

Permanency Plan

The Permanency Plan serves as a tool for communication with parents/caregivers, children and their family members, court parties, and other individuals in providing support and services to the family. It provides the parties an update on the progress towards the child or youth's identified permanency goal.

Note: To create a Permanency Plan, an assignment to the case and security is needed. See the [Permanency Plan Writing Guide](#) for content details.

1. From the desktop, go to the Cases tab and click the Create Case Work icon or select Create Case Work from the Actions dropdown next to the specific case to open the Create Case Work page.

The screenshot displays the eWiSACWIS desktop interface. At the top is a navigation bar with tabs: Home, Cases (543), Providers (227), Workers (76), Approvals (1441), Access Reports (124), ICPC Referrals (11), YJ Referrals (13), Home Inquiries (31), and Quick Links. Below the navigation bar is the 'Cases' section. It includes a 'View by:' dropdown set to 'Case', a 'Filter by:' section with checkboxes for 'Date restricted', 'Not approved/cancelled', and 'Multiselect', and a 'Cases: 543' indicator. A red box highlights a 'Create case work' button. Below this is a case card for 'Abby, Alice N. (9222756)'. The card shows case details, case address, and primary worker. A red box highlights the 'Actions:' dropdown menu, which lists various actions including 'Create Case Work', which is highlighted by a mouse cursor.

2. On the Create Case Work page, select Family Case/Permanency Plan from the Family Case/Perm Plan dropdown. Select the family and the case participant. Then click Create.

Note: A Person Type is required to create a Permanency Plan. See the Person Management User Guide for additional information. If a pending plan exists, it must be opened from the desktop. Click the Family Case/Permanency Plan topic button to expand the associated work.

Create Case Items

- Administration
- Adoption
- Agreements/Notices
- Assessment
- Education
- Eligibility
- Family Case Plan or Perm Plan**
- ICPC
- ICWA
- Imaging
- Legal
- Narrative
- Payment
- Permanency Consult
- Placement/Services
- Planning
- Safety
- Safety Services
- Strengths and Needs

Cases

- Aardvark, Abe W. (9227039)
- Aardvark, Amy (9223716)
- Abby, Alice N. (9222369)
- Abby, Alice N. (9222744)
- Abby, Alice N. (9222746)
- Abby, Alice N. (9222750)
- Abby, Alice N. (9223550)
- Abby, Amber's A. (9222498)
- Abby, Anne A. (9221241)
- Abby, Annie (9223153)
- Abby, Art J. (20273)
- Abby, Art J. (9221155)
- Abby, Art (9221138)
- Abby, CopyEverything (9221271)
- Abby, Mom (9222547)
- Abelmann, Samantha (9222750)
- Ace, Willy (9222525)
- ACHild, AChild (9223976)
- Adams, CourtReport (9221180)
- Adams, CourtReport (9222528)

Case Participants

Hold down the 'Ctrl' key for multi-selection

- Abby, Alice N. (9222527)
- Abby, Alice N., Refer/Loose Person (700040)
- Abby, Amy, Biological Child (9221780)
- Abby, Amy, Biological Child (9224555)
- Abby, Andy, Biological Child (9224770)
- Abby, Art J., Former Significant Other (20998)
- Abby, Simon, Biological Child (9218548)
- Abby, Unborn, Grandchild (9232919)
- Watson, Emily, Biological Child (9226838)

Create Close

- If an approved Permanency Plan or Family Case Plan exists, the Family Case/Permanency Plan Creation page will appear. Click the [Copy](#) hyperlink to copy an associated Plan. Otherwise, click Create to create a new Permanency Plan. Be sure to review all tabs if copy over is used including narrative fields.

Case/Permanency Plan Creation - Work - Microsoft Edge

eWiSACWIS

Please select a plan to copy from if appropriate

Existing Case/Permanency Plans

Child	Plan Date	Plan Type	Status	
Samuel Sample	03/01/2013	Permanency Plan	Ongoing	Copy
Alex A. Abby	02/07/2013	Case Plan	Ongoing	Copy
Alex A. Abby	02/06/2013	Case Plan	Terminated	Copy
Samuel Sample	03/01/2012	Permanency Plan	Historical	Copy

Create Close

- On the Family Case/Permanency Plan page, a date will prefill in the Plan Date field based on when the next plan is due. The Plan Date will determine what type of plan displays, based on the child's Person Type and if there is an existing placement during that date.

Note: Having a future date on the plan brings in any additional applicable information (Services; Education; Medical/Mental Health; Safety Assessment, Analysis and Plan; and CANS) each time the plan is opened. A future Plan Date is not allowed but upon approval you will be able to update the Plan Date to the approval date.

Basic			
Child Name:	Abby Alex A. (9225927)	Birth Date:	08/05/2010
Case Name:	Abby Alice N. (9222756)	Plan Is:	Original
Person Type:	CPS, CW	Plan Type:	CPS, OHC, ICWA, IL
Case Notes:	Safety , Case/Permanency Planning , Well-being , Case Note Search		Next Permanency Review/Hearing Due: n/a
☐ Check for required fields			

Basic	ICWA/WICWA	Child's Well-Being	Permanency Planning	Safety	Placement	Q RTP
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Other Considerations

Provide a statement as to whether the child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or review.

[Basic Tab Content Guide](#)

child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or rev

Date of last face-to-face contact:

Child: [06/20/2023](#)

Parent 1:

Out-of-home care provider:

Parent 2:

[Create Case Note](#)

Child Involvement in Permanency Planning

☒ Yes ☐ No Was the permanency plan developed in consultation with the child?

☐ Yes ☒ No Explain: Was the permanency plan developed in consultation with two other individuals selected by the child who are not the child's caseworker or foster parent?

Individuals selected by the child who are not the child's caseworker or foster parent

Court Information

Court File Number(s)	Branch	Judge
Not Applicable		

[Legal Record](#)

[Add/Edit](#)

☒ Parent and Guardian addresses shown below have been reviewed.

Parent Info

Display: ☒	Parent 1: Abby Alice N. II	Display: ☒	Parent 2: Abby James
	Address: 201 W Washington Ave Madison, WI 537032760		Address: 473 Fairchild Street Milwaukee, WI 53204
	Phone:		Phone:
	Cell Phone:		Cell Phone:
Modify	Parent 1's Attorney: Exercise-Test, Test-Reporter	Modify	Parent 2's Attorney:

Guardians

Display: ☒	Legal Guardian 1: Dooc, red	Display: ☒	Legal Guardian 2:
	Address:		Address:
	Phone:		Phone:
	Cell Phone:		Cell Phone:

Collaterals

Modify	Guardian ad Litem:	Modify	Public Defender / Attorney for Child: Exercise-Test, Test-Reporter
Modify	District Attorney / Corporation Counsel:	Other:	
Modify	Court Appointed Special Advocate:		

Options: [Go](#) [Save](#) [Close](#)

The first tab is the Basic tab. Permanency Plan opens in create or edit mode to the Basic tab. The Basic tab always displays for both Plan Types but the group boxes and fields on the Basic tab conditionally display based on the Plan Type, once eWiSACWIS calculates the Plan Type.

1. The basic tab has sections of Other Considerations, Court Information, Parent Info, Guardians, Indian Custodians, and Collaterals. Any information already documented on Person Management, Legal Record, or the Case Notes.
2. In the Other Consideration section, provide a statement and review the Date of last face-to-face contact. Click [Create Case Note](#) hyperlink to add face-to-face contact notes for the Child, Parent 1, and Parent 2.

- a. Enter the Out-of-home care provider date.

Note: For more information on how to fill out the basic tab click the [Basic Tab Content Guide](#) hyperlink.

3. In the Court Information section on the basic tab, click the Add/Edit button to add/edit the court information. To add court information, click the [Legal Record](#) hyperlink. If Court Information exists a selection page will display choices to choose from or a "Not Applicable" checkbox. click the Continue button to return to the Case/Permanency Plan page
4. The Parent Info section will prefill with any information documented on Person Management. Check the Parent, Guardian, and Indian Custodian addresses shown below have been reviewed check box when the information is verified and up to date for all three sections. The verification is required to approve the plan. Click the [Modify](#) hyperlink to update the information for Parent 1 and Parent 2.
 - b. Uncheck Display to keep the Parent address from displaying on the plan document.
5. The Guardian section will prefill with any information documented on Person Management for Guardians.
 - c. The [Modify](#) hyperlink in the Parent Info section to update the information.
 - d. Uncheck Display to keep the Parent address from displaying on the plan document.
6. The Indian Custodians section will prefill with any information documented on Person Management for Indian Custodians.
 - e. The [Modify](#) hyperlink in the Parent Info section to update the information.
 - f. Uncheck Display to keep the Parent address from displaying on the plan document.
7. The Collaterals section displays the Case Collaterals documented on the Maintain Case page.
 - g. Click the [Modify](#) hyperlink to update any of the collaterals or enter a comment in the Other: field.

Other Considerations

Provide a statement as to whether the child's age and developmental level are sufficient for the court or review panel to consult with the child at the hearing or review.

