options: Go

Save Close



Modifications were made on OHC Placement Referral> Documentation tab: Added Add new imaging type for public adoption referral

OHC Placement Referral - Google Chrome

eWiSACWIS Print

Basic

Child/Youth: [Abby, Amy \(9224555\)](#) County: Milwaukee Referral Number: 8000660

Gender: Female Child Welfare Professional: Frank Fox Supervisor: Caitlin C. Cake

Age at Referral: 4 Phone / Email: (608) 555-9999 testtest Phone / Email: (123) 456-7890 ccake@wisconsin.gov

Child/Youth Information **Documentation** Provider Matching

Documentation

Type	Date	Date Shared		
Other - Planning			Imaging Search	Delete
Child Description for Adoption Recruitment			Document Search	Delete
Child Description for Foster Home Placement Recruitment			Document Search	Delete
Crisis Plan			Imaging Search	Delete
Family Interaction Plan			Imaging Search	Delete

Options:



Image Search Page

OHC Placement Referral - Google Chrome

Imaging Search Print

Search Criteria

Search by: Person Name: Abby, Amy (9224555)

Start Date: 11/10/2024 End Date: 11/10/2025

Category:

- Permanency Consultation
- Placement/Services
- Planning**
- Private Case Adoption
- Safety
- Subsidized Guardianship
- Youth Justice

Type:

- Correspondence
- Crisis Plan
- Family Interaction Plan
- Info for OHC Providers - Part A
- Info for OHC Providers - Part B
- Other - Planning**

Hold down the 'Ctrl' key for multi-selection Search

Results

	Category	Type	Participant	Date	File Name	
<input checked="" type="radio"/>	Planning	Other - Planning	Abby, Amy	10/28/2025	Large_PDF.pdf	Edit

Record 1 to 1 of 1

Create Continue Close



Mechanism to flag type of OHC Placement Referrals shared with CPA Providers

OHC Placement Referral - Google Chrome

eWiSACWIS Print

Basic

Child/Youth: [Sly, Sylvester \(9430886\)](#) County: Vilas Referral Number:

Gender: Female Child Welfare Professional: Supervisor:

Age at Referral: 5 Phone / Email: (715) 479-3668 ewuat_9815238_@wi.gov Phone / Email: (715) 479-3668 ewuat_6131226_@wi.gov

Child/Youth Information Documentation **Provider Matching**

Release of information has been confirmed by: Child's Assessed Level of Need (LON): No relevant CANS documented.

Child Placing Agencies

Specify the OHC Referral Type [Details](#)

Hold down the 'Ctrl' key for multi-selection

- Adoption Placement Recruitment
- Foster Care Recruitment
- Public Adoption Referral - Eastern
- Public Adoption Referral - Southern
- Public Adoption Referral - Western
- Treatment Foster Care

Selected Child Placing Agencies

The providers listed here include only those that are SYNC users and is not an exhaustive list. Contact information for non-SYNC users can be found on the [Child Placing Agency directory](#).

Child Placing Agency <small>▲</small>	Share Referral Select All Clear All	Date Shared	Provider Response <input type="checkbox"/> View Accepted
Anu Family Services, Inc. (303167)	<input type="checkbox"/>		Remove Provider
Benevolence First Inc (8019565)	<input type="checkbox"/>		Remove Provider
Beyond Fostering (8080981) Program Description	<input type="checkbox"/>		Remove Provider
Catholic Charities Diocese of GB Inc. (8035771)	<input type="checkbox"/>		Remove Provider
Childrens Service Society of WI (2000442)	<input type="checkbox"/>		Remove Provider
Community Care Resources Inc (22566)	<input type="checkbox"/>		Remove Provider
Family Works Programs, Inc. (8000327)	<input type="checkbox"/>		Remove Provider
Family and Children's Center (6345926)	<input type="checkbox"/>		Remove Provider

Options:



