

eWiSACWIS Release Notes

June 20th, 2026

Below you will find notes for the upcoming June 2026 eWiSACWIS release. These notes include changes that may affect workflow, data entry, procedures, and reporting. Some of the changes are the result of policy changes, legislative changes, eWiSACWIS team input, and issues reported to the eWiSACWIS help desk by users.

DCF 57 Changes (49381)

Business Purpose: To update eWiSACWIS to support the 2026 DCF 57 rule changes by enabling the capture and tracking of non-compliance information in alignment with updated regulatory requirements.

- Added ability for Group Home licensees to view previously selected characteristics and target groups during the License continuation process.
- Introduced functionality to allow licensees to select characteristics and target groups that will continue under the renewed license.
- License Continuation Process form (5013) and License Continuation Application template (5008) were updated to reflect the latest changes and enhancements.
- Modifications were made on Providers tab under Programs/Service/Group Items
 - Two existing target group values, 'Teen Mothers with Babies' and 'Pregnant Teens' was inactivated, added with a prefix 'Inactive Value: Teen Mothers with Babies' and 'Inactive Value: Pregnant Teens'.
 - A new value 'Expectant or Custodial Parent with Child' was added to Target group.

The screenshot displays the eWiSACWIS WLP Screenshot interface. At the top, the header shows 'eWiSACWIS WLP Screenshot' and a 'Print' icon. The main content area is titled 'Provider' and contains the following information:

- Name: AA (9222485)
- Licensor: Caitlin C. Cake
- Type: Shelter Care
- Class: Large (dropdown menu)

Below this information are several tabs: Provider, License Information, Fees, Site Visits, Non-Site Visits, Enforcements, and Complaints/SIRs. The 'License Information' tab is active, showing:

- Email: DIRECTOROFDEPARTMENTALTRAINING@WISCONSIN.GOV
- Fax: (555) 555-5555
- County of Residence: Dane

There are 'Insert' buttons for adding new information. Below the license information are sections for 'Other License(s)' and 'Specialty Programs / Services Offered / Target Groups'. The 'Specialty Programs' section shows a dropdown menu with 'Expectant or Custodial Parent with Child' selected, and a 'Delete' button. There are 'Insert' buttons for adding new programs and 'Save' and 'Close' buttons at the bottom right.

- Closed/disabled Facility License pages that have historical selections of inactive values will display the prefix text of 'Inactive Value:' before 'Pregnant Teens' and 'Teen Mother with Babies'.

- Remaining licenses that have the Inactive Values (Pregnant Teens' and 'Teen Mother with Babies') will need to be manually changed to the new value ('Expectant Parent or Custodian with Child').
- Modifications were made to Site Visits and Non-Site Visits tabs
 - Rule Violation Code dropdown - displays new and active codes
 - Rule Violation Code dropdown - displays inactive codes at the bottom of the dropdown for all (historical, created before release).

The screenshot displays a 'Site Visit' form on the left and a dropdown menu of rule violation codes on the right. The dropdown menu is highlighted with a red box, showing the following codes:

- 54.11(3)(a) EXTRAORDINARY PAYMENTS-NAME OF AGENCY, LICENSEE & REPRESENTATIVES
- 54.11(3)(b) EXTRAORDINARY PAYMENTS-CHILD
- 54.11(3)(c) EXTRAORDINARY PAYMENTS-AMOUNT & TIME
- 54.11(3)(d)1. EXTRAORDINARY PAYMENTS-SERVICE NEEDS
- 54.11(3)(d)2. EXTRAORDINARY PAYMENTS-CURRENT SPENDING
- 54.11(3)(d)3. EXTRAORDINARY PAYMENTS-ECONOMIC CONSTRAINTS
- 54.11(3)(d)4. EXTRAORDINARY PAYMENTS-DOCUMENTATION OF NEEDS
- 54.11(3)(d)5. EXTRAORDINARY PAYMENTS-ALLOCATION OF MONEY & SERVICES
- 54.11(4) EXTRAORDINARY PAYMENTS-PURCHASERS DECISION
- 54.11(5) EXTRAORDINARY PAYMENTS- NO APPEAL
- 54.12 ADVISORY COMMITTEE
- 54.005 DEPARTMENT MEMOS
- Inactive Value: 54.02(3)(em) ISSUE / DENY A LICENSE WITHIN 60 DAYS
- Inactive Value: 54.06(2)(a) RECORDS
- Inactive Value: Abuse or Neglect
- Inactive Value: Administration & Records
- Inactive Value: Caregiver Background Check
- Inactive Value: Client Rights
- 54.06(2)(a)3. RECORDS - INDIVIDUAL FOSTER HOMES