[Basic Tab Content Guide](#)

Date of last face-to-face contact:

[Create Case Note](#)

Child:

Out-of-home care provider:

00/00/0000

Parent 1: [11/04/2014](#)

Parent 2:

Court Information

Court File Number(s)

Branch

Judge

[Legal Record](#)

Add/Edit

☐ Parent, Guardian, and Indian Custodian addresses shown below have been reviewed.

Parent Info

Parent 1:

[Abby, Alice N.](#)

Parent 2:

[Abby, James](#)

Display: ☒

Address:

456 session 456
Baraboo , WI 50707

Display: ☒

Address:

473 Fairchild Street
Milwaukee , WI 53204

[Modify](#)

Parent 1's Attorney:

Parent 2 is:

[Modify](#)

Parent 2's Attorney:

Guardians

Legal Guardian 1:

[Green, Bonnie](#)

Legal Guardian 2:

[Green, Chris](#)

Display: ☒

Address:

987 N. Hawk Road
Milwaukee , WI 53206

Display: ☒

Address:

Phone:

Phone:

Cell Phone:

Cell Phone:

Indian Custodians

Indian Custodian 1:

[Wolverine, Uncle](#)

Indian Custodian 2:

Display: ☒

Address:

1981 Harbor Blvd
Ann Arbor , MI 61245

Display: ☒

Address:

Phone:

Phone:

Cell Phone:

Cell Phone:

Collaterals

[Modify](#)
Guardian ad Litem:

[Modify](#)
Public Defender / Attorney for Child:

[Modify](#)
District Attorney / Corporation Counsel:

Other:

[Modify](#)
Court Appointed Special Advocate:

Options: [Go](#)
[Save](#) [Close](#)

Note: If the child is over 18 and extending foster care to 21 face to face contact dates related to the parents, as well as the parent/caregiver and family sections will not display, and the Plan Type will show EXT. When attempting to create a plan for a child who may be eligible for the extension users will receive the message below. Clicking “Yes” will take the worker to the Independent Living record to complete the extension eligibility. See the Independent Living User Guide for more details.

The second tab is the ICWA/WICWA tab. Only if the ICWA Considerations is “Yes” then all the pertinent information displays in this section. If ICWA/WICWA membership is documented, an ICWA/WICWA tab will display. For more information on how to fill out the basic tab click the [Basic Tab Content Guide](#) hyperlink.

Click the [Modify](#) hyperlink to update the child’s race, ethnicity, and tribal information on the Person Management page. If the answer is “No”, this tab will not display. When “Yes”, a Statement of Active Efforts document will be created with the Permanency Plan document.

Basic

ICWA/WICWA

Child's Well-Being

Permanency Planning

Safety

Placement

QRTP

ICWA/WICWA Considerations

Are there any Indian Child Welfare Act considerations with this child?

Yes

[Modify](#)

Status: Member

Status: Eligible for membership, not a member

[ICWA/WICWA Tab Content Guide](#)

Tribe: Menominee Tribe

Tribe: Ho-Chunk Nation

[Wisconsin ICWA contacts](#)

Address: PO Box 520
Keshena, WI 54135-0520

Address: P.O. Box 40, 808 Red Iron Road
Black River Falls, WI 54615

[National ICWA contacts](#)

Telephone: (715) 799-5161

Telephone: (715) 284-2622

[WICWA Online Resource](#)

[BIA National ICWA Contacts](#)

If “Yes” explain:

1. The ICWA/WICWA Considerations section will prefill with any tribal status’ documented on Person Management. Click the [Modify](#) hyperlink to update. Other helpful hyperlinks are included in this section including the [ICWA/WICWA Tab Content Guide](#).
2. ICWA/WICWA Placement Preferences will prefill with any Placements that are created after a child/youth has documented as having tribal membership. This information will prefill from the ICWA tab of the documented placement.
 - a. All remaining radio buttons and narratives in this section are required to approve the plan.

3. The ICWA/WICWA Active Efforts section are all the required questions and narratives for an ICWA/WICWA placement. This section will prefill on the Statement of Active Efforts document that will be created with the Permanency Plan document is created.

Basic	ICWA/WICWA	Child's Well-Being	Permanency Planning	Safety	Placement	QRTP
ICWA/WICWA Placement Preferences						
If the child is an Indian child, provide a statement as to whether the Indian child's placement is in compliance with the order of the placement preference, and if the placement is not in compliance with that order, a statement as to whether there is good cause for departing from that order.						
Placement Is		Placement Preference		Describe the action taken to comply with statutory placement preferences		
Does the Tribe have their own placement preferences?				☐ Yes ☐ No		
Is the child in a placement setting that meets the placement preferences as outlined by ICWA/WICWA? Details				☐ Yes ☐ No		
Has the court made a good cause finding to depart from the placement preferences?				☐ Yes ☐ No		
Describe your diligent efforts in the past six months to locate a placement that meets the preferences outlined by ICWA/WICWA.						
Describe						
ICWA/WICWA Active Efforts						
If the child is an Indian child, describe the remedial services and rehabilitation programs offered in an effort to prevent the break-up of the Indian child's family.						
Describe						
Representatives designated by the Indian child's tribe with substantial knowledge of prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's family and to assist in developing a case plan that uses resources of the tribe and Indian community, including traditional and customary support, actions, and services.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
Describe						
A comprehensive assessment of the situation of the Indian child's family was completed, including a determination of the likelihood of protecting the child's health, safety, and welfare effectively in the child's home.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
Representatives of the Indian child's tribe were identified, notified, and invited to participate in all aspects of the proceedings at the earliest possible point and their advice was actively solicited throughout the proceedings.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
Extended family members of the Indian child, including extended family members who were identified by the Indian child's tribe or parents, were notified and consulted with to identify and provide family structure and support for the Indian child, to assure cultural connections, and to serve as placement resources.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
Arrangements were made to provide natural and unsupervised family interaction in the most natural setting that can ensure the Indian child's safety, as appropriate to the goals of the permanency plan, including arrangements for transportation and other assistance to enable family members to participate in that interaction.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
All available family preservation strategies were offered or employed and the involvement of the Indian child's tribe was requested to identify those strategies and to ensure they are culturally appropriate to the tribe.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
Community resources offering housing, financial, and transportation assistance and in-home support services, in-home intensive treatment services, community support services, and specialized services for members of the Indian child's family with special needs were identified, information about those resources was provided to the family, and the family was actively assisted or offered active assistance in accessing those resources.				☐ Yes ☐ No		
Describe activities or explain why not conducted						
Monitoring of client progress and client participation in services was provided.				☐ Yes ☐ No		
Describe activities or explain why not conducted						

Options:

The Child's Well-Being tab is used to review and document the Child/Youth's general functioning and Conditions & Services, Health Summary, Medication, Health Care Providers, Immunizations, Education, Family Interaction Plan, and Independent Living (IL) Services.

1. In the Go To section each section has a quick navigation hyperlink in this section. This section also has a [Child/Youth's Well-Being Tab Content Guide](#) hyperlink that will open the Well-Being section of the Permanency Plan Writing Guide.

2. In the Child section, describe the child/youth's general functioning and document reasonable efforts or active efforts in the case of an Indian child. The Child section will prefill information from the most recent pending or approved Assessment, if applicable.

Note: The text highlighted in yellow displays the number of actionable items from CANS that need to be addressed to approve the plan.

3. The Child Conditions & Services section will display the actionable items from an approved CANS.
 - a. This section displays Conditions and Services which were provided in the last 6 months or will be provided in the next 6 months.
 - b. To Add Conditions and Services click the Insert button.
4. To enter a condition and service, one of the three radio buttons will need to be selected at the top of the Conditions and Services page.
 - a. Once either Court Ordered, Proposed, or Child Services is selected, Conditions and Services can be entered.

Note: Complete the Condition/Service details using the SMART framework (Specific, Measurable, Actionable, Realistic, and Timebound) when documenting goals for the Family Case Plan or Permanency Plan.

Note: Title IV-E Prevention Clearinghouse Services field only displays when the Service Category is Parenting Services. The Title IV-E Clearinghouse Service dropdown will have multiple options. Select one of the approved Title IV-E Clearinghouse Services or select N/A if the family is receiving a different service not listed. Currently, a very small number of CPS families receive a Title IV-E Clearinghouse service. For most case situations you would select N/A.

Conditions and Services

Court Condition

Conditions/goals should be written to describe behavior change and in **SMART** format (Specific, Measurable, Achievable, Realistic, and Timely).

Condition: Child: Abby, Alex A. Enter text here.