SYNC Updates



Wisconsin Department of Children and Families

Flag on Referrals in SYNC to identify/link siblings requiring placement together

The screenshot displays the SYNC web application interface. At the top, there is a navigation bar with the SYNC logo and a 'Log Out' link. Below the navigation bar, there are links for 'Home', 'Active Referrals', 'Search Referrals', and 'Provider Updates'. The main content area shows the 'Active Referrals' page for a referral dated 04/08/2025 for Ari Smith (9777777). A note indicates that for questions regarding this referral, users should contact Imm ewuat_11390247_@wi.gov. The interface includes tabs for 'Child/Youth Info', 'Documentation', and 'Decision'. Under 'Child/Youth Info', there are expandable sections for 'Basic Information', 'Placement History', 'Medical & Mental Health Information', 'Parent Information', and 'Siblings Information'. The 'Siblings Information' section is expanded, showing a table of three siblings:

Name	Chosen Name	Pronouns	DOB	Age	Gender	Relationship	Joint Sibling Referral
Smith, Lily			09/24/2015	10	Female	Biological - Maternal Half Sibling	No
Smith, Jorge			12/27/2008	16	Male	Biological - Maternal Half Sibling	No
Smith, Dolly	Dolls		09/22/2014	11	Female	Biological - Maternal Half Sibling	Yes

Below the table, there is a text input field labeled 'Document any pertinent information for siblings:'. At the bottom of the 'Child/Youth Info' section, there is an expandable section for 'School Information'.



Child/Youth Info tab

- If both the “Joint Sibling Group” checkbox and the “Media/Restricted Case” checkbox is checked on the OHC Placement Referral page in eWiSACWIS then display “**Media/Restricted Case, Joint Sibling Group**” in this space.
- If the “Joint Sibling Group” checkbox is checked and the “Media/Restricted Case” checkbox is not checked on the OHC Placement Referral page in eWiSACWIS then display “**Joint Sibling Group**” in this space.
- If the “Joint Sibling Group” checkbox is not checked and the “Media/Restricted Case” checkbox is checked on the OHC Placement Referral page in eWiSACWIS then display “**Media/Restricted Case**” in this space.

Child/Youth Info Documentation Decision

Basic Information

Information as of 11/11/2025

Media/Restricted Case, Joint Sibling Referral	Undisclosed Placement: No
County: Brown	Target Placement Date:
Reason for referral:	

Child/Youth Info Documentation Decision

Basic Information

Information as of 11/11/2025

Joint Sibling Referral	Undisclosed Placement: No
County: Brown	Target Placement Date:
Reason for referral:	

Child/Youth Info Documentation Decision


Basic Information

Information as of 11/11/2025

Media/Restricted Case	Undisclosed Placement: No
County: Brown	Target Placement Date:
Reason for referral:	



Access CANS 0-5 document shared with an OHC Placement Referral

Log Out

[Home](#) **Active Referrals** [Current Placements](#) [Search Referrals](#) [Search Placements](#) [Provider Updates](#) [Administration](#)

[Active Referrals](#) | Referral Date: 10/16/2025 - Chloe Hipp (9999402)

For questions regarding this referral, please contact Aange Lange ewuat_10968321_wi.gov (715) 555-1555.

[Child/Youth Info](#) **Documentation** [Decision](#)

Documentation ^

Showing 1 to 3 of 3 rows rows per page

Type: CANS 0-5	Document Date: 10/27/2025	Document Shared: 11/06/2025
Type: Info for OHC Providers Part A	Document Date: 10/27/2025	Document Shared: 11/06/2025
Type: Info for OHC Providers Part B	Document Date: 10/27/2025	Document Shared: 11/06/2025



Limit the ability to view a Other-Planning image type to only Child Placing Agency providers

- ❖ The Adoption Referral images will be saved and shared with the image type of 'Other - Planning' with Child Placing Agencies only.

Home **Active Referrals** Search Referrals Provider Updates

[Active Referrals](#) | Referral Date: 04/08/2025 - Ari Smith (9777777)

For questions regarding this referral, please contact Imm_ewuat_11390247_wi.gov.

