



**Continuous Quality Improvement (CQI)
2015 Access Case Record Review Report**

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Division of Management Services
Bureau of Performance Management
Quality Review and Performance Analysis Section

CQI 2015 Access Case Record Review Report Tracking Sheet

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2015 Access Review Executive Summary

This is the first of many continuous quality improvement (CQI) reports on the Wisconsin's Child Welfare Access process. Access is an essential child protective services (CPS) function, which introduces the child welfare system to local communities and their children and families. Access begins when a reporter – a teacher, neighbor, parent, relative, healthcare worker, police officer – calls his or her local child welfare agency to report suspected maltreatment of a child. Access workers collect pertinent information and are required to quickly assess the information to appropriately respond to alleged reports of child abuse and/or neglect. Decision-making based on collected information is the most critical task performed by Access supervisors, with each decision potentially affecting the immediate safety and well-being of children and their families.

The 2015 Access review focused on two goals:

Goal 1: Establish a statewide baseline for CPS Access practice.

Goal 2: Test the new case record review process.

This report focuses on the first goal. Appendix A provides information about the second goal.

Key Findings and Recommendations

- **The vast majority (92%) of screening decisions were consistent with Access and Initial Assessment Standards.** This baseline may be biased to a higher percentage because reviewers knew the screening decision prior to assessing its consistency with Access Standards. Additionally, a separate review panel discussed all of the cases in which reviewers identified the screening decision as inconsistent with Standards. Some of these assessments were overturned by the panel but similar attention was not provided to cases where the screening decision was deemed consistent with Access Standards. *Recommendation: Refine the case review process to eliminate potential biases where possible. Conduct additional data analyses using administrative data to determine what factors influence screening decisions.*
- **Safety assessments were consistent with Access and Initial Assessment Standards 85% of the time.** The safety assessment (determining the presence or absence of present danger and/or possible and likely impending danger) informs the assigned response time. Child welfare agencies are then required to make face-to-face contact within those timeframes, which helps child welfare agencies prioritize incoming CPS Reports. *Recommendation: Continue to develop and support enhanced safety training for supervisors and workers.*
- **The consistency of screening decisions with Access and Initial Assessment Standards varied by allegation type.** Sexual abuse allegations were screened consistently 100% of the time, neglect cases 90% of the time and physical abuse cases 85% of the time. Physical abuse allegations had fewer screening decisions consistent with Standards than neglect. *No related recommendations.*
- **A safety assessment (the presence or absence of present danger and/or possible and likely impending danger) consistent with Access and Initial Assessment Standards was found to be associated with screening decisions consistent with Standards.** When the safety assessment (determining the presence or absence of present danger and/or possible and likely impending danger) was consistent with Standards, the screening decision was also consistent with Standards between 94% and 97% of the time. There were times when the screening decision was consistent with Standards even though one or both components of the safety assessment were not consistent

with Standards. *Recommendation: Continue to develop and support enhanced safety training for supervisors and workers.*

- **Adherence to Access and Initial Assessment Standards in information gathering and documentation had a wide range depending on the specific item.** Demographic information was most likely to be captured (between 78% and 92% of the time) while more nuanced information such as child functioning and parental protective capacities were documented less frequently (between 13% and 35% of the time). The baseline for information gathering may be biased to a lower percentage because the case record review instrument and instructions were constructed with a strict interpretation of Standards. *Recommendation: Collect more information and conduct additional analyses to 1) better understand the variation in documentation from the worker's perspective; 2) understand whether measured variation in documentation changes depending on the interpretation of Standards; and 3) understand how this variation relates to positive outcomes for children.*
- **The more information adequately documented, the higher the likelihood of producing screening decisions and safety assessments that were consistent with Access and Initial Assessment Standards.** Adequate documentation of information to meet Standards about the alleged maltreater, child functioning and parental protective capacities was highly associated with screening decisions and safety assessments that were consistent with Standards. *Recommendation: Provide guidance around documenting key required information and consider relevant updates to eWiSACWIS.*
- **Adequacy of information gathering varied by allegation type.** Child injury/condition was more likely to be adequately documented for physical abuse allegations (71%) compared to neglect (48%). *No related recommendations.*

The following procedural lessons were learned from the 2015 Access Review:

- **Improvements to the Access review instrument were identified.** The review process identified the need to add questions and refine skip logic. *Recommendation: Refine the review instrument to capture additional information or documentation that may have an effect on decision-making.*
- **More time was needed to train new reviewers.** The time invested in supporting new reviewers was greater than their case review output, due to the tight timeframe of the 2015 review schedule. In the future, Access reviewers will be offered more time to complete prerequisite training and be provided with additional coaching opportunities. *Recommendation: Formalize the case reviewer certification process before the next Access review in 2016.*

Next Steps

This report is the beginning of the CQI process for Access. It provides case record review results about adherence to Access and Initial Assessment Standards in CPS case practice and the consistency of decision-making based on Standards at Access. These results, in combination with other information sources and projects being pursued to improve child welfare outcomes, can be used to identify challenging areas of practice to inform improvement projects. Future case record reviews and analyses, and subsequent improvement projects based on review results, will provide opportunities to continue enhancing DCF services and promoting positive outcomes for children and families in Wisconsin.

Introduction and Goals of Review

One of the most essential child protective services functions happens at Access, when a reporter—a teacher, neighbor, parent, relative, healthcare worker, police officer—calls his or her local child welfare agency¹ to report suspected maltreatment of a child. Access workers collect pertinent information and are required to quickly assess the information to appropriately respond to alleged reports of child abuse and/or neglect. Decision-making is the most critical task performed by Access supervisors, with each decision potentially affecting the immediate safety and well-being of children and their families.

In early 2015, the Department of Children and Families (DCF) set out to assess the overall quality of Access practice across the State of Wisconsin as part of the newly revised Child Welfare Continuous Quality Improvement (CQI) system.² The 2015 review of Child Protective Services Access Reports (referred to throughout as CPS Reports) focused on two primary goals and a third long-term goal.

Goals for Review of CPS Access

Goal 1: Establish a Statewide Baseline for CPS Access Practice. The first main goal was to establish a statewide baseline of adherence to Access and Initial Assessment Standards and consistency of decision-making based on Standards. DCF determined this baseline by systematically examining CPS Reports—the information documented, the safety and risk analyses conducted, and decisions made—throughout the state. Goal 1 is the primary focus of this report.

Goal 2: Test the New Case Record Review Process. The second goal was to test the new case record review process to ensure that it provides the information needed to understand the strengths and challenges of CPS Access. DCF used the 2015 review to refine the case record review process, establish data collection methods, and ensure that the review instrument gathers useful information. Necessary adjustments will be made to further improve the Access case record review process in 2016. Detailed information about this year's case record review process, methods, results and discussion can be found in Appendix A; suggestions for changes to future reviews can be found in the Recommendation section.

A long-term goal is to use these and future review results along with other information to understand what areas of practice are correlated with the outcomes that DCF wants to see for children and families. As the initial report on CPS Access, this report looks primarily at correlations between key areas of CPS Access practice and short-term outcomes such as the consistency of screening decisions based on Access and Initial Assessment Standards to identify areas of strength and challenge in the Access process statewide. After subsequent reviews, DCF will be able to collect and analyze case record review

¹ Wisconsin has a state-supervised, county-administered child welfare system. Local human services agencies (in 71 of the 72 counties) are responsible for child welfare service delivery with oversight from the Department of Children and Families (DCF). In Milwaukee County, DCF directly administers child welfare services through the Bureau of Milwaukee Child Welfare (BMCW). Note as of October 2015, BMCW has changed its name to the Division of Milwaukee Child Protective Services (DMCPS).

² The Bureau of Performance Management (BPM) has been tasked with developing and implementing the case record review instruments and processes as well as analyzing the resulting data and writing reports. BPM is part of the Division of Management Services, which works across the Department's program divisions. Throughout the process BPM has worked closely with the Division of Safety and Permanence (DSP), which has oversight authority for the state's child welfare system as well as the state's CQI system.

and other data against the long-term outcomes identified in the “crosswalk” of child welfare practice and outcome measures (Appendix B). From there, DCF will partner with local child welfare agencies and others to engage in improvement projects to address the areas of challenge most correlated with positive outcomes for children.

Background

Federal Child and Family Services Requirements and Wisconsin’s Child Welfare CQI System

Federal regulations require all states to have a quality assurance system in place to regularly assess the quality of services under the Child and Family Services Plan (CFSP) and to ensure that there will be measures to address identified problems as part of the CFSP. The Federal Administration for Children and Families Children’s Bureau encourages states to have the following five functional components in their CQI system:

1. Administrative oversight to ensure consistency
2. Quality data collection
3. Case review instruments
4. Sharing of data and analysis on all performance measures
5. Providing feedback to stakeholders and decision makers

The quality of a state’s CQI system is also assessed during the federal Child and Family Service Review (CFSR), which occurs every five to seven years. Wisconsin’s Round 3 CFSR is scheduled for 2018. CFSRs are periodic reviews of state child welfare systems that focus on three goals:

1. Ensuring conformity with federal child welfare requirements
2. Determining what is happening to children and families while engaging in state services
3. Assisting states in achieving positive outcomes for children and families

In 2014, Wisconsin began revising its CQI system to more effectively meet the five functional components of a CQI system.³ DCF, in partnership with local child welfare agencies, the courts and other partners have established the following mission for the state’s child welfare CQI system:

Wisconsin is committed to a Continuous Quality Improvement (CQI) system that supports the assessment and improvement of child welfare practice, processes, and outcomes at the state and local level. Wisconsin Department of Children and Families fulfills this mission by providing resources, tools, and processes to build and sustain CQI at the state and local level.