Condition 1 of 2 [Delete](#)

Services

Service Category: Parenting Services Applies To: Abby, Alex A. [Delete](#) Service 1 of 1

Title IV-E Prevention Clearinghouse Service: N/A

Specifically Explain Service and Describe Progress: Services

Responsible Person/Provider: ☐ Provider ☐ Medical/Mental Health Provider ☒ Case Part/Collateral ☐ Child Welfare Professional Name: Alice N Abby, II [Select](#)

Frequency/Duration: 1 Hours per Day

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

Title IV-E Prevention Clearinghouse Service

5. All fields are required upon approval when a condition is inserted except for a Target End Date. To check required fields prior to approval, select the "Check for required fields" checkbox before saving the page. To document Responsible Person/Provider, select the appropriate radio button and click the Select hyperlink to select a person/provider. Depending on the selection the hyperlink with either launch the Provider Search, Medical Provider Clinic Search Page, Participants/Collaterals selection page, or the Worker Search page. Select the radio button from the search results and click Continue to return to the Conditions and Services page. The selected person/provider will display for the Responsible Person/Provider field.
6. To address Actionable Items from CANS, click the [Add/Edit](#) hyperlink.
 - a. On the Actionable Items page, select all applicable actionable items that relate to the service. Then click Continue to return to the Permanency Plan page.

Note: This page will display all actionable items from the child's most recent CANS. Each of the items with an asterisk must be addressed with one or more service. All actionable items for the child (excludes the actionable items for the current caregiver and primary identified permanent resource) must be addressed/considered to approve the Permanency Plan.

Actionable Items Print

Actionable Items

All Actionable Items designated with an asterisk (*) must be marked as "Considered" via one or more services prior to approval of the Case/Permanency Plan.

Abby, Alex A. ▼

Child/Youth

Considered	Select	Actionable Item	Score
☐	☐ *	Neglect (lifetime) (Child/Youth Needs - Trauma)	3
☐	☐ *	Emotional Abuse (lifetime) (Child/Youth Needs - Trauma)	3
☐	☐ *	Eating Disturbance (Child/Youth Needs - Life Functioning)	3
☐	☐ *	Sleep (Child/Youth Needs - Life Functioning)	3
☐	☐ *	Sexual Development (Child/Youth Needs - Life Functioning)	3
☐	☐ *	Life Skills (Child/Youth Needs - Life Functioning)	3
☐	☐ *	Expectant Parent/Parenting (Child/Youth Needs - Life Functioning)	3
☐	☐ *	Conduct (Child/Youth Needs - Child Behavioral/Emotional Needs)	3
☐	☐ *	Anger Control (Child/Youth Needs - Child Behavioral/Emotional Needs)	3
☐	☐ *	Fire Setting (Child/Youth Needs - Child Risk Behaviors)	3
☐	☐ *	Well-Being (Child Strengths - Child Strengths)	3
☐	☐ *	Optimism (Child Strengths - Child Strengths)	2

Continue Close

7. Each Condition can have multiple services. Click Insert Service to add more services for a Condition. Multiple Conditions can be added by clicking Insert Condition. The same radio button choice will be selected for each Condition inserted.
8. To Import previous Conditions and Services for this Case, click the Import button.
 - a. Check or uncheck the Include Pending Case/Permanency Plans checkbox to include or exclude pending plans.
 - b. Select either by Child or by Plan radio buttons to modify the Conditions & Services results.

Case / Permanency Plan - Work - Microsoft Edge

Conditions and Services Summary Print Help

Select Conditions & Services

☒ Include Pending Case/Permanency Plans ☒ Select by Child ☐ Select by Plan [Select Child\(ren\)](#)

Conditions & Services

Child Conditions & Services

						Participant(s)
☐	Condition/Objective : The Condition is displayed here.					Abby, Alice N.
	☐	Condition: This is the Goal that I entered				
			Service Explanation	Service Dates	Provider	Status
		☐	This is the Service	10/17/2012 - Present	Caitlin C Cake	Continue
☐	Condition/Objective : This is the first Child Condition					Sample, Samuel
	☐	Condition: This is the first Child Goal				
			Service Explanation	Service Dates	Provider	Status
		☐	Explanation entered...	01/30/2013 - Present	Epic Dentistry Services	Continue

Parents/Caregivers Conditions & Services Continue Close

4. By default, all children in the case will be selected (the Select by Child radio button is selected). Click the [Select Child\(ren\)](#) hyperlink to bring up the Child Selection page to select a specific child's plan.

Child Selection Print

Child(ren)

☒ Select All	Person Name	DOB	Plan Type
☒	Abby, Alex A.	01/01/1998	Case Plan
☒	Appleton, Nelly	05/01/2012	Case Plan
☒	Abby, Martin	10/03/2003	Case Plan

5. Select the Select by Plan radio button to bring up the Plan Selection pop up to select a specific plan.

Plan Selection					Print	Help
Plan(s)						
☐ Select All	Plan Date	Plan Type	Status	Child(ren)		
☐	12/06/2010	Case Plan	Not Approved	Abby, Alex A.		
☐	03/01/2012	Permanency Plan	Historical	Sample, Samuel		
☐	01/01/2013	Permanency Plan	Pending	Sample, Samuel		
☐	02/06/2013	Case Plan	Terminated	Abby, Alex A.		

6. The Condition & Services section is used to select the Condition/Objective, Conditions and Services that will be copied over. Check the box next to all that apply. Click Continue to return to the Case/Permanency Plan page, the selected Conditions/Objectives, Conditions and Services will appear under the corresponding Conditions & Services Section.

Note: Checking the box for a Service will automatically check the box for the associated Condition and Condition/Objective.

9. To delete a Condition or Service, click the [Delete](#) hyperlink next to the Condition or Service that should be deleted.

10. Conditions and Services entered and imported can be reviewed from the Child's Well-Being tab.

11. Click the Edit hyperlink to edit any of the conditions as appropriate.

Note: Any imported Conditions and Service will need to be updated with the selection of a radio button to be able to modify any of the fields.

Child Conditions & Services				
0 of 12 actionable items have been considered for Abby, Alex, A. All actionable items must be addressed for the child via one or more services.				
Condition: Conditions				Edit
Participant(s)		Responsible Person / Provider		Begin Date
Abby, Alex A.		Alice N Abby		03/11/2025
Service Category	Applies To:	Specifically Explain Service	Status of Service	
Parenting Services	Abby, Alex A.	Services		
Title IV-E Prevention Clearinghouse Service				
N/A				
☐ Yes ☐ No		Service or treatment needs met by placement in setting certified as a QRTP.		

7. The Child's Health Summary, Medication, Current Health Care Providers, Immunizations sections are all prefilled from information entered on Person Management. Click the [Modify](#) hyperlink in any of the sections to review and update information when applicable.
8. The Educational Summary section will display additional required fields when answering "No" to "Is the most recent grade report attached?". Click the [Modify](#) hyperlink in any of the sections to review and update information when applicable.

9. The Visitation/Family Interaction Plan section will prefill with the information from the most recent Family Interaction Plan. Click the hyperlink to Create, View(when approved), or Modify the Family Interaction Plan.

Note: There must be an approved associated Family Interaction Plan to approve the Permanency Plan.

Child's Health Summary

☒ Child has chronic physical, mental or emotional needs. Describe in detail.[Modify](#)

test

☒ Child has had a hospitalization, surgery, emergency medical need, or significant illness in the last six months. Describe in detail.[Modify](#)

test

Medication

Is the child prescribed medication? No[Modify](#)

Name of Medication	Dosage/Frequency	Psychotropic	Reason Medication is Prescribed	Length Prescribed	Physician/Address
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Visitation/Family Interaction Plan

Describe family interaction plans.[Create Family Interaction Plan](#)[View Family Interaction Plan](#)

Parent/Caregiver 1: Alice N. Abby

Minimum Level Required: No Contact

Supervised By:

Least Restrictive Location

Permissible:

Frequency:

Parent/Caregiver 2: James Abby

Minimum Level Required: No Contact

Supervised By:

Least Restrictive Location

Permissible:

Frequency:

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, when and at what frequency sibling interactions will occur.

Describe

Note: If the Person Type for the child does not include CPS, then the eWiSACWIS version of the Family Interaction Plan is not required. If applicable, select the Non-eWiSACWIS Family Interaction Plan radio button and describe the family interaction plan.

Visitation/Family Interaction Plan

☐ eWiSACWIS Family Interaction Plan☒ Non-eWiSACWIS Family Interaction Plan

Describe family interaction plans.

10. In the Independent Living (IL) Services section, you can maintain the services by selecting the [Maintain IL Services](#) hyperlink. See the [Independent Living](#) user guide for more information on IL.

Independent Living (IL) Services

A youth is eligible for Independent Living Services when in Out-of-Home Care for six months after age of 14 or if age 17.5 or older and in Out-of-Home Care.

Youth is: ☒ Eligible ☐ Not Eligible

Date youth became eligible for Independent Living Services: 11/29/2022

☐ Yes ☐ No Did the child receive the [Guide for Youth in Out-of-Home Care Placements in Wisconsin](#), which describes the rights listed in §48.38(4)(h)7/§938.38(4)(h)7? Date Received: 00/00/0000

[Maintain IL Services](#)

11. The Historical Services/Activities sections prefill from the independent Living page for the youth.

12. The Concurrent Planning, Eligibility for Extended Out-of-Home Care, Essential Documents Secured and Provided to the Youth sections will display if youth is IL eligible and 17.5 years of age. This information prefills from the Independent Living page and can be updated by selecting the [Transition to Discharge](#) hyperlink.