Child/Youth Info **Documentation** Decision

Documentation

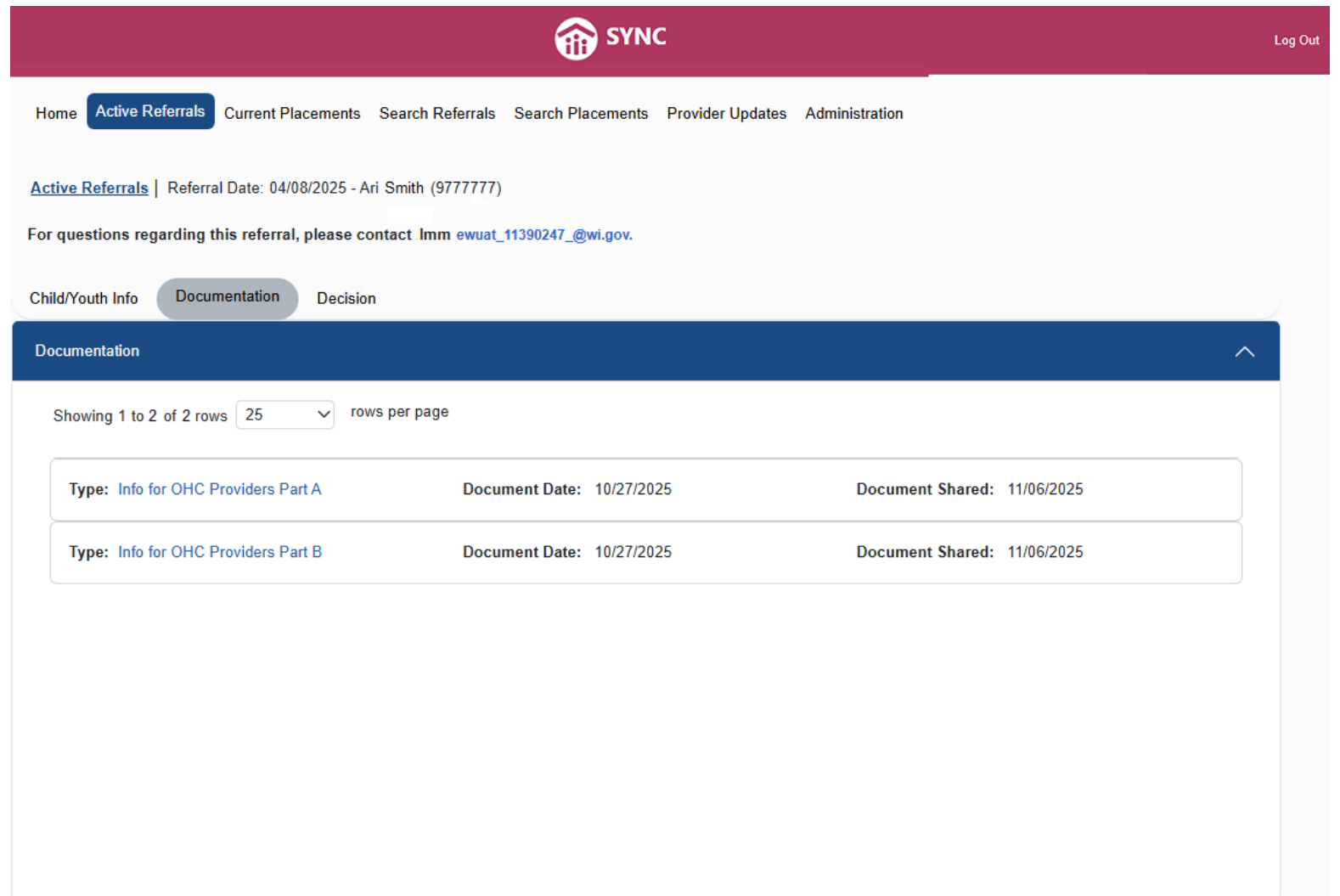
Showing 1 to 3 of 3 rows rows per page

Type: Other - Planning	Document Date: 10/27/2025	Document Shared: 11/06/2025
Type: Info for OHC Providers Part A	Document Date: 10/27/2025	Document Shared: 11/06/2025
Type: Info for OHC Providers Part B	Document Date: 10/27/2025	Document Shared: 11/06/2025



Limit the ability to view a Other-Planning image type to only Child Placing Agency providers

- ❖ Congregate Care Providers will not be able to view Adoption Referral images for their placement purposes.