The form on the left includes fields for Provider Name, Site Visit Information (Licensor Making Site Visit, Visit Date: 03/14/2007, Visit Reason(s): Monitoring for Licensing, Monitoring Plan: Minimum, Announced: checked), Comments (ID_WRK=4006823 CD), Rule Violation Code (54.06(2)(a)3), Occurrences (1), Rule Previously Cited On (Not previously cited in the last two years), Comments (ID_WRK=4009739 CD_WRK_TYPE=1207 CD_QTYPE='CO'), Correction Plan (ID_WRK=4009739 CD_WRK_TYPE=1208 CD_QTYPE='CP'), Expected Completion Date (00/00/0000), and Verification Date (09/19/2007).

- selecting inactive code – displays a confirmation message with close button.
- Modifications were made on Complaint/SIR tab> SIR Incident Type(s) page
 - The page will have 4 newly added GH only values.
 - A medication administration error that results in an adverse reaction (GH only)
 - Any damage to the premises or equipment failure that would affect compliance with this chapter and endanger a resident's physical safety (GH only)
 - Death of a resident within 24 hours after the occurrence (GH only).
 - An incident or condition that requires the relocation of residents from the group home or the closure of the group home (GH only).

SIR Incident Type(s) Print

AFTER

SIR Incident Type(s)

Check all that apply

- A reported incident of child abuse or neglect
- A serious injury or trauma requiring the services of a licensed medical practitioner
- An incident requiring the services of a law enforcement agency
- A medication administration error
- A medication administration error that results in an adverse reaction (GH only)
- A suicide attempt
- Any damage to the premises that would affect compliance with licensing rules
- Any damage to the premises or equipment failure that would affect compliance with this chapter and endanger a resident's physical safety (GH only)
- The death of a child in out-of-home-care
- Death of a resident within 24 hours after the occurrence (GH only)
- Any use of a restraint on a child in out-of-home-care (CPA, GH, and SC only)
- Any injury of a child in out-of-home-care sustained during the use of a restraint
- Any use of physical force to apprehend a resident with Type 2 status attempting to AWOL (RCC only)
- Any condition requiring closure of the placement setting or unit within the setting, to include implementation of the disaster plan, which necessitates removal of residents from the placement setting
- An incident or condition that requires the relocation of residents from the group home or the closure of the group home (GH only)
- An outbreak of a serious communicable disease as defined in DHS 145 Appendix A
- A fire at the placement setting that requires the services of the fire department

Continue Close

- Note: The above changes are applicable to newly created 'Complaints/Serious Incident Reports (SIRs)' only.
- Modifications were made on Facility License page > Enforcements tab
 - Rule Violations Code field dropdown – displays active and newly updated rule violation codes.
 - Enforcements created before release will retain the previous selections.
 - "Inactive" Rule Violation Codes with a prefix of "Inactive Value" was displayed at the bottom of the list.
 - Selecting inactive code – displays a confirmation message with close button.
- Correct citation dates were pulled into the "Rule Previously Cited On" field to ensure accurate tracking of violations from the past 2 years.

SYNC Changes (48762)

Business Purpose: To better support the filtering and sorting of referrals to more complex providers that have different locations or program areas and need to be able to identify the appropriate staff to handle a given filter.

- 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.

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 [Modify](#)

Joint Sibling Referral


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:

- CANS 0-5 documents were available to include in OHC Placement Referrals sent via SYNC, ensuring providers receive relevant assessment information for children younger than 5.
 - On the Documentation tab of the referral in SYNC, CANS 0-5 document was added.

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 SYNC Active/Search Referrals page > Documentation tab:
 - Ability to view an Other-Planning image type was limited to only Child Placing Agency providers

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

For questions regarding this referral, please contact lmm ewuat_11390247_wi.gov.