Concurrent Planning

☐ Yes ☐ No Does the youth have other plans to support their transition to adulthood that complement this one (e.g., adult services, Division of Vocational Rehab)?

[Transition to Discharge Plan](#)

Eligibility for Extended Out-of-Home Care

☒ Yes ☐ No Does the youth have an IEP?

☐ Yes ☐ No Is the youth expected to graduate before age 19? [Details](#)

☒ Yes ☐ No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?

Essential Documents Secured and Provided to Youth

Prior to leaving care, youth shall receive the following important documents:

☒ Birth Certificate	☒ Education Records	☒ Health insurance information	☒ State ID or Driver's license
☐ Annual Credit Report	☐ Selective Service Card	☐ Medical Records	☐ Social Security Card
☒ Change of Address Card	☒ Employment Information	☐ Parent's Death Certificate	☐ Tribal ID or Verification of Tribal Membership
☒ Copy of ILTD Plan	☐ Immigration Papers	☐ Placement History	☒ Copy of Permanency Plan

13. Additionally, there will be multiple group boxes and fields prefilling from the Independent Living page. Housing, Employment, Income and Finances, Education, Health and Well-being, Transportation, Community and Support Network, and Other Areas of Need group box sections will display prefilled information as documented on the Independent Living page once the youth is IL eligible and 17.5 years of age. In each section, depending on the youth's goals and what is documented on the Independent Living page, will display the goals selected by the youth, and steps to achieve those goals. These are dynamically displayed based on the youth's selection from the Independent Living page.

Housing

Housing assistance available in the area youth hopes to live:

I would really rather live in New Berlin - close to my boyfriend.

Important housing resource information (e.g., website, phone numbers):

Danz Ave. Apartments 920-555-1212

Youth's goals, needs, concerns, and barriers related to housing:

Potential Co-Signer required.

Housing Goal 1: Safe and secure housing upon leaving care

Housing Goal 1: Safe and secure housing upon leaving care

Where/with whom the youth expects to live after leaving care:

Address (if not known, put city):

Steps to obtain safe and securing housing	Family, friends, or service providers who will help	Target date of completion	Status
Find a Co-Signer		03/31/2025	Still working on it ▼

If the youth's first housing plan doesn't work out, their back-up housing plan is:

Address (if not known, put city):

The Permanency Planning tab contains the Determination of Appropriateness for Concurrent Planning, Proposed Permanence Goal, Permanence Goal, Concurrent Goal, Parents/Caregivers Conditions & Services, Reasonable Efforts, Termination of Parental Rights, ASFA Exceptions, Permanency Review, and the Permanency Hearing sections.

1. Click the [Permanency Planning Tab Content Guide](#) hyperlink for more information on how to fill in the information on this tab.
2. Some information will prefill on this tab. Fill out the remaining required fields and save the plan.

Case / Permanency Plan - Work - Microsoft Edge

eWiSACWIS TM Print Help

Basic

Child Name: [Abby, Alex A. \(9225927\)](#) Birth Date: 08/05/2002 **Plan Date:** 06/02/2022 Details: [Permanency Plan Content](#)

Case Name: [Abby, Alice N. \(9222746\)](#) Plan Is: Original Plan Due Date: 01/07/2014

Person Type: CPS, CW, YJ Plan Type: CPS, OHC, ICWA Next Permanency Review/Hearing Due: 05/08/2014

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

Basic **ICWA/WICWA** **Child's Well-Being** **Permanency Planning** **Safety** **Placement** **QRTP**

Determination of Appropriateness for Concurrent Planning

☐ Yes ☒ No The child has been the victim of more than one form of abuse. [Permanency Planning Tab Content Guide](#)

☒ Yes ☐ No There have been 3 or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect or there is a pattern of intergenerational abuse with a lack of historical change in family dynamics.

☐ Yes ☒ No A parent has a history of substance abuse or is chemically dependent and/or has a history of treatment failures or the child was drug-exposed at the time of birth.

☐ Yes ☒ No The child has been abandoned with friends, relatives, out-of-home care providers, hospital, or after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely.

Options:

3. If this is a Subsequent plan, select the Permanence Goal from the dropdown in the Current Permanence Goal of Record section. If applicable, select the Concurrent Goal.

Note: If the plan is the Original plan, there will be only a Proposed Permanence Conditions section. In the Permanence Goal and Concurrent Goal sections, the set of questions will vary, depending upon which goal was selected in the Current Permanence Goal of Record section. Document a response to each of the questions. If applicable, select the appropriate radio button for the question(s).

4. In the Proposed Permanence Conditions section, select the Permanence Goal from the dropdown and document the anticipated date the permanence goal will be achieved. Describe the rationale for the child's goal(s).

View of Original:

Proposed Permanence Goals	
Child's proposed permanence and, if applicable, concurrent permanence goal of record.	
Permanence Goal:	Anticipated date the permanence goal will be achieved: 00/00/0000
Concurrent Goal:	

Permanence Goal
Permanence Goal:

Concurrent Goal
Concurrent Goal:

View of Subsequent:

Current Permanence Goal of Record	
Child's current permanence and, if applicable, concurrent permanence goal of record.	
Permanence Goal:	Anticipated date the permanence goal will be achieved: 00/00/0000
Concurrent Goal:	

Permanence Goal
Permanence Goal:

Concurrent Goal
Concurrent Goal:

Proposed Permanence Goals	
Child's proposed permanence and, if applicable, concurrent permanence goal of record.	
Permanence Goal:	Anticipated date the permanence goal will be achieved: 00/00/0000
Concurrent Goal:	
Describe rationale for the child's goal(s):	

5. The Parents/Caregivers section narrative will prefill information from the most recent pending or approved Assessment. This narrative box is enabled to enter additional information if needed.

Parents/Caregivers

For each parent/caregiver, describe how adult functioning (general functioning, daily life management, mental health functioning and substance use) impacts parenting practices (disciplinary approaches, nurturing, limit setting, protectiveness, provision of basic care, etc.). When a child is unsafe, determine how diminished parent/caregiver protective capacities impact impending danger.

Describe

Parents/Caregivers Conditions & Services

Condition: Example Court Condition			Edit
Participant(s)	Responsible Person / Provider	Begin Date	Target End Date
Abby, Amy; Abby, Simon	Bass Lake	09/01/2024	
Service Category	Applies To:	Specifically Explain Service	Status of Service
Independent Living	Abby, Amy; Abby, Simon	Example Service	New. New service will begin in the next six months.

- In the Parents/Caregivers Conditions & Services section, select the Insert button to add Conditions for the Parents/Caregivers. This will open the Conditions and Services page.

Note: Complete the Condition/Service details using the SMART framework (Specific, Measurable, Actionable, Realistic, and Timebound) when documenting goals for the Family Case Plan or Permanency Plan.

- On the Conditions and Services page, click the [Add/Edit](#) hyperlink in each Condition to add the appropriate parents/caregivers these Conditions and Services are associated to. Each Condition participant will require a Service applied to that specific Condition.

Conditions and Services

Court Condition

Conditions/Goals should be written to describe behavior change and in **SMART** format (Specific, Measurable, Achievable, Realistic, and Timely).

Condition: Parent/Caregiver: Abby, Amy; Abby, Simon [Add/Edit](#)

☒ Court-Ordered ☐ Proposed

Condition 1 of 2 [Delete](#)

Services

Service Category: Case Management Services

Applies To: Abby, Amy; Abby, Simon [Add/Edit](#) [Delete](#) Service 1 of 2

Specifically Explain Service and Describe Progress: test

Responsible Person/Provider: ☐ Provider ☐ Medical/Mental Health Provider ☐ Case Part/Collateral ☒ Child Welfare Professional Name: Caitlin C Cake [Select](#)

Frequency/Duration: 3 Days

Begin Date: 03/31/2025 Target End Date: 00/00/0000

Saved to H: Drive

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

- On the Case Participants page, select the applicable parents/caregivers. Each Condition can have multiple parents/caregivers selected. Click Continue to return to the Conditions and Services page.