Wisconsin’s Child Welfare CQI System targets the core outcomes of child safety, permanency, and well-being. It has two key components:

1. CQI performance data, reports and other analytic tools created by annually compiling data from administrative systems, case record reviews, and other relevant sources.

³ Prior to 2014, Wisconsin’s Continuous Quality Improvement system was based around the Quality Service Review (QSR) model. Wisconsin adopted the QSR in 2005 in response to the CFSR Round 1 finding that Wisconsin needed to create and implement a CQI system. The QSR approach involved in-depth case reviews for a small number of cases, including a review of the file (electronic and paper), as well as interviews with key individuals tied to the case, and focus groups with key stakeholders. Each year, nine to 10 counties were chosen to be part of the QSR. One of the essential elements missing from the QSR was the ability to review a large number of cases statewide.

2. Resourcing improvement projects based on recommendations through collaboration with key stakeholders.

The focus in 2015 is on creating an understanding of child welfare practice areas (component 1). To do this, DCF developed new child welfare CQI case record review instruments and processes for each stage of interaction with Wisconsin's Child Protective Services (CPS) system: Access, Initial Assessment, and Ongoing Services. The revised CQI case record review process aims to provide a robust understanding of child welfare practice in the state by examining a representative sample of cases. This is the first of three reports for 2015 focused on statewide case record reviews. This report focuses on Access, the entry point into the CPS system.

The Role of Case Record Reviews in Wisconsin's New Child Welfare CQI System

As part of the new CQI system, case record reviews play a different role than they have in the past, where case reviews were the primary focus. Under the new CQI system, case record review results are considered a data source rather than conclusion or a judgement upon which to act. In the past, the results of the case review identified areas in need of improvement. Using that information, the county reviewed the identified areas and developed an action plan for training and staff development.

In the new CQI system, the case record review instruments (Access, Initial Assessment and Ongoing) are designed to assess decision-making and adherence to Access and Initial Assessment Standards. The results, however, are used to understand how adherence to Standards within key areas of practice is correlated⁴ with the outcomes that DCF seeks for children served in Wisconsin's Child Welfare System. While adherence to Standards is important, the goal of the CQI system is to improve outcomes. By understanding which areas of practice are correlated to the relevant outcomes and by combining case record review results with other key sources of information, DCF and its partners will be able to identify where to focus future improvement efforts.

In 2014, DCF began the process of establishing a practice and outcome review "crosswalk" for Wisconsin's Child Welfare System (Appendix B), which identifies the following items for Access, Initial Assessment and Ongoing Services:

1. Intended results for children and families
2. Administrative/quantitative data
3. Qualitative case practice review components
4. Related CFSR performance item(s)
5. Related organizational factors
6. Outcome measures and CFSR national standards

For Access, the intended result is that children and families referred to Child Protective Services receive appropriate and timely intervention to assess and ensure child safety as warranted and authorized by state law. Future outcomes associated with Access performance measures include the following performance measures:

1. Cases that are screened out do not have a subsequent CPS or Child Welfare Services Report within three, six, nine and 12 months

⁴ Items are correlated when they occur together. Correlations are useful because they can indicate a predictive relationship that can be used to improve practice. For example, if DCF focuses its efforts on ensuring local child welfare agencies follow a policy correlated to timely reunifications, it is more likely that the number of timely reunifications will increase.

2. Children who are alleged victims in a screened-in CPS Report do not have a subsequent screened-in CPS Report within 12 months
3. CPS Reports are screened by the supervisor in a timely manner

This report and future reports will include key results (obtained through electronic case record reviews) on the adherence of case practice to Access and Initial Assessment Standards with the intent of ultimately measuring the relationship between adherence to Standards and the long-term outcomes highlighted above. The results presented in this report are provided as context. While DCF may find that the state is not consistently applying a particular standard at a high rate, this sole criterion is not intended to trigger a corrective action plan. DCF and its partners will use the results to establish a baseline for decision-making and consistent adherence to Standards of CPS Access practice statewide and identify areas of strength and challenge in the Access process, targeting the areas that are most correlated with positive outcomes for children and families. From there, DCF will partner with local child welfare agencies and others to engage in improvement projects to address the areas of challenge.

The Function of Access in Child Protective Services

Child Protective Services is a specialized field of the child welfare system. CPS intervention is warranted whenever there is a report that a child may be unsafe. The purpose of CPS is to identify and alter family conditions that make children unsafe. CPS Access is the process of receiving, analyzing, and documenting reports of alleged child maltreatment. The functions of CPS Access are to:

1. Receive and document reports of alleged maltreatment from the community
2. Identify families that the CPS system must respond to
3. Determine the urgency of the response time
4. Initiate an assessment of child safety and family strengths and needs

The process of receiving reports of alleged maltreatment occurs at the local child welfare agency. In order to ensure that reports are processed quickly and efficiently, local agencies are required to document all reports in the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS). A CPS Report is used to evaluate current and historical family information to understand family conditions and dynamics, which impact child safety. Evaluating historical family circumstances reduces incident-based screening and alerts CPS to pervasive, changing, or escalating conditions or patterns.

The Access worker does not passively receive and record the information that the reporter presents. It is the Access worker's role to seek out relevant information for CPS decision-making, skillfully question reporters and analyze the information for meaning in terms of statutory definitions, Access and Initial Assessment Standards, and safety assessment tools. (See Appendix C for an overview of the CPS process.)

Review Instrument Components

The review instrument (Appendix D) was designed to assess the following sections:

- 1) **Information Gathering.** Review questions in this section assess consistency with Access and Initial Assessment Standards in the collection and documentation of pertinent information from the reporter and relevant records. For example, Access workers are required to gather and record information on current and past maltreatment allegations, as well as child functioning and parental protective capacities. In order to adhere to Standards, the CPS Report must sufficiently and comprehensively document the required informational component, or clearly document that the reporter was asked and did not have said information (or the information was unavailable).

- 2) **Safety Assessment.** Gathering relevant and sufficient information at Access is necessary to assess for present and possible or likely impending danger threats to child safety. Access and Initial Assessment standards provide guidelines for determining family dynamics and/or parental behaviors that constitute present danger threats and possible or likely impending danger threats. Review questions gauge the agency's consistency of information documented according to Standards to assess for present danger and possible or likely impending danger. The assessment of the presence or absence of present danger and/or possible and likely impending danger (referred to as safety assessments throughout this report) is considered consistent with Standards when the local child welfare agency correctly identifies and documents the presence of danger *or* correctly confirms the absence of danger.
- 3) **Screening Decision and Response Time.** Based on threats to child safety and the presence or absence of present danger and/or possible and likely impending danger, agencies make screening decisions, screening in referrals where there is suspicion of abuse or neglect. When referrals are screened in, agencies must assign the required response time for initial face-to-face contact. Questions in this section measure the consistency of the screening decision based on Access and Initial Assessment Standards and assigned response time (same-day, 24-48 hours, or within 5 business days).
- 4) **Notifications.** In certain situations, Access and Initial Assessment standards require local agencies to provide feedback on CPS referrals to outside agencies or individuals involved within a specified timeframe. Questions in this section assess adherence to Standards in sending required notifications to law enforcement agencies, tribal agencies, and mandated or relative reporters when applicable.
- 5) **Reasons for Screening Error.** Review questions in this section are answered only if the screening decision was determined to be inconsistent with Access and Initial Assessment Standards. In these cases, reviewers were asked to select one or more reasons why the screening decision was inconsistent with Standards, and then select a primary reason.

The possible answers for each question depend on the nature of the question. For some questions, such as, "Was the screening decision correct?" the available options are simply "Yes" or "No," where "Yes" indicates a screening decision consistent with Access and Initial Assessment Standards and "No" indicates a screening decision inconsistent with Standards. For other questions, primarily in the Information Gathering section, the possible answers are variations of "All," "Some," or "None," such as the question regarding documentation of potential American Indian heritage. In this example, an answer of "*some* alleged victims" (meaning American Indian heritage was addressed for at least some required children but not all required children) implies that Standards are known, but not consistently applied.

Methodology

Sample Selection

In order to examine CPS Access practice statewide, DCF sought to conduct case record reviews on a large, representative sample. Data from eWiSACWIS (through the *SM02X100 Access Enhanced Report*) was used to compile a random sample from the state's population of CPS Access reports created during the 2014 calendar year. Special considerations were given for dividing the sample appropriately between reports from the Bureau of Milwaukee Child Welfare (BMCW) and the Balance of State (BOS), given the high volume of child welfare cases pertaining to Milwaukee County.

Quantitative Data Analysis

It is important to note that this report does not attempt to establish the impact of Wisconsin's child welfare policies. As such, this report cannot say that adherence to Access and Initial Assessment Standards in the application of a certain policy *caused* an outcome. Rather, the report looks at how CPS practice as measured by adherence to Standards is correlated, or related, to certain outcomes.

In order to measure adherence to Access and Initial Assessment Standards, it was necessary to operationalize concepts defined in the Standards; these concepts were the basis for the five sections of the case record review instrument. (See Appendix A for description of how the instrument was developed; see Appendix D for a copy of the review instrument.) In general, each section contains multiple questions that reflect the requirements set forth in Standards, with each question representing one construct (i.e., one required element). Each answer is categorized as "positive" (meaning Access and Initial Assessment Standards were followed consistently) or "negative" (meaning that Standards were not followed consistently). In several instances there is more than one possible positive or negative answer. That is, the answers reflect the different acceptable ways to follow Standards (such as in Information Gathering, where the local agency must adequately document required elements *or* clearly indicate that the reporter was asked and did not have the information) or the varying degree to which Standards were not followed (such as sufficiently documenting a required informational element for only "some alleged victims" or leaving a section of the CPS Report blank). As the review instrument is completed electronically (using Microsoft Access), each possible answer is automatically labeled (e.g., "positive1," "negative2," etc.), in the database for all data elements, allowing for analysts to arrive at the number of reports where case practice adhered to Standards for every question/data element and to perform further coding for more complex analyses.⁵

Data from the case record reviews were merged with administrative data on the reports in the sample (including allegation types and demographic data) in order to address questions surrounding CPS Access case practice and outcomes, particularly in regard to the relationships between adherence to Access and Initial Assessment Standards in information gathering and assessment of safety and screening decisions consistent with Standards. Variables for statistical testing were chosen based on hypotheses formulated by experts in Child Protective Services from the Department in collaboration with the University of Wisconsin-Madison School of Social Work. These variables included elements of information gathering deemed critical for safety assessments and/or screening decisions that are consistent with Standards, as well as allegation type, alleged victim demographics, and reporter type. The variables were tested to

⁵ Initial data cleaning and preparation occurred in Excel, including binary coding of variables for statistical analysis with values of 1 for positive answers and 0 for negative answers.

determine if they have any association with adherence to Standards in case practice (i.e., information gathering) or on outcomes (e.g., screening decision consistent with Standards).