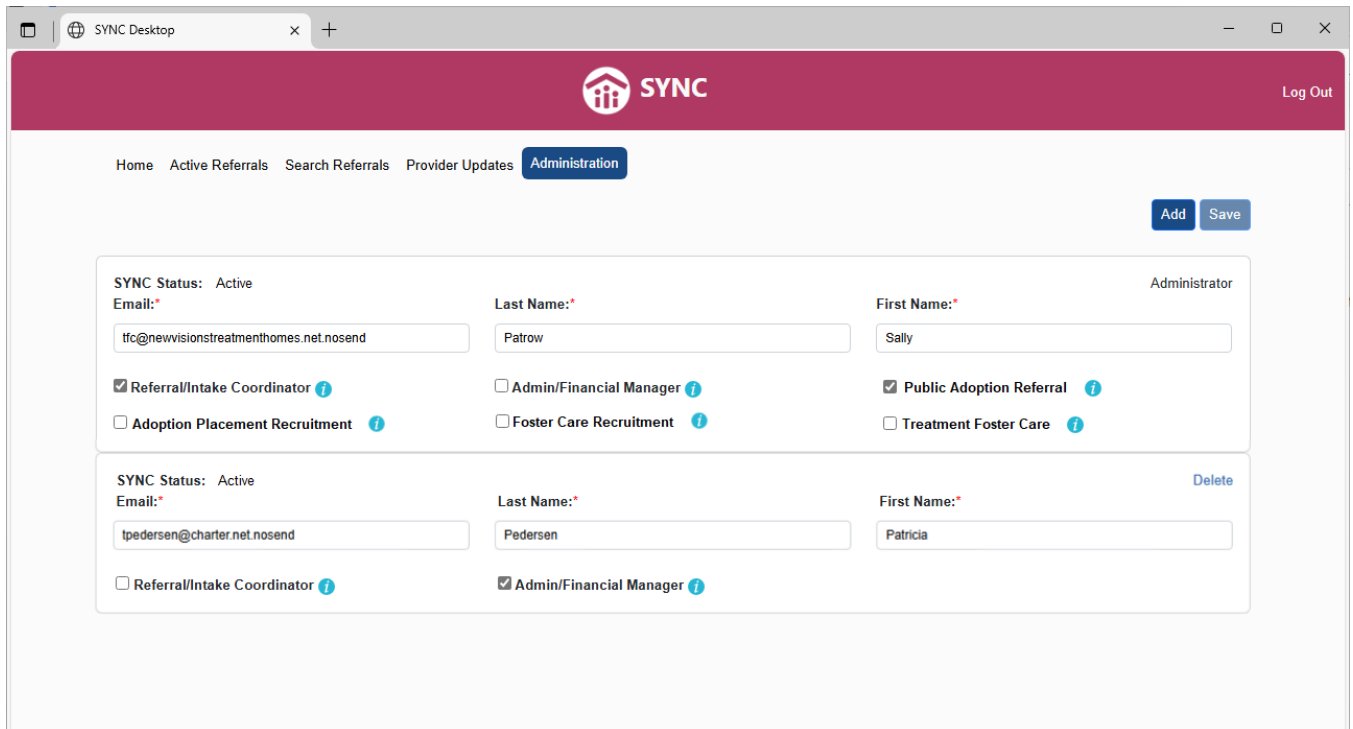
Child/Youth Info **Documentation** Decision