Case Participants		
Case Participants		
Participants with an associated service must first be removed from the service before you remove them from the condition.		
☐ Select All	Name	DOB
☐	Abby, Alice N.	01/01/1998
☒	Abby, Amy	12/02/2019
☐	Abby, Amy	01/01/2006
☐	Abby, Andy Ann	01/01/2012
☐	Abby, Art J.	11/11/1961
☒	Abby, Simon	08/06/2008
☐	Abby, Unborn	

Conditions and Services			
Court Condition			
☐ Check for required fields			
Condition:	Parent/Caregiver: Abby, Amy; Abby, Simon Add/Edit	☒ Court-Ordered ☐ Proposed	Condition 1 of 1 Delete
Example Court Condition			
Services			
Service Category:	Independent Living	Applies To: Abby, Amy; Abby, Simon Delete Add/Edit	Service 1 of 1
Specifically Explain Service and Describe Progress:	Example Service		
Responsible Person/Provider:	☒ Provider ☐ Medical/Mental Health Provider ☐ Case Part./Collateral ☐ Child Welfare Professional Name: Bass Lake Search		
Frequency/Duration:	1 Hours per Week		
Begin Date:	09/01/2024	Target End Date: 00/00/0000	
Status of Service:	New: New service will begin in the next six months:		
Insert Service			
Save Close			

- Select either Court Ordered or Proposed for the Condition and Service being entered. Enter the remainder of the fields. Entering the required fields on this page will be the same as Child Conditions and Services (page 8-9 of this guide).
- Each Condition participant will require a Service applied to that specific Condition. Select the Add/Edit hyperlink to add Condition participants to a Service. Multiple Services can be inserted with different

participants selected for the Applies To field, meaning there can be one Condition but different Services by Parent/Caregiver. Click the Add/Edit hyperlink in the Applies To field in the Services group box.

Conditions and Services Print

Court Condition

☐ Check for required fields

Condition: Parent/Caregiver: Abby, Amy; Abby, Simon [Add/Edit](#) ☒ Court-Ordered ☐ Proposed Condition 1 of 1 [Delete](#)

Example Court Condition

Services

Service Category: Independent Living [Delete](#) Service 1 of 1

Applies To: Abby, Amy; Abby, Simon [Add/Edit](#)

Specifically Explain Service and Describe Progress: Example Service

Responsible Person/Provider: ☒ Provider ☐ Medical/Mental Health Provider ☐ Case Part./Collateral ☐ Child Welfare Professional Name: Bass Lake [Search](#)

Frequency/Duration: 1 Hours per Week

Begin Date: 09/01/2024 Target End Date: 00/00/0000

Status of Service: New: New service will begin in the next six months:

[Insert Service](#)

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

☐ Yes ☐ No The child or siblings have been placed in out-of-home care or with relatives for periods of over six months duration or have had repeated placements with CPS intervention and previous attempts at reunification have failed.

Parents/Caregivers Print

Participants

☐ Select All	Name	Relationship	DOB
☒	Abby, Amy	Biological Child	12/02/2019
☐	Abby, Simon	Biological Child	08/06/2008

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

11. All participants identified on the Condition will display. Select the correct participants for which the Service applies to. If another Service is needed for a different participant, insert an additional Service on the Condition, and apply the additional Service to the other participant(s) listed for that Condition.

Begin Date:	09/01/2024	Target End Date:	00/00/0000
Status of Service:	New: New service will begin in the next six months: ▼		

Insert Service

12. All fields on the Conditions and Services page when a Condition is inserted are required upon approval. Use the “Check for required fields” checkbox at the top of the page to verify required fields prior to Save.

Conditions and Services Print

☒ Check for required fields

13. In the Reasonable Efforts section, select the radio button for the question. If “Yes”, enter the date of the court finding.

Reasonable Efforts

☐ Yes ☐ No

Has the court made a finding that reasonable efforts to prevent removal or safely return to home are not required?

Date of court finding:

14. If a Termination of Parental Rights (TPR) has occurred, the date referred to District Attorney/Corporation Counsel and the date TPR filed will appear. You can create a Legal Record from the [Create Legal Record](#) hyperlink if the TPR does not exist.

Termination of Parental Rights

Date referred to District Attorney/Corporation Counsel office:

Date TPR Filed:

[Modify Legal Record](#)

15. The ASFA Exceptions section prefills if there is an ASFA Exceptions of why TPR was not being pursued at 15 of 22 months. You can create an ASFA Exception from the [Create ASFA Exceptions](#) hyperlink if it does not exist. See the associated ASFA Exceptions User Guide to create an ASFA Exceptions.

Note: This is a point in time determination that is made by the agency and should not be modified once established, even if circumstances have changed.

ASFA Exceptions

Adoption Safe Families Act Exceptions: State the reason why TPR is not being pursued at 15 of 22 months. This is a point in time determination made by the agency and shall not be modified once established. This exception does not prohibit the agency from pursuing a TPR at a later date, if it is deemed in the child's best interests.

Date of ASFA Exception: 03/08/2012 [Modify ASFA Exceptions](#)

☒ Child is placed with a fit and willing relative.

 Provide supporting information:

☒ Compelling reason(s) why termination of parental rights is not in the child's best interest.

 Provide supporting information:

☐ Reasonable efforts to safely return the child to his or her home have not been made.

 Provide supporting information:

☐ Grounds for involuntary TPR do not exist.

 Provide supporting information:

16. The Permanency Review and Permanency Hearing sections will prefill information from the Permanency Review or Hearing Results page. If this is the original Permanency Plan, the dates will display as N/A.
17. Enter all applicable information and click the Save button to save the plan.

Permanency Review

Date of the latest Permanency Review: N/A

Permanency Hearing

Date of the latest Permanency Hearing: N/A

The Safety tab will display only if the person type is CPS there is any safety pieces of work documented for the child/youth. Sections are Safety Analysis, Safety Services, and Safety Decisions documented.

Note: When the Person Type is CPS, there must be an approved associated Safety Assessment, Analysis Plan to approve the Permanency Plan.

1. In the Safety Analysis section, The Safety Assessment, Analysis and Plan (SAAP) can be created, edited, or viewed using the hyperlinks. The answer to the question in this section will update based on the result of the SAAP. "Yes" or "No" will display. Click the [Safety Tab Content Guide](#) more information on how to document Safety. Based on what is documented the Safety Analysis section could look a little different. See the below 2 screen shots to compare what might be seen in this section.

Basic			
Child Name: Abby, Alex A. (9225927)	Birth Date: 08/05/2002	Plan Date: 06/02/2022	Details Permanency Plan Content Guide
Case Name: Abby, Alice, N. (9222746)	Plan Is: Original	Plan Due Date: 01/07/2014	
Person Type: CPS, CW, YJ	Plan Type: CPS, OHC, ICWA	Next Permanency Review/Hearing Due:	05/08/2014
Case Notes: Safety Case/Permanency Planning Well-being Case Note Search			

Basic	ICWA/WICWA	Child's Well-Being	Permanency Planning	Safety	Placement	QRTP
-----------------------	----------------------------	------------------------------------	-------------------------------------	---------------	---------------------------	----------------------

Safety Analysis

An In-Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement. Yes

[Safety Tab Content Guide](#)
[Create Safety Assessment, Analysis and Plan](#)
[View Safety Assessment, Analysis and Plan](#)

Basic	ICWA/WICWA	Child's Well-Being	Permanency Planning	Safety	Placement
-----------------------	----------------------------	------------------------------------	-------------------------------------	---------------	---------------------------

Safety Analysis

Can in-home services work for this family?

The parents/caregivers are willing for services to be provided and will cooperate with service providers. N/A

The home environment is calm enough for services to be provided and for the service providers to be in the home safety. N/A

Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. N/A

Parents/caregivers are residing in the home. N/A

[Safety Tab Content Guide](#)
[Create Safety Assessment, Analysis and Plan](#)
[View Safety Assessment, Analysis and Plan](#)

- Two questions display and prefill from the most recent, approved SAAP if the findings are Unsafe. To update, use the Create Safety Assessment, Analysis, and Plan hyperlink to create a new SAAP.

Basic	ICWA/WICWA	Child's Well-Being	Permanency Planning	Safety
-----------------------	----------------------------	------------------------------------	-------------------------------------	---------------

The home environment is calm enough for services to be provided and for the service providers to be in the home safety. N/A

Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. N/A

Parents/caregivers are residing in the home. N/A

Describe the attempts made with the family to create an in-home plan and why one was not able to be put in place.

Clearly outline what is needed for safety to be managed in order for the child to return home with an in-home safety plan.

- If Safety Services exist, select the Type of Diminished Protective Capacity, this will automatically launch the Diminished Protective Capacity Values page. The [Values](#) hyperlink can be used to return to the Diminished Protective Capacity Values page to update selection(s).

Type of Diminished Protective Capacity:

Behavioral
Cognitive
Emotional

[Values](#)

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

3. On the Diminished Protective Capacity Values page, select all applicable values. Click Continue to return to the Case/Permanency Plan page.

Diminished Protective Capacity Values
Print 

Diminished Protective Capacity: Emotional

Parent/Caregiver Protective Capacity was assessed and enhancement is needed in the following area(s):

Check All That Apply:

☒	The parent/caregiver is able to meet own emotional needs
☐	The parent/caregiver is emotionally able to intervene to protect the child
☒	The parent/caregiver is resilient
☐	The parent/caregiver is tolerant
☒	The parent/caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child
☐	The parent/caregiver and child have a strong bond and the parent/caregiver is clear that the number one priority is the child
☒	The parent/caregiver expresses love, empathy, and sensitivity toward the child

4. Document the Demonstrated Behavioral Change needed for safe case closure.
5. In the Safety Decision section, select the applicable checkboxes and save the plan.