The data were analyzed using SAS⁶ version 9.4. Additional data cleaning and all statistical testing were performed using SAS. A p-value⁷ of less than 0.05 was used as criteria for all statistical significance testing. Several chi-square tests⁸ of association were conducted to evaluate the consistency of the screening decision with Standards by select Access report characteristics, and to compare information gathering with Access review outcomes and allegation types. Logistic regression⁹ was used to calculate crude odds ratios¹⁰ in order to compute the relative odds of the occurrence of interest and given factors collected during the review. For example, these analyses compared the consistency of safety assessments with Standards to the adequate documentation of certain elements of information gathering, such as the whereabouts of the alleged maltreater.

⁶ SAS refers to Statistical Analysis System, a software suite for advanced analytics.

⁷ In statistical hypothesis testing, the p-value describes the probability of obtaining observed results on the basis of chance alone; the smaller the calculated p-value, the lower the likelihood of chance as an explanation for the observed results. If a p-value is calculated to be <0.05, the findings are considered to be statistically significant, meaning that the relationship is unlikely to be due to chance alone.

⁸ Chi-square tests are used to determine whether there is a significant association between variables.

⁹ Logistic regression is statistical technique for estimating the relationship among variables.

¹⁰ The results of regression analysis give the odds ratio, which is another measure of association between two variables. The odds ratio represents the odds that outcome A will occur, given the presence of B.

Results

Case Record Review Sample

The primary sample¹¹ of CPS Reports was drawn from the entire population of Access referrals received in Wisconsin during calendar year 2014 using data from eWiSACWIS. Preliminary data show there were a total of 73,662 CPS referrals received throughout the state in 2014. A sample size of 271 CPS Reports was necessary in order to achieve results that are representative of the total population of Access referrals received in 2014 with a 90% confidence level.¹² Of the total number of CPS referrals received throughout the state in 2014, 21% came from Milwaukee County. Consequently, 57 reports (21% of 271) were randomly selected from the total of BMCW reports, and the remaining 214 reports were randomly selected from the total of BOS reports. (A distribution of counties in the sample can be found in Appendix G.) Additional reports were also included in an oversample for cases where special circumstances made it impossible to assess the original report. In total five CPS Reports were replaced with reports in the oversample.¹³

Table 1. Basic Characteristics of Review Sample and Population. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Population [∞]		Access Review Sample	
	N	(%)	N	(%)
Screening Decision				
Screened In	28,024	(38.0%)	109	(40.2%)
Screened Out	45,638	(62.0%)	162	(59.8%)
Reporter Type				
Mandated Reporter	43,769	(59.4%)	178	(65.7%)
Non-Mandated Reporter	29,893	(40.6%)	93	(34.3%)
After Hours				
Yes	4,728	(6.4%)	21	(7.7%)
No	68,934	(93.6%)	250	(92.3%)
Screened Timely				
Screened Within 24 Hours	64,203	(87.2%)	236	(87.1%)
Not Screened Within 24Hours	9,459	(12.8%)	35	(12.9%)

[∞]Based on preliminary 2014 data. See the 2014 Wisconsin Child Abuse and Neglect Report (forthcoming) for official numbers.

¹¹ A secondary sample of Child Welfare Services Reports was also created for an ancillary review.

¹² This sample size was chosen to have the power to detect changes in outcomes measured by the review instrument that are larger than 5%, with a 90% confidence level, 80% of the time ($\alpha=0.05$, $\beta=0.20$). This same power and confidence level is also a federal CFSR Round 3 requirement for ongoing case review. In Wisconsin, an Access review sample of 271 reports will have adequate power to detect a 5% change in adherence to specific Access and Initial Assessment Standards that are collected on all CPS Reports. However, the size of this sample will not have adequate power to detect changes in specific geographical areas or in subsets of cases (for example, Milwaukee County or looking only at physical abuse allegations).

¹³ There were three scenarios that necessitated swapping out reports from the oversample: (1) reports with no identifying information (i.e., alleged maltreater(s) and alleged victim(s) are unknown); (2) out-of-state jurisdiction (screening decision by county outside of Wisconsin); and (3) call termination (reporter hangs up before Access worker can ask remaining questions).

The sample of CPS Reports pulled for the review appears to be representative of the population. For example, of the 271 CPS Reports in the sample, 162 (60%) were screened out and 109 (40%) were screened in (see Table 1). Of the population of 73,662 CPS Reports, 45,638 (62%) were screened out and 29,024 (38%) were screened in (Table 1). Table 1 provides an overview of the basic characteristics of the sample used. Table 2 provides additional details of the demographics within the sample.

**Table 2. Basic Characteristics of Access Review Sample.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

Characteristic	N [∞]	(%)
Report Type		
Primary	237	(87.5%)
Secondary/Non-Caregiver	34	(12.5%)
Allegations		
Neglect	111	(41.0%)
Physical Abuse	73	(26.9%)
Sexual Abuse	41	(15.1%)
Emotional Abuse	6	(2.2%)
Unborn Child Abuse	2	(0.7%)
Multiple	38 [‡]	(14.0%)
Race/Ethnicity Reported of Alleged Victim(s)[^]		
White, Non-Hispanic	125	(46.1%)
Black, Non-Hispanic	63	(23.3%)
Hispanic	20	(7.4%)
American Indian	9	(3.3%)
Other	2	(0.7%)
Unknown [§]	52	(19.2%)
Report Contained One or More Alleged Victim Age 0-2		
Yes	44	(16.2%)
No	227	(83.8%)

[∞] The total number of reports in some categories is not equivalent.

[‡] Of the 38 reports, 32 contained an allegation of neglect in addition to one other maltreatment type.

[^] Although there were 395 children associated with the 271 reports, all children contained within a single report were documented as having the same race.

[§] Unknown race comprises multiple categories: unable to determine, declined, or left blank.

Adherence to Standards in CPS Case Practice

This section highlights key results related to the consistency of safety assessments and/or screening decisions with Access and Initial Assessment Standards and which variables are associated with these key outcomes. The results of each question contained in the review instrument are shown in Appendix H. A general description of how to read the Results tables can be found in Appendix F. A discussion of the results and related recommendations are found in the Discussion and Results sections.

Summary of Review Outcomes

Review results for safety assessments (presence or absence of pending danger and/or possible and likely impending danger) and screening decision are shown in Table 3. For example, of the 271 CPS Reports reviewed, over 92% (248 reports) had a screening decision consistent with Access and Initial Assessment Standards. Of the 237 Primary CPS Reports reviewed, 74% (176 reports) had a safety assessment consistent with Standards for *both* present danger and possible or likely impending danger (meaning that the local agency correctly identified the presence or absence thereof).

Table 3. Consistency of Review Outcomes with Access and Initial Assessment Standards. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

Outcome		N [∞]	(%)
Screening Decision			
	Consistent	248	(91.5%)
	Inconsistent	23	(8.5%)
Safety Assessment			
	Safety Assessment: Present Danger		
	Consistent	202	(85.2%)
	Inconsistent	35	(14.8%)
	Safety Assessment: Possible or Likely Impending Danger		
	Consistent	199	(84.0%)
	Inconsistent	38	(16.0%)
	Safety Assessment: Both PD and ID [‡]		
	Consistent	176	(74.3%)
	Inconsistent	61	(25.7%)

[∞]Safety Assessments are only completed on Primary CPS Reports. There were 237 Primary CPS Reports in the sample.

[‡] Accurate here means BOTH present danger and possible or likely impending danger were accurately assessed, while inaccurate means ONE or BOTH were inaccurately assessed.

Screening Decision

Allegation type was associated with the consistency of screening decisions with Access and Initial Assessment Standards. Table 4 shows a cross-comparison of screening decision consistency and allegation type. For example, 90% of reports with neglect allegations had a screening decision found to be consistent with Standards (compared to 10% that had an inconsistent screening decision) and nearly 85% of reports with physical abuse allegations had a screening decision consistent with Standards (while 15% had an inconsistent screening decision). The observed difference in the consistency of screening decisions with Standards by allegation type is statistically significant, as denoted by an asterisk. (The number of asterisks increases with higher levels of significance.)

**Table 4. Consistency of Screening Decision by Allegation Type.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

Allegations	Screening Decision**			
	Consistent		Inconsistent	
	N	(%)	N	(%)
Neglect	100	(90.1%)	11	(9.9%)
Physical Abuse	62	(84.9%)	11	(15.1%)
Sexual Abuse	41	(100.0%)	0	(0.0%)
Multiple/Other [∞]	45	(97.8%)	1	(2.2%)

**This relationship was statically significant at $p \leq 0.01$.

[∞]Multiple/Other includes all reports that have multiple allegation types (N=38), allegation types of emotional abuse (N=6), or unborn child abuse (N=2)

A safety assessment consistent with Access and Initial Assessment Standards is also highly associated with a screening decision consistent with Standards, as shown in Table 5. For example, those reports with a screening decision consistent with Standards also had a consistent assessment of present danger 95% of the time (while 5% of reports that had a screening decision inconsistent with Standards had a consistent assessment of present danger). When the CPS Report did not assess for present danger in a manner consistent with Standards, screening decisions were less likely to be consistent with Standards; 63% of reports with an assessment of present danger inconsistent with Standards had a screening decision consistent with Standards.