Documentation ^

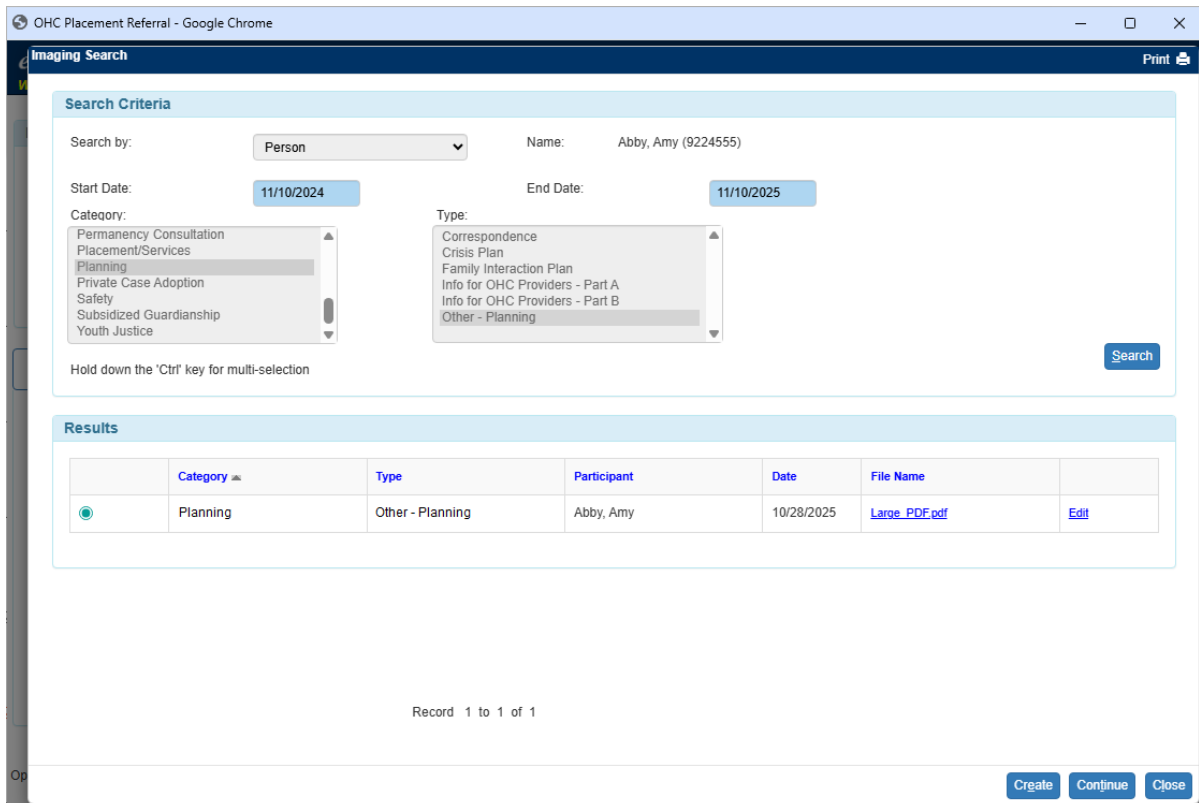
Showing 1 to 2 of 2 rows rows per page

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

- Modifications were made to SYNC > Administration tab
 - Display Corresponding flag of type of referral from OHC Placement Referral from eWiSACWIS in SYNC application.



- Modifications were made to SYNC > Active/Search Referrals page to enable filtering and display referral types, allowing providers to view and manage only the referrals relevant to their assigned roles and units within larger organizations.
- Modifications were made on eWiSACWIS OHC Placement Referral > Documentation tab
 - A new imaging type 'Other - Planning' for Adoption placements in the OHC Placement Referral was added.



- The OHC Placement Referral process was enhanced to allow users to identify flag referral types, improving how providers review and route referrals within larger and more complex organizations.

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>aka</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:

Access (48765)

Business Purpose: Updated logic to support changes to response time decision making to support CPS professionals to accurately determine response timelines when reports are screened in.

- New page “Response Time Factors” was added 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, four mitigating factors and an optional discretionary 24-hour response time field in individual group boxes.

Worker View: When page launched initially

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 type="checkbox"/>	No 24-hour response time factors selected

Save Close

Worker View: When at least one 24-Hour Response Time Factors are selected, Mitigating Response Time Factors are displayed

24-Hour Response Time Factors

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

Select	Description
<input checked="" 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 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 type="checkbox"/>	Other reason 24-hour response is not needed

Save Close

Worker View: When No 24-hour response time factors is selected Discretionary 24-Hour Response Time is displayed.

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

Supervisor View: When page launched initially

Response Time Factors

24-Hour Response Time Factors

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

Select	Worker	Description
<input type="checkbox"/>	<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"/>	<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 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"/>	<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 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"/>	<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

Save Close

Supervisor View: When at least one 24-Hour Response Time Factors are selected Mitigating Response Time Factors is displayed

24-Hour Response Time Factors

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

Select	Worker	Description
<input checked="" type="checkbox"/>	<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"/>	<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 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"/>	<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 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"/>	<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 an alternative safe environment
<input type="checkbox"/>	<input 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:

Save Close

Supervisor View: When No 24-hour response time factors is selected Discretionary 24-Hour Response Time is displayed.

24-Hour Response Time Factors

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

Select	Worker	Description
<input type="checkbox"/>	<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"/>	<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 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"/>	<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 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"/>	<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

Discretionary 24-Hour Response Time

Discretionary 24-Hour Response [Details](#)

Save Close

- Modifications were made on Access Report page:
 - Narrative tab: Present Danger Threats radio button and associated narrative fields from tab was removed.
 - Allegation Narr tab: Impending Danger Threats radio button and associated narrative fields from tab was removed.
 - Decision tab:
 - Response Time Critical Thinking Guide hyperlink in the respective group box.
 - When user selects Screen In decision, new Response Time Factors page was launched.

eWiSACWIS Resource TM Print

Access Information

Report Name: _____ Worker: _____ Access Report Type: CPS Report

Date and Time Report was Received: 06/10/2026 04:00 AM/PM R/T: _____

Narrative | Participants | Allegation | Allegation Narr | Prior Involvement | Decision

Worker Recommendation

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

Date/Time Decision Made: _____ Response Time: Within 24 Hours

Reason: ▼

Explain:

Supervisor Decision

Name: _____ Screen In Screen Out Pending

Options: ▼ Save Close

Family Case Planning (48759)

Business Purpose: To update the Family Case Plan functionality to enhance engagement and center family voice.