The Placement tab. This displays all information related to the child's placement. If you uncheck the Display checkbox then this information (provider's name and address) does not display on the Permanency Plan document. Select the appropriate Educational Stability Consideration for each Out of Home Placement.

1. If your agency's service types indicate "Prefill Documents," then any applicable Services will prefill in the Placement Services History section.

[Basic](#)
[ICWA/WICWA](#)
[Child's Well-Being](#)
[Permanency Planning](#)
[Safety](#)
[Placement](#)
[Q RTP](#)

Initial Placement

Explain the basis of the decision to place the child in custody and why remaining in the home would be contrary to the child's welfare. What reasonable efforts were made to prevent removal? Focus on the actions taken and the services offered by the agency. Include the jurisdictional statute used as the basis.

Placement History

Date of Initial Placement: 11/08/2013 ☐ Display Placement History

[Placement Tab Content Guide](#)
[View Current Placement](#)

Begin Date	End Date	Placement Type	Out-of-Home Care Provider		Educational Stability Consideration
06/02/2022	Present	Group Home - Q RTP	Madison Group Home 7630 W Center St Milwaukee, WI 53222	☒ Display	Child continued to attend the same school

Previous Placement History

Begin Date	End Date	Placement Type	Out-of-Home Care Provider		Educational Stability Consideration
05/12/2012	01/09/2013	Foster Home	McGwire, Sally C/O: C/O: Kroll's	☒ Display	Placement that would maintain the child in the same school was unavailable or inappropriate

Options: [Go](#) [Save](#) [Close](#)

6. The Expectant or Parenting Youth section is prefilled from the Person Management page. To Modify this information, click the [Modify](#) hyperlink on the top right.

Placement Services History

Begin Date	End Date	Service Type	Service Provider
------------	----------	--------------	------------------

Expecting or Parenting Youth

☒ **Expecting Youth** [Details](#) [Modify](#)

☐ **Parenting Youth**

Child(ren): [Modify](#)

[Abby, Unborn \(9232919\)](#)

☐ **Child Resides with this Minor Parent**

7. Expecting Youth should be checked for an expecting mother or father. Once checked, the Anticipated Due Date will be required. If the date is unknown, check the Unknown checkbox. A reminder will be sent to the primary worker update the Anticipated Due Date once known.
 - a. Child Resides with this Minor Parent becomes enabled what the Parenting Youth checkbox is checked. To document the Child(ren) section in Person Management, the youth on the plan must be documented as a Parent on a child's Person Management record.

Person Management ' Abby, Alex A. (9225927) '

Basic Parent Info **Additional** Address Education Cha

Height: 4 feet 2 inches Weight: 95 pounds

Physical Description (e.g. clothing, glasses, hairstyle/color, teeth, braces, scars, tattoos, body piercing(s), acne, freckles, birthmarks, discolorations, injuries, etc.):

Physical Description...

Child/Youth Image

An expecting youth is pregnant or is believed to be an expecting father.

☒ **Expecting Youth** Details Date Last Updated: 09/22/2021 CARES PIN:

Anticipated Due Date: 00/00/0000 ☐ Unknown

☐ **Parenting Youth**

Child(ren):

[Abby, Unborn\(9232919\)](#)

☐ **Child Resides with this Minor Parent** Monthly Amount of any Child Unearned Income:

☐ Child of a Minor Parent Receives a Kinship Payment ☐ Child Receives a Disability Payment

8. Save and Close Person Management to review the changes made reflected on the Placement tab.
9. In the Consideration of Relatives section, select the "Yes" or "No" radio button to indicate if the child is placed with a relative. If no relatives are documented on the Relative/Non-Relative Search Summary page for the child, answer the question, "If a relative could not be located, describe subsequent/current efforts made to locate a relative." To add any relatives, click on the [Relative Search](#) hyperlink. See the associated Relative/Non-Relative Search User Guide. If the Relative/Non-Relative Search Summary page contains any relatives, the relative section will display the relatives. If indicated "Yes" the child is placed with a relative, at least one relative must be documented on relative search.

Consideration of Relatives

☐ Yes
☐ No
Is the child placed with a relative?
[Relative Search](#)

If the child is not placed with a relative, describe why placement was not available, appropriate or safe. Identify which relatives have been sent notification of the child's placement into out-of-home care below.

Relative/Non-Relative Contact Information	Relationship to Child	Notification of Placement Sent	Placement Considered	Description of why placement was not available, appropriate or safe.
ABBY, ANGEL A.	maternal cousin		Yes	
Buckeye, The 1234 Buckeye Road Madison, WI 53701	maternal aunt		Yes	
Wilson, Mom	paternal aunt		No	kjhikhdikjhhd

Note: Non-Relatives will only display here if a Notification of Placement was sent to that non-relative. Any Relative Search records that were created when they were copied over from another child when the Notification of Placement was created, will need to have the relationship and placement consideration section completed before the plan can be approved.

10. In the Consideration of Siblings section, select the appropriate radio button.

Consideration of Siblings

No siblings documented. [Modify](#)

Names	DOB	Age	DOD	Gender	Relationship	OHC Placement Provider
Are all siblings that are in OHC placed together? ☐ Does not apply. Child has no siblings or other siblings are not in placement. ☐ Yes ☐ No, explain:						

11. In the Location of Placement section, select the appropriate radio button. If the "No setting is available..." radio button is selected, enter narrative in the associated box.

Location of Placement

☐ The child's placement is within 60 miles of the child's home and is in close proximity so as not to interfere with carrying out the permanency plan and maintaining the level of contact with the parents that is deemed appropriate.
☐ No setting is available within 60 miles of the child's home that could respond to all the issues and needs that are part of this placement.

Describe: - Why a placement within 60 miles of the child's home is either unavailable or inappropriate; **OR**
- Why a placement more than 60 miles from the child's home is in the child's best interest.

12. In the Reasonable and Prudent Parenting Considerations section, select the appropriate radio button. If the "Yes" radio button is selected, enter narrative in the associated box. If the "No" radio button is selected, enter narrative in the associated boxes.

Reasonable and Prudent Parenting Considerations

☒ Yes ☐ No Did the agency provide information to the out-of-home care provider for consideration in making reasonable and prudent parenting decisions specific to the child?

Describe the efforts made by the agency to ensure that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities determined in accordance with the reasonable and prudent parent standard in the out-of-home care placement which includes consulting with the child in an age appropriate manner: [Details](#)

Describe...

Reasonable and Prudent Parenting Considerations

☐ Yes ☒ No Did the agency provide information to the out-of-home care provider for consideration in making reasonable and prudent parenting decisions specific to the child?

Explain:

Describe...

Describe the efforts made by the agency to ensure that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities determined in accordance with the reasonable and prudent parent standard in the out-of-home care placement which includes consulting with the child in an age appropriate manner: [Details](#)

Describe...

13. In the Placement Changes section, select the "Yes" or "No" button for each of the questions. If the court ordered a transitional change or the agency anticipates a placement change, click on the [Search](#) hyperlink and search out the upcoming provider. The name and address of the new placement will prefill to the plan. Enter text in the associated narrative field.

Placement Changes

Did the court order indicate a transitional placement? ☒ Yes ☐ No

Name of the New Placement:

[Search](#)

Address of the New Placement:

If yes, describe in detail including anticipated date of the placement change:

Does the agency anticipate a placement change? [Details](#) ☒ Yes ☐ No

Name of the New Placement:

[Search](#)

Address of the New Placement:

If yes, describe in detail including anticipated date of the placement change:

14. In the Annual Credit Report section, select the "Yes" or "No" button for each of the questions. Click the [Imaging Search](#) hyperlink to attach an image. If the child is under 14 years of age, only the second question will be displayed. If the child is older than 14, both the questions below will be displayed. Additionally, there is an optional narrative box to enter comments, if any.

Annual Credit Report

☐ Yes ☐ No Were there any inaccuracies in this report?

[Imaging Search](#)

Explain:

15. In the Confirming/Reconfirming Safe Environments section, information from the most recent Confirming/Reconfirming Safe Environments (CSE/RCSE) will prefill. If the CSE/RCSE does not exist, click on the [Create CSE/RCSE](#) hyperlink. See the associated Confirming Safe Environments or Reconfirming Safe Environments User Guides for additional information.

Note: If the CSE/RCSE is pending, the hyperlink will read “[Modify CSE/RCSE](#).” If the CSE/RCSE is approved, the hyperlink will read “[View CSE/RCSE](#).” There must be an associated approved CSE/RCSE within the past 6 months to approve the Permanency Plan.

Confirming/Reconfirming Safe Environments

Date of CANS:

Child's Assessed Level of Need (LON):

Provider's Level of Care (LOC):

[Create CSE/RCSE](#)

Child/Provider Match:

Describe:

Placement Danger Threats:

The Q RTP tab will only display if a Placement is documented with a Residential Care Center or Group Home Provider that has an active Qualified Residential Treatment Provider (Q RTP) Certification documented on the facility license.