**Table 5. Consistency of Screening Decisions and Safety Assessments with Access and Initial Assessment Standards.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

Safety Assessment	Screening Decision			
	Consistent		Inconsistent	
	N	(%)	N	(%)
Safety Assessment: Present Danger				
Consistent	192	(95.1%)***	10	(5.0%)***
Inconsistent	22	(62.9%)***	13	(37.1%)***
Safety Assessment: Possible or Likely Impending Danger				
Consistent	186	(93.5%)**	13	(6.5%)**
Inconsistent	28	(73.7%)**	10	(26.3%)**
Safety Assessment: Both PD and ID				
Consistent	171	(97.2%)***	5	(2.8%)***
Inconsistent	43	(70.5%)***	18	(29.5%)***

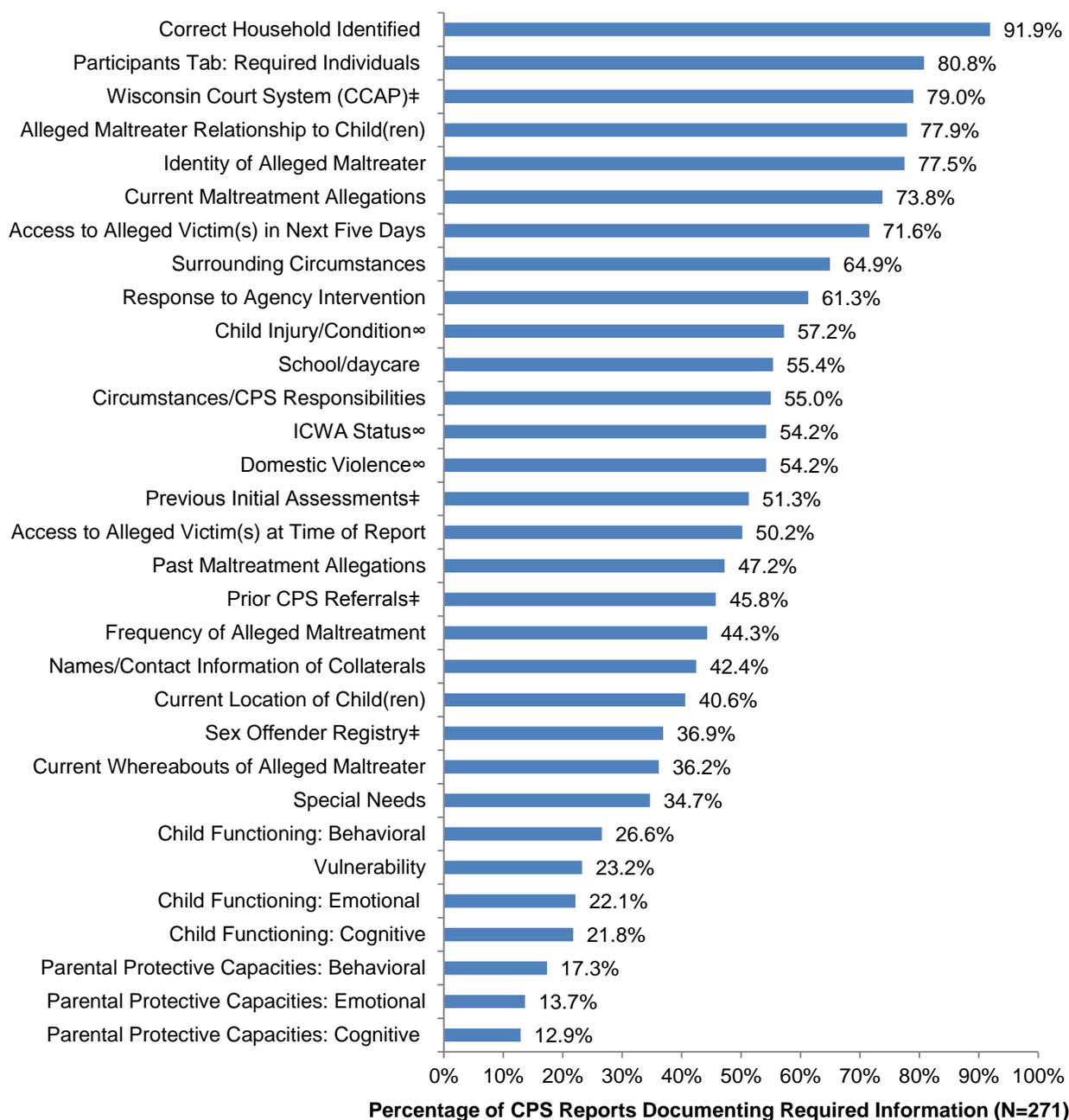
*Significant at $p \leq 0.05$; ** significant at $p \leq 0.01$; *** significant at $p \leq 0.001$

Additionally, safety assessment consistency based on Access and Initial Assessment Standards was tested for association with allegation type, but there were no statistically significant results (not shown).

Information Gathering

Figure 1 shows the percentage of reports that adhered to Access and Initial Assessment Standards in information gathering through the adequate documentation of informational components required in all CPS Reports. For example, 92% of CPS Reports adhered to Standards in identifying which household to assess, and 13% of the CPS Reports reviewed adhered to Standards regarding documentation of parental cognitive protective capacities.

Figure 1. Percentage Following Information Gathering Standards for All CPS Reports. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

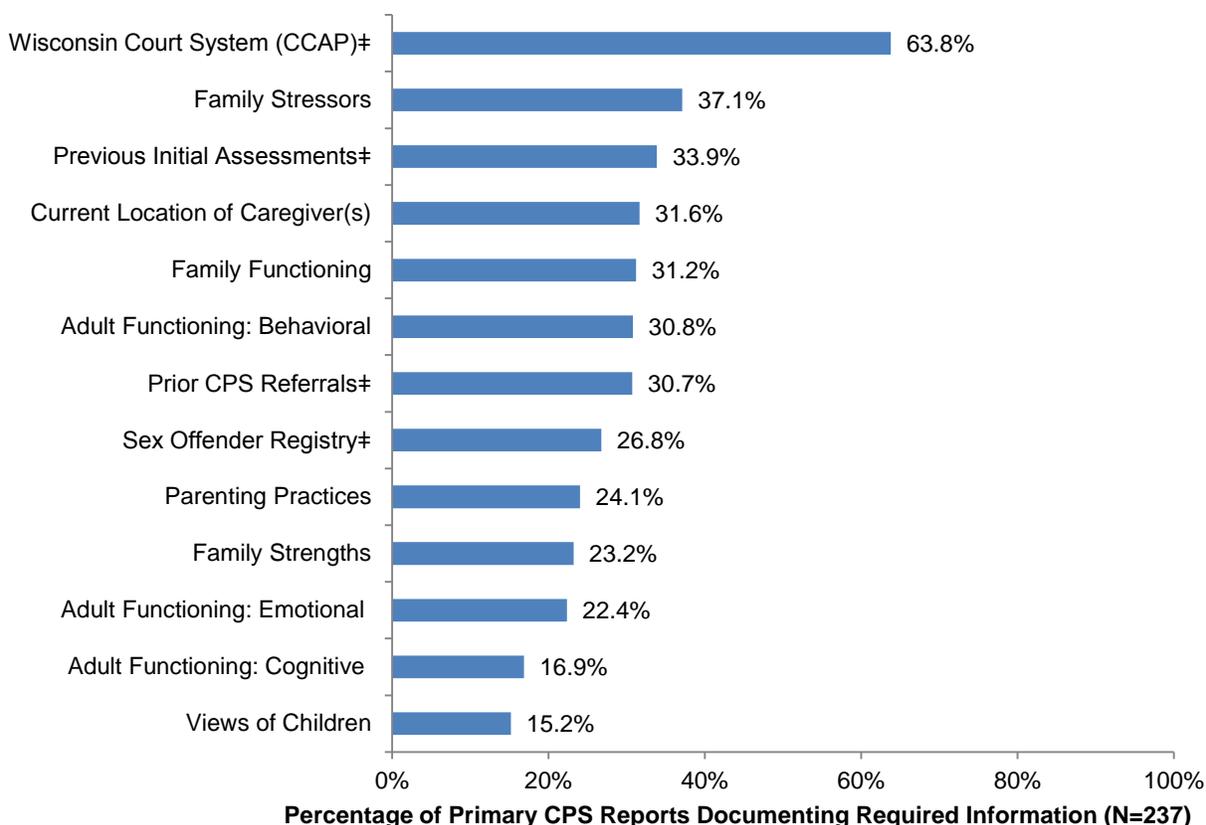


[∞] Results obtained prior to secondary review (See Appendix E)

‡ Indicates required records searches for alleged maltreater(s)

Figure 2 summarizes the results of additional information gathering components required in Primary CPS Reports. For example, 64% of the Primary CPS Reports reviewed adequately documented the record search of the Wisconsin Court System (CCAP) for household members of the alleged victim, and 15% of the Primary CPS Reports reviewed consistently documented the parents/caregivers' views of the child as required by Access and Initial Assessment Standards.

Figure 2. Percentage Following Information Gathering Standards for Primary CPS Reports. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.