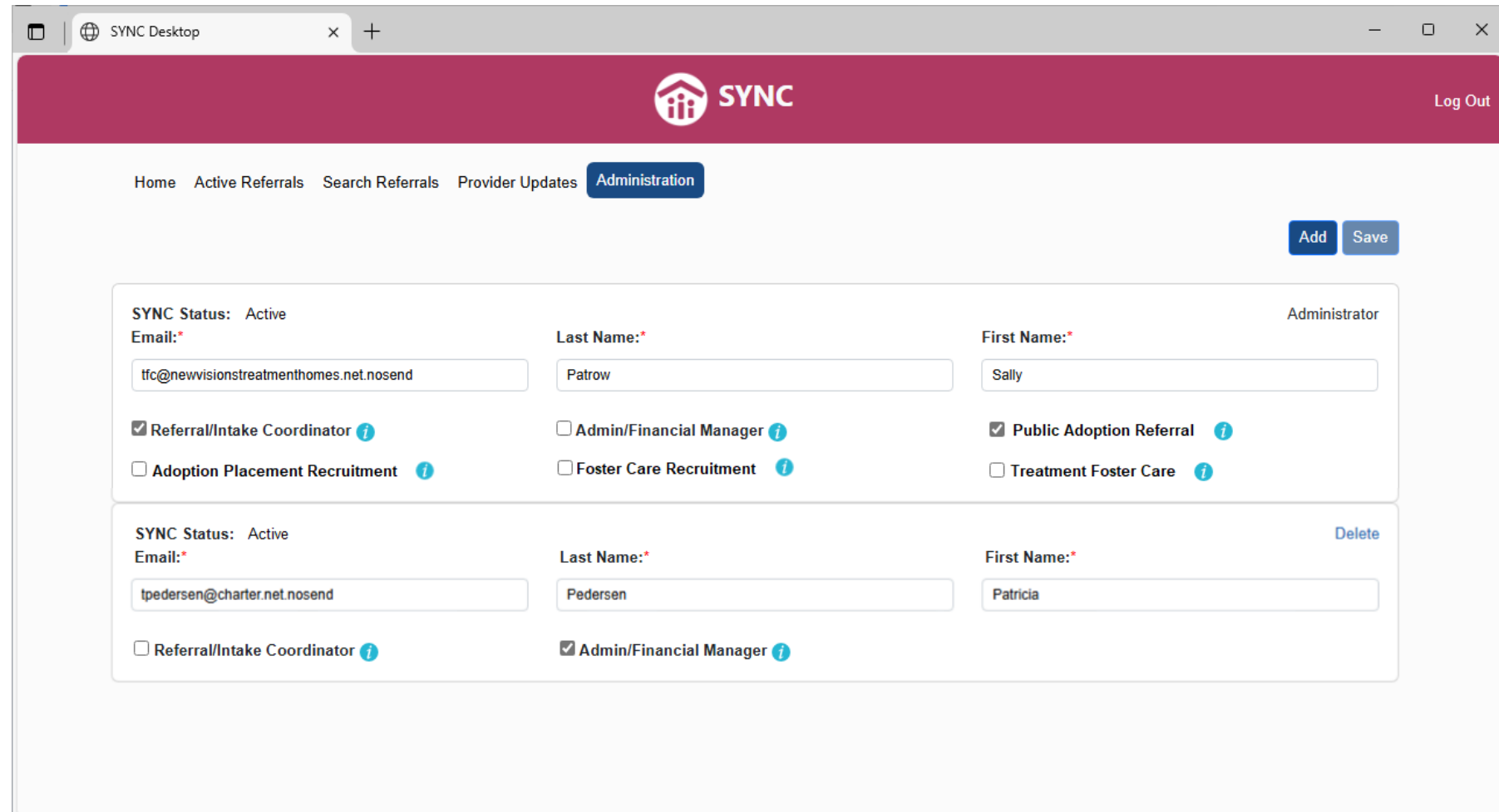


The screenshot shows the SYNC web application interface. At the top, there is a navigation bar with the SYNC logo and a 'Log Out' link. Below the navigation bar, there are several tabs: 'Home', 'Active Referrals' (which is highlighted), 'Current Placements', 'Search Referrals', 'Search Placements', 'Provider Updates', and 'Administration'. The main content area shows the 'Active Referrals' section with a sub-header 'Referral Date: 04/08/2025 - Ari Smith (9777777)'. Below this, there is a note: 'For questions regarding this referral, please contact Imm ewuat_11390247_@wi.gov.'. There are three tabs: 'Child/Youth Info', 'Documentation' (which is selected), and 'Decision'. The 'Documentation' tab is active, showing a table of documents. The table has a header 'Documentation' and a sub-header 'Showing 1 to 2 of 2 rows' with a dropdown menu set to '25' rows per page. The table contains two rows of document information:

Type	Document Date	Document Shared
Info for OHC Providers Part A	10/27/2025	11/06/2025
Info for OHC Providers Part B	10/27/2025	11/06/2025



On the Administration tab of the SYNC page added functionality to display four additional checkboxes when the 'Referral/Intake Coordinator' checkbox for **Providers that are CPAs** is checked



The screenshot shows the SYNC Desktop Administration interface. The top navigation bar includes 'Home', 'Active Referrals', 'Search Referrals', 'Provider Updates', and 'Administration' (highlighted). A 'Log Out' link is in the top right. Below the navigation are 'Add' and 'Save' buttons. The main content area displays two provider profiles, each with a 'SYNC Status: Active' indicator and an 'Administrator' label.

Provider 1:
Email: tfc@newvisiontreatmenthomes.net.nosend
Last Name: Patrow
First Name: Sally
Roles: Referral/Intake Coordinator, Adoption Placement Recruitment, Admin/Financial Manager, Foster Care Recruitment, Public Adoption Referral, Treatment Foster Care

Provider 2:
Email: tpedersen@charter.net.nosend
Last Name: Pedersen
First Name: Patricia
Roles: Referral/Intake Coordinator, Admin/Financial Manager