Case / Permanency Plan - Work - Microsoft Edge

eWiSACWIS

TM Print Help

Basic

Child Name: [Abby, Alex A. \(9225927\)](#) Birth Date: 08/05/2002 Plan Date: 06/02/2022 Details [Permanency Plan Content Guide](#)

Case Name: [Abby, Alice, N. \(9222746\)](#) Plan Is: Original Plan Due Date: 01/07/2014

Person Type: CPS, CW, YJ Plan Type: CPS, OHC, ICWA Next Permanency Review/Hearing Due: 05/08/2014

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

Basic

ICWA/WICWA

Child's Well-Being

Permanency Planning

Safety

Placement

Q RTP

Current Q RTP Placement Information

Placement Provider: Madison Group Home (9221945) Placement Start Date: 06/02/2022 [Q RTP Tab Content Guide](#) [Create Q RTP Addendum](#)

Q RTP Placement Addendum

Q RTP Placement Addendum History

Provider Name	Placement Begin Date	Placement End Date	Q RTP Addendum Date

Options: Go

Save Close

16. A Q RTP Addendum can be created from this tab and once approved the information will prefill to the tab. Click the [Create Q RTP Addendum](#) hyperlink. If one already exists, a message will display. Clicking “Yes” will

launch the Q RTP Addendum Copy page. Clicking “No” will return to the previous page. Click the [Q RTP Tab Content Guide](#) hyperlink to view more information in the Permanency Plan Writing Guide.

Confirmation

A Q RTP Addendum for the child already exists and can be accessed under the Case/Permanency Plan category from the Cases tab. Are you sure you want to create another Q RTP Addendum?

Yes

No

Q RTP Addendum Copy

Q RTP Addendum

Child: Abby, Alex A. (9225927)

Case Name: Abby, Alice N. (9222756)

Select	Provider Name	Q RTP Addendum Date	Placement Begin Date	Placement End Date
☐	ABC Group Home (8086433)	09/19/2021	09/05/2021	
☐	ABC Group Home (8099709)	09/17/2021	09/04/2021	
☐	Bellas Group Home (8036548)	09/04/2021	09/04/2021	

17. If an approved Q RTP Addendum exists, the [View Q RTP Addendum](#) hyperlink will display. A [Pending Q RTP Addendum](#) hyperlink will display if not approved.
- Any updates to the Addendum will result in a message.
 - Once approved the information from the Addendum will prefill to the tab.

Confirmation

Changes to the Q RTP Addendum for this child with Madison Group Home have been made. The Permanency Plan has been updated to reflect these changes. Please review the information on the Q RTP tab of this plan for accuracy.

Close

QRTP Placement Addendum

QRTP Addendum Date: 09/19/2021
[View QRTP Addendum](#)

Placement Provider: ABC Group Home (8086433)
Provider's Level of Care (LOC): N/A
Placement Start Date: 09/05/2021

Placement Recommended By: Worker

Family Permanency Team

Name	Relationship	Contact Information
Badger, Benny	nephew	

Describe the reasonable and good faith efforts to identify and include all required individuals of the child's Family Permanency Team.

Test

☒ Yes
☐ No
The Family Permanency Team meetings were held at a time and place convenient for the team.

Describe:

Test

☒ Yes
☐ No
The parent or guardian from whom the child was removed provided input on the members of the Family and Permanency Team.

Describe:

Test

☒ Yes
☐ No
The child's CANS assessment was completed in consultation with the Family Permanency Team.

Describe:

Test

18. Family Permanency Team, Preferred Placement of Family Permanency Team, Child's Level of Need, Court Review, QRTP Out-of-Home Placement, QRTP Addendum History sections on the approved Addendum will prefill to the QRTP tab.
19. If there is an existing CANS a hyperlink to the approved CANS will display in the Date of CANS field. If one needs to be created, click the [Create CANS](#) hyperlink.
20. To modify the Court Review section, click the [Modify Court Review](#) hyperlink.

Preferred Placement of Family Permanency Team

☒ Yes
☐ No
Placement preferences of the Family Permanency Team and of the child are the same placement setting recommended by the caseworker who completed the child's CANS.

Child's Level of Need

Date of CANS	Child's Assessed Level of Need (LON)
09/17/2021	5

Court Review

☐ Court review for placement in a setting certified as a QRTP not yet complete.
[Modify Court Review](#)

☐ Court documents for placement in a setting certified as a QRTP not yet received from the court.

Date of court review for placement in a QRTP:

☒ Yes
☐ No
Determination was made by the court that the needs of the child could not be met through placement in a family home, and that placement of the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment consistent with the short-term and long-term goals for the child.

☐ Yes
☐ No
The court made a finding approving of the placement in a setting certified as a QRTP.

Court Review

Court Review

☐ Court review for placement in a setting certified as a QRTP not yet complete.

☐ Court documents for placement in a setting certified as a QRTP not yet received from the court.

Date of court review for placement in a QRTP: [Imaging Search](#)

☐ Yes ☐ No Determination was made by the court that the needs of the child could not be met through placement in a family home, and that placement of the child is in the best interest of the child.

☐ Yes ☐ No The court made a finding approving of the placement in a setting certified as a QRTP.

21. Imaging Search will search for existing documents with the Category and Type related to the Court Review. Click Create to add a document.

Imaging Search Resource

Errors (1)

- No matching data found for the criteria specified.

Search Criteria

Search by: Case Name: Badger, Bucky (8316816) Start Date: 09/22/2020

Category:

Assets and Income
Education
Extraordinary Payment Request
ICPC Record
ICWA
Independent Living
Legal Document
Subsequent Placement Assessment

Type:

Findings and Order for QRTP Placement
Guardianship Order
Guardianship Petition
Informal Disposition Agreement
Juvenile Court Record
Juvenile Court Report
Juvenile Resource Center Narrative
Law Enforcement Report

Participants:

Abby, Alex A. (Bio Child)
Abby, Alice N. (Reference Person)
Abby, Amy (Bio Child)
Abby, Amy (Bio Child)
Abby, Andy Ann (Bio Child)
Abby, Art J. (Fmr Sig Other)
Abby, Simon (Bio Child)

QRTP Out-of-Home Placement

☐ Yes ☒ No The needs of the child can be met through placement with a relative or in a licensed foster home. A shortage or lack of licensed foster homes is not an acceptable reason for determining that the needs of the child cannot be met in a licensed foster home.

Describe the reasons why the needs of the child cannot be met by the child's family or in a licensed foster home:

Test

☒ Yes ☐ No Placement in a QRTP is the setting that will provide the most effective and appropriate level of care in the least restrictive environment.

Describe:

Test

QRTP Placement Addendum History

Provider Name	Placement Begin Date	Placement End Date	QRTP Addendum Date	
ABC Group Home (8086433)	09/05/2021		09/19/2021	View QRTP Addendum

Visitation/Family Interaction Plan

Describe family interaction plans.

Parent/Caregiver 1:

Claire Appleton

Minimum Level Required:

Supervised

Supervised By:

Department or contracted provider

Least Restrictive Location

Family Home

Permissible:

Frequency:

Enter required text here...

Parent/Caregiver 2:

Dad Appleton

Minimum Level Required:

Supervised

Supervised By:

Department or contracted provider

Least Restrictive Location

Family Home

Permissible:

Frequency:

Enter required text here...

When siblings are not seeing each other as part of the family interaction plan, a sibling interaction plan is necessary. Describe how, when and at what frequency sibling interactions will occur.

Enter required text here...

From the Options dropdown (on any of the tabs), you can approve the plan. Select Approval and click Go. On the Approval History page, select the Approve or Not Approve radio button and click Continue. On the Case/Permanency Plan page, click Save.

22. If a future Plan Date was documented, the Plan Date will update to today’s date.

Confirmation

The Plan Date is later than your Approval Date. Submitting this Plan for Approval will set the Plan Date to your Approval Date. Do you want to continue?

Yes

No

23. You can launch the Permanency Plan document from any tab of the plan. Select Permanency Plan and click Go.

Note: The worker and Supervisor names will not prefill to the document until after approval of the Plan. The document should be printed after approval.

Use of form: Use of this form is a requirement for each child living in a foster home, group home, residential care center for children and youth, juvenile detention facility, shelter care facility, qualifying residential family-based treatment facility with a parent, or supervised independent living arrangement. This form shall be completed by the agency with placement and care responsibility for the child [Wisconsin Statute 48.38.(2)] 60 days after the date the child was first removed from their home, and every six months from the date the child was first removed, until the child reaches permanency. Personal information provided on this form may be used for secondary purposes [Privacy Law, s. 15.04(1)(m). Wisconsin Statutes].