‡ Indicates required records searches for other household member(s)

Table 6 shows the association between adequate documentation of 10 elements of information gathering and safety assessments and screening decisions found to be consistent with Access and Initial Assessment Standards. For example, when the whereabouts of the alleged maltreater was adequately documented (or the local agency adequately documented that the reporter was asked and did not know the whereabouts), reports had a screening decision consistent with Standards 98% of the time. If the whereabouts of the alleged maltreater are not adequately documented, the screening decision was consistent with Standards 88% of the time. Adequate documentation of the whereabouts of the alleged maltreater (whether known or unknown) has a strong association with assessing for *both* present danger and possible or likely impending danger in a manner consistent with Standards. If the whereabouts are documented, present danger and possible or likely impending danger are consistently assessed for both present and possible or likely impending danger 84% of the time, compared to 69% of the time when

whereabouts are not adequately documented. Looking at these individually, there is a stronger association with assessing consistently for present danger (94% compared to 81%; statistically significant) than there is with possible or likely impending danger (88% compared to 82%; not statistically significant).

Table 6. Information Gathering and Consistency of Selected Access Review Outcomes with Access and Initial Assessment Standards. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

Informational Components		Consistent Screening Decision	Consistent Safety Assessment ^{oo}		
			Present Danger	Possible or Likely Impending Danger	Both Present and Impending Danger
<i>Alleged Maltreater</i>					
Whereabouts	Adequately Documented	98.0%**	93.9%**	87.8%	84.2%**
	Inadequately Documented	87.9%**	80.7%**	81.9%	69.0%**
Current Access to Victims(s)	Adequately Documented	97.1%***	89.8%*	87.3%	80.0%
	Inadequately Documented	85.9%***	80.7%*	80.7%	68.9%
Future Access to Victim(s)	Adequately Documented	91.8%	88.0%*	84.0%	77.1%
	Inadequately Documented	90.9%	77.4%*	83.9%	66.1%
<i>Child Functioning</i>					
Vulnerability	Adequately Documented	98.4%*	96.3%**	88.9%	87.0%**
	Inadequately Documented	89.4%*	82.0%**	82.5%	70.5%**
Cognitive Functioning	Adequately Documented	96.6%	90.2%	86.3%	80.4%
	Inadequately Documented	90.1%	83.9%	83.3%	72.6%
Emotional Functioning	Adequately Documented	98.3%*	94.2%*	88.5%	84.6%
	Inadequately Documented	89.6%*	82.7%*	82.7%	71.4%
Behavioral Functioning	Adequately Documented	97.2%*	90.5%	87.3%	81.0%
	Inadequately Documented	89.5%*	83.3%	82.8%	71.8%
<i>Parental Protective Capacities:</i>					
Emotional	Adequately Documented	100.0%*	96.8%	96.8%*	93.6%**
	Inadequately Documented	90.2%*	83.5%	82.0%*	71.4%**
Behavioral	Adequately Documented	100.0%*	95.0%	85.0%	82.5%
	Inadequately Documented	89.7%*	83.8%	83.8%	72.6%
Cognitive	Adequately Documented	97.1%	96.6%	100.0%**	96.6%*
	Inadequately Documented	90.7%	83.7%	81.7%**	71.2%*

*Significant at p≤0.05; ** significant at p≤0.01; *** significant at p≤0.001

[∞] Note: In total, 91.5% of reports had a screening decision consistent with Standards; 85.2% consistently assessed for present danger; 84% consistently assessed for possible/likely impending danger; 74.3% had overall safety assessment consistent with Standards (both present and possible or likely impending danger).

Another way of stating this relationship is that when the whereabouts of the alleged maltreater was adequately documented, reports were 6.6 times more likely to have a screening decision consistent with Access and Initial Assessment Standards, 3.7 times more likely to consistently assess present danger, 1.6 times more likely to consistently assess possible or likely impending danger (not statistically significant), and 2.4 times more likely to assess both present and possible or likely impending danger consistently (Table 7).

Table 7. Information Gathering and Odds Ratios of Selected Access Review Outcomes. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Consistent Screening Decision	Consistent Safety Assessment		
		Present Danger	Possible or Likely Impending Danger	Both Present and Impending
Informational Component Adequately Documented:				
Alleged Maltreater				
Whereabouts	6.6*	3.7*	1.6	2.4*
Current Access	5.4*	2.1*	1.6	1.8
Future Access	1.1	2.1*	1.0	1.7
Child Functioning				
Vulnerability	7.3	5.7*	1.7	2.8*
Cognitive Functioning	3.1	1.8	1.3	1.5
Emotional Functioning	6.9	3.4*	1.6	2.2
Behavioral Functioning	4.1	1.9	1.4	1.7
Parental Protective Capacities				
Emotional	--- ∞	5.9	6.6	5.8*
Behavioral	--- ∞	3.8	1.1	1.8
Cognitive	3.5	5.5	--- ∞	11.4*

* Statistically significant (threshold of $p \leq 0.05$)

[∞] Model results not stable (unable to run analysis due to small number of reports in each category).

In examining the association between adequate documentation and outcomes, the cumulative effect of the above informational components was also tested. As shown in Table 8, reports that had more informational components adequately documented were more likely to have a screening decisions and safety assessments consistent with Access and Initial Assessment Standards. For example, for each additional piece of information adequately documented of the 10 tested, the likelihood of having an screening decision consistent with Standards increased by 50% (i.e., 1.5 times more likely to have a consistent screening decision).

**Table 8. Cumulative Effect of Adequate Information Gathering and Odds Ratios of Selected Access Review Outcomes.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	For each additional component adequately documented
Consistent Screening Decision	1.5*
Consistent Safety Assessment	
Present Danger Consistent	1.3*
Possible or Likely Impending Danger Consistent	1.1
Both PD and ID Consistent	1.2*

* Statistically significant (threshold of $p \leq 0.05$)

The relationship between information gathering and allegation type was also examined. Table 9 shows the adequate documentation of six required informational components—child injury or condition, current maltreatment allegations, domestic violence in the home, prior CPS involvement, and records checks of the Wisconsin Court System (CCAP) and the Sex Offender Registry (SOR)—by allegation type. For example, when a report contained an allegation of physical abuse, the agency adequately documented child injury/condition 71.4% of the time. In comparison, when a report contained no physical abuse allegations, the agency adequately documented child injury/condition 49% of the time, a statistically significant difference. When the allegation was neglect, there was also a statistically significant difference in the adequate documentation of child injury/condition (48% consistent with Access and Initial Assessment Standards if allegations included neglect, 67% consistent if neglect was not included). Observed differences in the adequate documentation of child injury or condition were not statistically significant between CPS Reports that contained sexual abuse allegations and those that did not.

**Table 9. Adequate Information Gathering by Allegation Type.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

Information Element Adequately Documented:	Allegation Type					
	Physical Abuse		Neglect		Sexual Abuse	
	Yes	No	Yes	No	Yes	No
Child Injury/Condition	71.4%***	49.1%***	48.3%**	67.2%**	58.5%	56.9%
Current Maltreatment	82.7%**	68.8%**	68.5%*	79.7%*	79.3%	72.5%
Domestic Violence	54.1%	54.3%	55.2%	53.1%	58.5%	53.2%
Prior CPS Involvement	30.6%	34.1%	31.5%	34.4%	35.9%	32.1%
CCAP Records Check	70.4%	65.9%	67.8%	67.2%	58.5%	69.7%
SOR Records Check	31.6%	31.8%	32.9%	30.5%	30.2%	32.1%

* Significant at $p \leq 0.05$; ** significant at $p \leq 0.01$; *** significant at $p \leq 0.001$

Another way of stating this relationship is that child injury/condition was 2.6 times more likely to be adequately documented when the allegations included physical abuse and 1.1 times more likely to be adequately documented when the allegations included sexual abuse (not statistically significant), but

injuries or conditions were half (0.5) as likely to be adequately documented when allegations included neglect (see Table 10).

Table 10. Allegation Type and Odds Ratios of Selected Information Gathering Components. CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Physical Abuse	Neglect	Sexual Abuse
Child Injury/Condition	2.6*	0.5*	1.1
Current Maltreatment	2.2*	0.6*	1.5
Domestic Violence	1.0	1.1	1.2
Prior CPS Involvement	0.9	0.9	1.2
CCAP Records Check	1.2	1.0	0.6
SOR Records Check	1.0	1.1	0.9

* Statistically significant (threshold of $p \leq 0.05$)

Lastly, information gathering with respect to the likelihood of a certain screening decision was examined. Rather than testing the relationship between screening decisions found to be consistent with Access and Initial Assessment Standards (Tables 6, 7, and 8) and the adequate documentation of required elements of information (i.e., adequately documenting the information itself or adequately documenting that the reporter was asked for the information but it is unknown) this analysis sought to determine the effects of the presence of said information. Reports that contained a detailed description of current maltreatment allegations were 1.9 times more likely to be screened in (not shown). The presence of other elements of information—indication of the presence of domestic violence, confirmed past CPS involvement (through adequate documentation of prior history), and description of child injury/condition (or lack thereof)—did not have a statistically significant effect on the likelihood of screen in or screen out.

Discussion of Results

The 2015 review of CPS Access Reports focused on two primary goals and a third long-term goal. The discussion of first goal, establishing a statewide baseline for CPS Access Reports, is detailed below. The results and discussion of results for the second goal, testing the new case record review process, can be found in Appendix A.

A third long-term goal is to use the review findings to identify practices that result in positive outcomes for children. While this report includes results on how adherence to key policies are correlated with screening decisions and the assessment of present and possible or likely impending danger in a manner consistent with Access and Initial Assessment Standards, the report does not include analysis on how the review results are correlated with future outcomes such as re-referrals. Such analyses will come in future reports as more data become available. These targeted analyses may be possible in the future with additional focus on data quality and related factors to the specific question of interest. Specific subgroup analysis (for example, focusing on physical abuse allegations or on specific geographic regions) will likely require additional sample size to be adequately powered. A combination of multiple years of data may enable these analyses.