Wisconsin Department of Children and Families

Update the Notification Of Removal Of Child From Custody Of Parent(s) and Placement into OUT-OF-HOME CARE for recruitment of support from kin/like-kin



Wisconsin Department of Children and Families

This enhancement includes:

- ❖ Updated and revised form DCF-F-2473-E (NOTIFICATION OF REMOVAL OF CHILD FROM CUSTODY OF PARENT(S) AND PLACEMENT INTO OUT-OF-HOME CARE).
- ❖ Detailed changes that apply to the NOTIFICATION OF REMOVAL OF CHILD FROM CUSTODY OF PARENT(S) AND PLACEMENT INTO OUT-OF-HOME CARE template only, not the online page.
- ❖ Updates to static text throughout including to reflect like-kin language as per recent changes
- ❖ More clarification and information that is relevant to the relative(s) or like-kin receiving the information
- ❖ Follow updated DCF branding standards for updating fonts and formatting for consistency across the agency



Wisconsin Department of Children and Families

This enhancement includes:

- ❖ Added a cover letter with more context regarding the importance of children's connections to their families, community, and culture.
- ❖ Added a FAQ sheet to the form relative(s) or like-kin will receive with this letter to better explain support available, and other frequently asked questions.
- ❖ Added additional fields to fill out for the individual receiving the letter to indicate how they may wish to provide support to the child and/or family.

Sample:



Microsoft Word
Document



Wisconsin Department of Children and Families

Development Roadmap

2026



Wisconsin Department of Children and Families

October 2026

- Modern Data Delivery Platform
 - EWReports -> Child Welfare Insights
- MyWisconsin ID Migration
- Support for documentation of SSNs in Kinship cases



Recurring Webinar Series



Wisconsin Department of Children and Families

Webinar Topics

- Upcoming Releases
- Review of common workflow struggles, regular helpdesk calls
- General feedback sessions
- What else might you like to see these sessions used for?





Thank You!

Thank you, everyone, for your participation.