Permanency Plan

Court File Number	Branch Number	Judge – Full Name
Permanency Plan is: Original		
Child / Youth – Full Name Abby, Alex A.		Birth Date – Child 08/05/2002
PARENT 1 – Full Name		PARENT 2 – Full Name
Abby, Alice N. 456 session 456 Baraboo, WI 50707		Abby, James 473 Fairchild Street Milwaukee, WI 53204
Attorney – Full Name Exercise-Test, Test-Reporter		Attorney – Full Name
LEGAL GUARDIAN – Full Name		
Door, red		
CASE INFORMATION		
Date – Form Filled Out 02/19/2025		Agency – Name BMCW-Admin
Child Welfare Professional – Full Name		Child Welfare Supervisor – Full Name
Agency Case Number 9222756		Date – Next Permanency Review / Hearing Due N/A (mm/dd/yyyy)
Full Name — Public Defender / Attorney for Child Exercise-Test, Test-Reporter		

24. If the the ICWA/WICWA tab is displayed on the plan, the State of Active Efforts ICWA document will also launch with the Permanency Plan.

STATE OF WISCONSIN, CIRCUIT COURT, <u>Milwaukee</u> COUNTY	
IN THE INTEREST OF	Statement of Active Efforts Indian Child Welfare Act
Abby, Alex A.	
Name	
08/05/2002	Case No. <u>9222746</u>
Date of Birth	
Active efforts to provide remedial services and rehabilitation programs designed to prevent the break-up of the Indian family were made as follows:	
1. Representatives designated by the Indian child's tribe with substantial knowledge of prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's family and to assist in developing a case plan that uses resources of the tribe and Indian community, including traditional and customary support, actions, and services.	

25. Launch the History of Planning and Services document from any tab of the plan. This document contains the full history of Conditions & Services that have been documented for the child(ren) on this plan (it does not print the selected period if the Display History checkbox is selected).

- a. Select History of Planning and Services and click Go.
26. Select the Goal(s) you want to include in the printed document by checking one or more Goals in the History of Planning & Services template. Click, Continue then generate or print the document. Only selected Goal(s) will be included in the template.
- Note:** Printing only the selected Goal(s) allows youth and parents to focus on specific goals, making it easier to track progress.

Family Case Plan or Permanency Plan Participants

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

Alex A Abby Status of Service: All ☐ Select All

☐	Condition: Enter condition 2 here...			
	Service Explanation	Service Dates	Provider	Status
	Services	07/20/2026 - Present	ABC Group Home	
☐	Condition: Enter text here.			
	Service Explanation	Service Dates	Provider	Status
	Services	03/11/2025 - Present	Alice N Abby, II	Continue

Amy Abby Status of Service: All ☐ Select All

☐	Condition: second condition explain here...			
	Service Explanation	Service Dates	Provider	Status
	Example service	07/20/2026 - Present	ABC Group Home	New
☐	Condition: Example 1 Court Condition			
	Service Explanation	Service Dates	Provider	Status
	test	03/31/2025 - Present	Callin C Cake	Modify
	Example Service	09/01/2024 - Present	Bass Lake	New

Simon Abby Status of Service: All ☐ Select All

Continue Close

Family Case Plan or Permanency Plan Participants

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

Alex A Abby Status of Service: All ☒ Select All

☒	Condition: Enter condition 2 here...			
	Service Explanation	Service Dates	Provider	Status
	Services	07/20/2026 - Present	ABC Group Home	
☒	Condition: Enter text here.			
	Service Explanation	Service Dates	Provider	Status
	Services	03/11/2025 - Present	Alice N Abby, II	Continue

Amy Abby Status of Service: All ☐ Select All

☒	Condition: second condition explain here...			
	Service Explanation	Service Dates	Provider	Status
	Example service	07/20/2026 - Present	ABC Group Home	New
☐	Condition: Example 1 Court Condition			
	Service Explanation	Service Dates	Provider	Status
	test	03/31/2025 - Present	Callin C Cake	Modify
	Example Service	09/01/2024 - Present	Bass Lake	New

Simon Abby Status of Service: All ☐ Select All

Continue Close

History of Planning and Services

Use of Form: Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Full Name: Abby, Alex A.	Birthdate 08/05/2010 (mm / dd / yyyy)
Full Name - Parent 1 Abby, Alice N., II	Full Name - Parent 2 Abby, James
Full Name - Legal Guardian Door, red	

CURRENT PLANNING AND SERVICES

Conditions and Services

Full Name - Child / Youth: Abby, Alex A.

Condition: Enter condition 2 here...

Service Category: Family Therapy

Specifically Explain Service and Describe Progress: Services

Applies to: Abby, Alex A.

Name - Responsible Person / Provider: ABC Group Home

Frequency / Duration: 2 Days per Week

Begin Date: 07/20/2026 (mm / dd / yyyy)

Target End Date: (mm / dd / yyyy)

Status of Service:

☐ Yes ☐ No Service or Treatment Needs Met by Placement in Setting Certified as a Q RTP

Condition: Enter text here.

Service Category: Parenting Services

Specifically Explain Service and Describe Progress: Services

Applies to: Abby, Alex A.

Name - Responsible Person / Provider: Alice N Abby, II

Frequency / Duration: 1 Hours per Day

Begin Date: 03/11/2025 (mm / dd / yyyy)

Target End Date: (mm / dd / yyyy)

Status of Service: Continue: Services were provided in the last six months and will continue in the next six months.

☐ Yes ☒ No Service or Treatment Needs Met by Placement in Setting Certified as a Q RTP

Full Name - Parent / Caregiver: Abby, Amy

Condition: second condition explain here..

Service Category: Independent Living

Specifically Explain Service and Describe Progress: Example service

Applies to: Abby, Amy

Name - Responsible Person / Provider: ABC Group Home

Frequency / Duration: 1 Hours per Week

Begin Date: 07/20/2026 (mm / dd / yyyy)

Target End Date: (mm / dd / yyyy)

Status of Service: New: New service will begin in the next six months:

HISTORICAL PLANNING AND SERVICES

The Permanency Plan hyperlink will appear on the desktop under the Case/Permanency Plan icon. Click the expanding Permanency Plan icon to see all related work associated to that Permanency Plan (a hyperlink to the associated Review or Hearing displays to the right if they exist).

Abby, Alice N., II (9222756)

Case details:
CPS Family - Initial Assessment
BMCVW-Admin
Open OHP exists for associated participant(s)

Case address:
Main Street
Appleton, WI 54913
(808) 888-8888

Primary worker:
Fox, Frank
Milwaukee County
(808) 555-9999
testtest

Actions:
Please select an action

View case information

Access Reports	Agreements and Notices	Assessments	Assets and Income
Assignments	Background Checks	Child/Youth Images	Education
Eligibility	Family Case Plan or Permanency Plan	ICWA	Independent Living
Legal	Narratives	Payments	Permanency Consultation
Placements	Planning	Related People	Safety
Serious Incident Notification	Youth Justice		

Family Case Plan or Permanency Plan

Family Case Plan (CPS, JH, ICWA)	07/07/2026	Abby, Amy	Pending
Permanency Plan (CPS, JH, ICWA)	03/25/2025	Abby, Alex A.	Pending
ASFA Exemptions	09/24/2021	Abby, Alex A.	
CANS Out of Home	06/03/2022	Abby, Alex A.	Approved
Relative/Non-Relative Search		Abby, Alex A.	
Safety Assessment Analysis and Plan	03/05/2025		Unsafe
Permanency Plan (CW, OHC)	03/19/2025	Abby, Andy, Sr.	Pending
Permanency Plan (CW, OHC)	03/19/2025	Abby, Simon	Pending
Permanency Plan (CPS, OHC, ICWA, IL)	11/07/2023	Watson, Emily	Pending

An option to revise a Perm Plan is available in the Options dropdown if revisions were ordered at the Hearing/Review. The revise option will only be available if the review is a judicial review or a panel review with one of the recommendations selected as “Yes” and the review must be within 30 days of the plan date.

Note: Users can “Revise” certain areas of their Permanency Plan for up to 30 days after going through a Permanency Hearing/Review.

The Revise option is available when either of the following circumstances exist:

- The “Date of Hearing/Review” date on an approved Permanency (Panel) Review, where at least one of the three questions under the “Recommendations” expando on the Panel Determinations and Recommendations tab is ‘Yes,’ within 30 days of the Plan Date on the approved Permanency Plan. Note: this is when setting the Method to Agency Panel or Independent Agency Panel. If the Method is Judicial then disable the Panel Determinations tab.
- The “Date of Hearing/Review” date on an approved Permanency Hearing is within 30 days of the Plan Date on the approved Permanency Plan.

On a revised plan the Permanence Goal and the Conditions and Services on the on the Permanency Planning tab can be edited along with the Conditions and Services on the Child’s Well-Being tab. Everything else copies over exactly from the plan that the revise option was launched from. To revise a plan, select ‘Revise’ from the options dropdown on the plan to be revised.

Parent Info

Mother:	Abby, Alice N.	Father:	Abby, James
Display: ☒ Address:	456 session 456 Baraboo, WI 50707	Display: ☒ Address:	473 Fairchild Street Milwaukee, WI 53204
Phone:		Phone:	
		Cell Phone:	

Options: **Revise** Go

Save Close