Discussion of Statewide Baseline Results

This report establishes a baseline in adherence to Access and Initial Assessment Standards and the consistency of decision-making in CPS Access practice based on Standards. DCF and its partners can use the results in this report as a comparison for future reviews. This section discusses the key findings from the review of CPS Reports outlined in the Results section.

The vast majority of screening decisions were found to be consistent with Access and Initial Assessment Standards. As shown in Table 3, 92% of reports reviewed had a screening decision consistent with Standards. This means that in a large majority of the CPS Reports reviewed, the local agency screened in or screened out reports of alleged child maltreatment in a manner consistent with Standards.

However, the baseline for screening decisions consistent with Standards may be biased to a higher percentage for two reasons:

First, cases with a screening decision found to be inconsistent with Access and Initial Assessment Standards were discussed by a panel of reviewers. Most of the original assessments were affirmed but some were overturned by the panel. A similar process was not used for cases determined to have a screening decision consistent with Standards. It is reasonable to believe that if reviewed by a similar panel, some of these cases may be determined to have an inconsistent screening decision. This panel review was conducted as a double check on results that were negative. However, the potential bias was not considered until after the review was completed.

Second, reviewers knew ahead of time what the screening decision was. The reviewer's decision-making could be biased as the reviewer is likely to be predisposed to agree with the original decision. Because of the way eWiSACWIS is structured, users see the ultimate screening decision of all CPS Reports selected on any case for which they search. Having a "blind review" in which the reviewer does not know the county's decision on the case would eliminate this bias.

Another potential issue is that the case record review instrument was constructed in a way that required the reviewer to determine whether the screening decision was consistent or inconsistent with Access and

Initial Assessment Standards. There was no option to say that insufficient information was available to assess the consistency of the screening decision with Standards. While this structure was intentional, it does have some potential downsides. In the field, supervisors have the option to require the Access worker to gather additional information from the reporter prior to making the screening decision if key pieces of information are missing. The current review instrument does not directly assess whether a supervisor, with the information available (i.e., documented in eWiSACWIS), would be compelled by Standards to request additional information before making a screening decision.

Safety assessments were consistent with Access and Initial Assessment Standards 85% of the time. As shown on Table 3, present danger was assessed consistently with Standards 85% of the time, possible or likely impending danger assessed consistently 84% of the time, and in 74% of cases *both* present and possible or likely impending danger were assessed consistently with Standards. Local child welfare agencies assess the presence of present danger and/or possible and likely impending danger to determine the assigned response time; agencies are then required to make face-to-face contact within those timeframes. The identification of present danger requires a same-day response time, possible or likely impending danger requires a response within 24-48 hours, and all other screened in cases require a response within 5 business days. An appropriate response time is meaningful because it helps child welfare agencies with prioritizing incoming CPS Reports.

The consistency of screening decisions with Access and Initial Assessment Standards varied by allegation type. As shown in Table 4, sexual abuse allegations were screened consistently 100% of the time, neglect cases 90% of the time, and physical abuse cases 85% of the time. While it was expected that there would be a relationship between allegation type and the consistency of screening decisions, it was found that physical abuse allegations had fewer screening decisions consistent with Standards than neglect. This could be due to the fact that Access workers have more exposure to neglect allegations since they are more common.

A safety assessment (determining the presence or absence of present danger and/or possible and likely impending danger) consistent with Access and Initial Assessment Standards was found to be associated with screening decisions consistent with Standards. As shown in Table 5, when the safety assessment was consistent with Standards, the screening decision was also found to be consistent with Standards between 94% and 97% of the time, depending on whether present danger, possible or likely impending danger, or both were consistently assessed.

However, there were times when the screening decision was consistent with Standards even though one or both components of the safety assessment were not consistent with Standards. Additional analysis could evaluate the key factors that enabled the worker to make a screening decision consistent with Standards.

Adherence to Access and Initial Assessment Standards in information gathering and documentation had a wide range depending on the specific item. As shown on Figures 1 and 2, demographic information was generally captured for most cases (between 78% and 92% of the time) but more nuanced information like child functioning and parental protective capacities were documented less frequently (between 13% and 35% of the time). The eight areas with the lowest levels of information gathering were related to cognitive, emotional and behavioral adult functioning and parental protective capacities. For Primary CPS Reports, CCAP was captured 64% of the time while other records searches were documented less frequently.

The baseline for information gathering may be biased to a lower percentage because of the way the case record review instrument and instructions were constructed. The review instrument and instructions were designed according to a strict interpretation of Access and Initial Assessment Standards that required that information be documented in a specific part of the Access Report and that workers use specific language to designate that the reporter was asked for the information. A secondary review was conducted for three of the 53 information gathering items in the review instrument in order to preliminarily examine how results would change if using a greater degree of professional judgement (and less strict/literal interpretation of Standards). Reviewers reexamined documentation of compliance with the Indian Child Welfare Act (ICWA) related to inquiry into American Indian heritage for children, documentation of the presence or absence of domestic violence in the home, and documentation of a description of child injury/condition, allowing for more latitude in the degree of information that qualified as meeting Standards. The less strict interpretation provided the reviewer the opportunity to use professional judgement, taking into account the allegations in the report, the report method, and the reporter to determine if the information was available and/or if it was feasible for the child welfare agency to obtain. (See Appendix A for more details on the secondary review process.)

The results of that secondary review showed a marked increase in adherence to Access and Initial Assessment Standards when a less strict interpretation was used. It is possible that if this approach was widely applied throughout the review process, the results would have been higher for all required information gathering items. While this change in interpretation would likely increase the baseline in adherence to Standards for all items, some items would likely continue to have a relatively low adherence to Standards even with a broader interpretation of Standards.

Local child welfare agencies may not be meeting the information gathering requirements set forth in Standards for several reasons. First, the layout of the CSP Report in eWiSACWIS may not be ideal. The workflow in eWiSACWIS may make it cumbersome to fully document all of the many items local child welfare agencies are required to gather as part of the CPS Report. For example, the question about protective parental capacities may be missed because it is contained at the end of the same section that asks how the alleged maltreater will respond to agency intervention.

Second, local child welfare agencies may rely on information collected in earlier areas of the CPS Report. In some cases, it appeared that relevant information was documented in one section of the CPS Report template in eWiSACWIS, but the information was not documented when prompted (i.e., in the required section). For example, documentation in the Maltreatment section of the CPS Report often included information about child injury, but the section that prompts the child welfare agency about child injury was blank or contained inadequate information.

Third, in some cases the child welfare agency appeared to make a screening decision based on information documented only in the initial sections of the eWiSACWIS CPS Report template. This seemed to happen particularly when there was little doubt about the screening decision. In these instances, the local child welfare agency may not have taken the time to complete all of the elements of the Access Report. While the agency may have already had enough information to screen-out or screen-in, the additional information may be helpful in providing context for the Initial Assessment or for future CPS Reports.

Fourth, agency staff may be routinely asking for this information and using it in their decision-making processes but not recording it in eWiSACWIS. Some agencies, for example, may be gathering information first on a paper form and then entering it into eWiSACWIS. Other agencies may have administrative staff enter information after the Access worker has gathered it. If the information is indeed

being gathered but not documented in eWiSACWIS, there is less concern about the decision-making process as it relates to the particular CPS Reports under review. However, families often have multiple CPS referrals over time. According to Access and Initial Assessment Standards, local child welfare agencies are required to consider past referrals, past Initial Assessments and periods of ongoing services when making a screening decision. If key pieces of information are missing from the formal record, it may impair the local child welfare agency's future decision-making.

The more information adequately documented, the higher likelihood of producing screening decisions and safety assessments that were consistent with Access and Initial Assessment Standards. As shown in Table 6, adequately documenting information gathering about the alleged maltreater, child functioning and parental protective capacities was highly associated with screening decisions and safety assessments (presence of present danger and/or possible and likely impending danger) consistent with Standards. Table 7 shows that the odds of having a consistent screening decision increases when these elements of information are adequately documented. The result is that all of the elements of information gathering were positively associated with increased odds of having a screening decision and safety assessment consistent with Standards, even though not all of the odds ratios were statistically significant. The strongest associations were with the whereabouts of the alleged maltreater and the alleged maltreater's current access to the child. This result could stem from the fact that the more that is documented about an alleged maltreater, the better the agency is able to assess for safety threats, or in cases where there is the presence of present danger or possible and likely impending danger, the local agency could be more likely to provide adequate documentation. Table 8 shows that the more informational components adequately documented, the more likely that the screening decision and safety assessment are consistent with Standards.

Adequacy of information gathering varied by allegation type. As shown in Table 9, the likelihood that information is gathered according to Standards varied by allegation type. As expected, child injury/condition is more likely to be adequately documented for physical abuse allegations (71% of the time compared to 48% of the time for neglect). Current maltreatment allegations were also more likely to be adequately documented for physical abuse than for other allegation types. Nonetheless, other connections were less easily explained, such as the documentation of SOR record checks, which one would expect to be higher for sexual abuse allegations than for other allegation types. In contrast, the rate at which SOR records checks were documented were relatively constant across allegation types. This was also the case for documenting domestic violence, prior CPS involvement and CCAP record checks, although CCAP checks were more likely to be captured adequately for cases without sexual abuse allegations than for those with sexual abuse allegations. These same connections were confirmed in the odds ratios detailed in Table 10.

Recommendations

The findings from this report resulted in a number of recommendations both for future reviews and for practice improvements.

Recommendations for Future CQI Access Review

Continue the case record review process by program area (Access, Initial Assessment and Ongoing) in distinct time periods. Focusing on the Access reviews over a defined period of time helped reviewers increase familiarity with the review instrument and increase efficiency in conducting reviews.