- A prompt was added to the Planning & Services tab that reminds the Child Welfare Professional to write conditions/goals in a SMART framework.
 - This update will apply to both Family Case Plans and Permanency Plans, with built-in guidance to support best practices.

The screenshot displays the 'Conditions and Services' interface. At the top, there is a dark blue header with 'Conditions and Services' on the left and 'Resource' and 'Print' on the right. Below the header is a light blue section titled 'Court Condition'. Inside this section, a red-bordered box contains the text: 'Conditions/goals should be written to describe behavior change and in a SMART format (Specific, Measurable, Achievable, Realistic, and Timely)'. To the right of this box is a checkbox labeled 'Check for required fields'. Below the prompt is a large text area for entering a condition. To the left of the text area is a 'Child:' label with an 'Add/Edit' link. To the right of the text area are three radio buttons: 'Court-Ordered', 'Proposed', and 'Child Services'. The text 'Condition 1 of 1' is visible in the top right corner of the text area. Below the 'Court Condition' section is a 'Services' section. It features a 'Service Category:' dropdown menu, an 'Applies To:' label with an 'Add/Edit' link, and a 'Service 1 of 1' label. Below these is a text area with the label 'Specifically Explain Service and Describe Progress:'.

- Legal Information was 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.

Basic

Case Name: [Doe_Jane_\(8299142\)](#) Plan Type: CPS, IH Plan Date: 07/01/2025 [Details](#)

Case Notes: [Safety](#) [Case/Permanency Planning](#) [Well-being](#) [Case Note Search](#) Check for required fields

Basic | **Safety** | **Planning & Services** | **Child's Well-Being**

ICWA/WICWA Considerations

Are there any Indian Child Welfare Act considerations with this child? No [Modify](#)

Doe, John

Name: [Doe_John_\(8989312\)](#)

Chosen Name: Display: [Details](#)

Pronouns: Display: [Details](#)

Person Type: CPS

Birth Date: 06/24/2008

Age:

[Add/Edit](#)

Options: [Go](#)

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

- A 'Family Case Plan guide Content Guide' link was added to the Family Case Plan Basic section. The link will remain available at all times, including after approval and when accessed via search.

Basic

Case Name: [sunny_Miss_\(9000660\)](#) 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

- Safety Decision' box and its contents from the Safety tab were removed from the Family Case Plan and its template but will remain on Permanency Plan.

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
- Placement in out-of-home care is indicated
- Safe case closure

REMOVE

Options: Go

Save Close

- 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.

Family Case Plan or Permanency Plan Participants Print

Family Case Plan or Permanency Plan Participants

Please select which Condition(s) & Service(s) should display on the printed document

John Doe Status of Service: All Select All

<input type="checkbox"/>	Condition: This is a new condition for both kiddos			
	Service Explanation	Service Dates	Provider	Status
	This is a new condition for both kiddos	06/01/2025 - Present	Philip L. Stegemann	Modify
<input type="checkbox"/>	Condition: This is condition 1			
	Service Explanation	Service Dates	Provider	Status
	This is condition 1	04/01/2025 - 06/01/2025	Philip L. Stegemann	Removed
<input type="checkbox"/>	Condition: This is condition 1, for a 2nd child			
	Service Explanation	Service Dates	Provider	Status
	This is condition 1, for a 2nd child	04/01/2025 - 06/01/2025	Philip L. Stegemann	Removed

Jane Doe Status of Service: All Select All

<input type="checkbox"/>	Condition: This is a new condition for both kiddos			
	Service Explanation	Service Dates	Provider	Status
	This is a new condition for both kiddos	06/01/2025 - Present	Philip L. Stegemann	Modify

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

- The term 'child/youth' will be used throughout the Family Case Plan and Permanency Plan to increase inclusivity.
- Updates were made to:
 - Family Case Plan Templates
 - Permanency Plan Templates
 - History of Planning and Services Templates

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 (48709)

- 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