Revise the Access review instrument to capture additional information or documentation that may have an effect on decision-making. For example, future Access reviews should include additional questions regarding report method, reports of peer consensual sexual contact, reports of unborn child abuse and reports in which the alleged maltreater is unknown. These are nuances that were discovered during reviewer meetings and data analysis. In addition, improvements to skip logic and validation of a completed Access review should be made to ensure all questions are answered accordingly to address issues such as the inconsistent completion of the last section of the instrument on documenting the reasons for screening decision errors. The Access review instrument should also be modified to capture information that may be found in the entirety of the report, rather than specific sections.

Refine case record review process to eliminate potential biases. There were several areas of potential bias identified in this case record review process. First, cases with a screening decision inconsistent with Access and Initial Assessment Standards were discussed by a panel of reviewers. To avoid potential bias, the screening decision panel should review either a random sample of cases or a sample of difficult cases regardless of the reviewer's determination. Conducting a panel review exclusively on cases that did not meet Standards should be avoided. Second, reviewers knew the screening decision before they began the review. To avoid potential bias, DCF should explore options for structuring the review so that reviewers do not have this information up front. Third, the instrument requires the reviewer to assess the screening decision as consistent or inconsistent with Standards. DCF should consider adding an option that insufficient information was available to assess the consistency of the screening decision.

Formalize the case reviewer certification process before the next Access review in 2016. This includes codifying prerequisites and training that will provide a knowledge base critical to conducting reviews. Information gleaned from the reviewer check-in meetings should be incorporated into the Access review instrument instructions to provide further guidance to reviewers. It is also recommended to incorporate the key elements of the check-in meetings into the future review process along with a means to communicate information discussed with reviewers who are unable to attend.

Practice Improvement Recommendations

Collect more information and conduct additional analyses in future years to better understand from Access workers' perspective why there is variation in the items documented; understand whether measured variation in documentation changes depending on the interpretation of Access and Initial Assessment Standards; and understand how this variation relates to positive outcomes for children. First, additional analysis related to information gathering is needed to understand the large range of adequacy of information gathering. Analysis of Access reviews in future years should include additional evaluations of when "all" information was collected for each information gathering item and when "some" information was gathered but was not considered adequate according to Standards. An

improvement project involving interviews or focus groups could be conducted to better understand how local child welfare agencies approach information gathering, the challenges they experience and their decision-making process when resources are limited.

Second, this review highlighted the need for better data on information gathering. DCF may wish to consider options or situations where information gathered may have a degree in deviation between strict adherence to Standards (i.e., information is in a specific part of the Access Report and the worker uses specific language to designate that the reporter was asked for the information) and allowing for more latitude (i.e., the information is contained somewhere in the Access report and the worker's intent is clear given the context of the report even if the specific language is not used). Recognizing the nuances of the Standards and the reasons for specific documentation practices for certain areas, in future reviews consideration should be given to determine which approach, or both, should be measured for information gathering in general as was done for ICWA, domestic violence and child injury/condition in this review. For example, is the intent to measure compliance with regards to specific language, or completeness of information gathering using a broader interpretation? Both approaches are important and would have their own purpose and results.

Third, it is recommended to examine outcomes comparing the two approaches to interpreting Access and Initial Assessment Standards with respect to these areas. Further analysis could include questions regarding whether cases following the strict adherence to Standards are more likely to have a safety assessment consistent with Standards, screening decisions, or response time. Later in the case lifecycle, it would be valuable to understand if screened-in cases following the strict adherence to Standards are more likely to have Initial Assessment (IA) outcomes that are also consistent with Standards or if this policy has a relationship to other outcomes for children and families such as re-referrals. For example, of those CPS Reports where information gathering for DV was inadequate, was DV later identified as a case characteristic in the IA and/or did the outcomes for these cases differ? Do these outcomes differ by scores on strict versus broad interpretation of Standards? The conversation and evaluation of such questions will allow for a better understanding of whether best practice in this area requires stringent, prescribed language and/or the direction of action needed for technical assistance, training, and consultation.

Provide guidance around documenting key required information and consider updates to eWiSACWIS where necessary. Given that the initial baseline for information gathering is low, DCF should consider providing additional guidance around the documentation of key pieces of information. An important example is documentation of child injury/condition, particularly when neglect is alleged and CPS Access must assess a child's condition rather than a specific injury. Additionally, Access and Initial Assessment Standards require numerous elements of information to be gathered. The Access review instrument asked about one required element per question and this approach may be beneficial to consider in documenting a CPS Report in eWiSACWIS. For example, the current CPS Report in eWiSACWIS pairs the question specific to parental protective capacities with another question about how the reporter believes the alleged maltreater will respond to agency intervention. It may be beneficial to highlight the importance of parental protective capacities by incorporating a trigger mechanism to prompt the child welfare agency to ask high priority questions. Lastly, DCF may wish to consider the value of requiring all elements for all Access Reports versus requiring that a select group of elements be gathered for all Access Reports, as it may not be necessary to gather all required elements of information gathering to make a screening decision consistent with Standards.

Given the high correlation between safety assessment and screening decisions, continue to develop enhanced safety trainings for supervisors and caseworkers. Providing a variety of safety

training tailored to both supervisors and workers will provide a conceptual framework that directs, justifies, and gives meaning to safety intervention practice and decision-making that is consistent across the state.

Conduct additional data analyses using administrative data to determine what factors influence screening decisions. These analyses could be used to answer questions such as whether or not prior CPS involvement, reporter type, and demographic characteristics affect the likelihood of a CPS Report being screened in. While addressing such questions could be done with the Access sample, it would be more appropriate to conduct these analyses using administrative data on all CPS Reports rather than a sample, and such administrative data is readily available. Where existing administrative data is incomplete DCF should make efforts to improve data collection. For example, as there is interest in examining racial disparities across screening decision, a larger subset of (non-white) participants would be needed to determine whether or not a correlation exists. Because the race/ethnicity of the alleged victims in the sample was unknown nearly 20% of the time, it would be difficult to gather enough data to carry out such an analysis using the Access review data due to sample size.

Next Steps

This report is the beginning of the continuous quality improvement process for Access. It explains what is happening in case practice in relation to adherence to Access and Initial Assessment Standards for CPS Reports and establishing a baseline for adherence to Standards against which to measure in future reviews. On their own, measures of adherence to Standards cannot show if what is happening is important. Analyses such as the ones used in this report begin to shed light on how adherence to certain policies is correlated with short-term outcomes like screening decisions consistent with Standards.

Future analysis that ties the results of this case record review to the long-term outcomes identified in the crosswalk (re-referrals, appropriate determination of present or possible or likely impending danger, etc.) will explore whether the information found in this report is important in relation to the outcomes identified. In the meantime, DCF management and the CQI Advisory Committee can use this report in combination with other information sources and projects the state is pursuing to identify challenging areas of practice that are important to pursue as an improvement project.

The improvement projects will further explore why something is happening through use of more in-depth case reviews with interviews of case participants, or through focus groups or deeper data analyses. DCF will work with the CQI Advisory Committee to identify improvement projects. After understanding why an issue is occurring, DCF and the local child welfare agencies engaged in improvement projects will identify a strategy and test it. At that point the CQI process loops back to the beginning with an explanation of what is happening to see whether the improvement project has improved the targeted outcomes.

Future case record reviews and analyses, and subsequent improvement projects based on review results, will provide opportunities to continue enhancing DCF services and promoting positive outcomes for children and families in Wisconsin.

Appendix A: Access Review Process Methodology and Results

The 2015 Access Case Record Review Report has two primary goals and a third long-term goal. This Appendix provides details on Goal 2: testing the new case record review process. Included in this Appendix is a description of the methodology behind the case record review process, the results from the review process and discussion of those results. The recommendations related to the case record review process are located in the Recommendations section of the full report.

To fully understand the case record review results and the corresponding recommendations, it is important to understand the case record review process. The Access review instrument and review process were developed using a multi-step approach. The purpose of this approach was to ensure the review instrument and review procedures designed were able to capture information contained in Access Reports with fidelity. Findings from the first year of using the review instrument and following new protocols and procedures were also documented to understand any unintentional biases that may be inherent in the case review results. A full understanding of the process results is also important to identify necessary improvements to the review instrument and process for future reviews.

Process Methodology

Review Instrument Development

The CPS Access case record review instrument was created in collaboration with staff across DCF, local child welfare agency staff, and researchers at the University of Wisconsin. The review instrument assesses case practice at Access based on requirements in Wisconsin Child Protective Services Access and Initial Assessment Standards. An Access workgroup comprising staff from DCF's Bureau of Performance Management (BPM), the Bureau of Safety and Well-Being (BSWB), and the Bureau of Milwaukee Child Welfare (BMCW) was formed in 2013 to develop an Access case record review instrument in accordance with Wisconsin's State Standards, Wisconsin's Public Child Welfare Practice Model, and Wisconsin's Child Welfare Safety Model.

The Access workgroup tested the first Access review instrument with feedback from local child welfare agency staff identified by the Wisconsin County Human Services Association (WCHSA) in 2014. Reviewers from BPM, BSWB, BMCW, and five county agencies piloted the review instrument using randomly selected cases from nine counties.

Once the pilot was completed, DCF solicited input on the review instrument from faculty members at the University of Wisconsin-Madison School of Social Work, who were able to provide insight on survey structure and language. The original version of the instrument blended multiple constructs into one question. Feedback from faculty provided a method to revise the questions in a way that allowed for improved operationalization of concepts by limiting questions and answers to a single construct (i.e., one required element per question). For example, an original response of "Report narrative did not contain any of the required information *or* there was insufficient documentation that the reporter was asked and did not have the information" became two separate answers to capture each different scenario.

With these revisions, BPM worked in coordination with Bureau of Information and Technology Services (BITS) to create an electronic version of the review instrument in Microsoft Access, to allow for greater efficiency and improved data collection. The electronic instrument provided sophisticated skip logic for use by the reviewers, ensuring data integrity by only allowing reviewers to enter answers for applicable

questions. For example, if the report was screened out, reviewers would not see questions pertaining to response time.

After initial development in early 2015, the review instrument went through a period of User Acceptance Testing (UAT) to determine if the electronic version met the established requirements. All critical issues identified from UAT were addressed, and the final review instrument was received from BITS. An internal review group tested the new instrument for validity and reliability using CPS Reports from the review sample.

Case Record Reviewers and the Review Process

The 2015 CPS Access case record review was conducted by state reviewers¹⁴ who had prior child welfare case review experience and completed an eight-hour in-person training that introduced the review process and protocols. Reviewers were presented with the new review instrument and provided with an instruction manual on answering questions and using the Microsoft Access database.

Reviewers were randomly assigned cases from the sample and were not allowed to review reports that could pose a conflict of interest, such as previous assignment to the case or personal relationship with any of the case participants. Reviewers completed the case record review instrument using only data in the eWiSACWIS system, and did not have access to the paper file nor did they conduct interviews with case workers or supervisors as part of the case record review.

Quality Management Plan

A detailed Quality Management (QM) plan was followed to ensure that information collected through the case record review was consistent with Access and Initial Assessment Standards. The QM plan helps to guide the case review process, clarify questions about the review instruments, reconcile disagreements that affect case ratings, identify areas for further training and guidance, and track issues that need discussion or resolution. There are two components to Quality Management:

- **Quality Assurance**, which comprises policies and procedures that are put in place to prevent potential errors prior to the case record review
- **Quality Control**, which involves established processes used to identify and rectify errors after the case record review is completed

For more on quality management activities, see Appendices E and F.

Process Results

Review Instrument and Review Process

The Access review instrument contained a total of 93 questions, including general case information (such as eWiSACWIS case number) and required comments sections. Certain questions were only applicable to certain report features (e.g., screened in or screened out), so fewer than 93 questions may have been answered per report reviewed.

- 1) **Information Gathering:** 53 questions and one comment section

¹⁴ State reviewers were from DCF's Bureau of Performance Management (BPM), Bureau of Safety and Well-Being (BSWB), and Bureau of Regional Operations (BRO).

- 2) **Safety Assessment:** Two questions and two comment sections that were only answered for Primary¹⁵ Reports
- 3) **Screening Decision and Response Time:** Four questions and three comment sections
- 4) **Notifications:** Four questions in the review instrument were related to notifications
- 5) **Reasons for Screening Error:** Two questions, only applicable if screening decision was inconsistent with Access and Initial Assessment Standards

Case record reviewers began reviewing cases in February 2015 and completed their review of all cases in the sample in April 2015. It took reviewers 60 minutes, on average, to complete a review (instead of the anticipated 90 minutes). After evaluating 10 to 15 CPS Reports, reviewers indicated that they became more efficient at the process.

A total of 10 staff completed the Access review, which included four reviewers from BPM and one from BSWB. The majority of Access reviews were completed by this staff. Additionally, five staff members from the Bureau of Regional Operations (BRO) were trained to conduct Access reviews. The training included an eight-hour in-person meeting where information on the Microsoft Access database was presented and participants walked through the review of two CPS Reports. After completion of the training, BRO reviewers were then assigned one case per week, which was checked for accuracy by BPM reviewers. Due to the compressed timeframe of the review period, the six non-BPM reviewers completed a small number of case record reviews (between one and seven each). The four remaining reviewers conducted between 52 and 76 reviews each.

Quality Management

Reviewer meetings were established on a regular basis for quality assurance purposes and occurred on five occasions over the course of the Access review. Reviewers, data analysts, and management attended the check-in meetings, which provided clarification to the Access review instrument, review instructions, and a forum to discuss unique cases, challenges, and findings from the reviews. For example, during the review it was observed that Secondary/Non-Caregiver reports, reports with an unknown maltreater, and reports of unborn child abuse need to be treated differently in future reviews, as certain questions in the current version of the Access review instrument may not be applicable in all such cases. It was also observed that a number of cases from the sample included reports received through varying methods. Reviewers recognized that it was more difficult to assess reports received via non-verbal methods (i.e. fax, written, email), as questions are intended to gauge whether or not the reporter was asked for specific information. Based on the documentation available, it was not always clear when the child welfare agency contacted the reporter in effort to gather additional information.

As the reviews concluded, there were 30 case reviews in which the local agency's screening decision was determined to be inconsistent with Access and Initial Assessment Standards. A panel, which included reviewers and management from BPM and BSWB, was created with the goal to affirm these assessments. The panel used a roundtable format to discuss and consider the information available at the time of the CPS Report and to determine if the panel agreed with the original assessment of the case. The process included time for the panel to review the CPS Report, to discuss the report with the original reviewer, and to then make a decision. The panel only reviewed the 30 cases determined to have a

¹⁵ At Access, qualifying a CPS Report as Primary indicates that the child was allegedly maltreated by a parent or caregiver. A Secondary or Non-caregiver CPS Report indicates that the child was allegedly maltreated by someone other than the parent. The Access Review instrument only assessed safety assessments for Primary CPS Reports.

screening decision inconsistent with Standards, while the remaining 241 cases determined to have a consistent screening decision were not reviewed.

The panel affirmed 23 of the 30 decisions and reversed seven decisions. Of the decisions affirmed by the panel, there were 19 instances where the child welfare agency screened out the CPS Report while the panel identified information to support a screen-in of the report. In four instances the child welfare agency screened in the CPS Report while the panel identified information to support a screen-out of the report. Of the seven decisions reversed by the panel, five were screened out by the child welfare agency and two were screened in. The panel also identified and categorized different themes from the discussion. Some of the themes included the difficulty that Access workers may have in recognizing present danger and overlooking opportunities to identify the presence or absence of present danger or possible and likely impending danger, as well as having varied degrees of understanding of the information necessary to screen in or screen out CPS Reports.

Apart from the screening decision panel, there was also a secondary review of some items in the information gathering section. When a required piece of information was not included in the CPS Report, reviewers were initially instructed to look for the following specific language: "The reporter was asked and did not know." Given the strict nature of these guidelines, a secondary review was conducted of three key areas of information gathering, allowing for a larger degree of professional judgement with respect to acceptable language when required information was missing. The three areas of information gathering where reviewers found the most significant degree in deviation in terms of interpretation of Access and Initial Assessment Standards were: child injury/condition, domestic violence (DV), and compliance with the Indian Child Welfare Act (ICWA). Rather than solely focusing on a strict, literal interpretation of Standards in evaluating documentation, the secondary review criteria allowed reviewers to use more professional discretion, taking into account the report type, report method, the reporter's relationship to the alleged victim(s), and information contained in the electronic case record that is not available in the printed version of the CPS Report. One example is when law enforcement makes a report via fax per a Memorandum of Understanding and the fax does not mention Native American heritage. Although it is not clear that law enforcement obtained information about American Indian heritage, the secondary review gave credit when it was determined that enough information was obtained to screen the report. Another example is that credit was given if information about Native American heritage was located elsewhere in eWISACWIS, in particular on the pre-populated Native American indicators that carry forward information gathered in past CPS referrals regarding Native American heritage.

Prior to the secondary review, there were 147 positive answers for child injury/condition, 155 positive answers for DV, and 124 positive answers for ICWA; upon re-review, they increased to 211, 218, and 201, respectively (see also Table E-1).

In addition to the secondary review and screening panel, the time to complete quality management activities took approximately 270 hours, much longer than expected. This time was dedicated to checking data for errors and completeness and addressing errors and gaps in data that were discovered in the process. (Full details of the review process can be found in Appendix E).

Discussion

This report establishes a new case record review process and utilizes a new instrument to measure and evaluate the quality of CPS Reports. Key findings from the initial implementation of the new CQI process for Access reviews are discussed below.

The new CQI case review process worked efficiently. Utilizing a standardized approach to review Access reports had a number of benefits. This new format and methodology allowed for the review of a large sample that is representative of Wisconsin and more systematic data collection. This, in turn, provided the opportunity for more advanced statistical analysis and robust results.

In addition, the approach of dividing case record reviews between Access, Initial Assessment, and Ongoing Services into distinct periods was beneficial to case reviewers, as it allowed reviewers the opportunity to become more proficient in one program area before moving on to the next. Prior to initiating Access reviews, it was expected that each CPS Report would take 90 minutes to complete, but as reviewers conducted more reviews, the time to complete the review decreased to an average 60 minutes.

More time is needed to train new reviewers. The time invested supporting new reviewers¹⁶ was greater than their case review output. This was due in part to the tight timeframe in which these reviews were conducted. It was also impacted by the fact that the process for certifying reviewers was not fully established when the Access review was initiated so some new reviewers spent significant time completing training prerequisites.

Moving forward, Access reviewers can be trained in a more efficient manner. In the future, potential reviewers will have all of the required prerequisites for training completed prior to the review period. DCF will work with the Wisconsin Child Welfare Professional Development System (PDS) to develop more flexible training modules, some of which may be available through distance learning. Future reviews will also be spread over a longer period of time which will allow for more coaching of new reviewers.

Reviewer check-in meetings were beneficial. Reviewers expressed that these meetings provided an opportunity to discuss difficult cases and gather input from other team members. The consultative process provided clarity and helped reviewers acknowledge the complexity of the cases under review. Information from the check-in meetings was incorporated into the Access review instrument instructions to include additional concrete examples (such as acceptable supervisory explanations for screen-out decision). However, check-in meetings may be difficult to replicate as the number of trained Access reviewers increases, particularly if those new reviewers are located across the state. BPM recognizes that the check-in meetings may be difficult to replicate as the number of trained Access reviewers increases and may not be located in a centralized location. A CQI SharePoint site was created in the effort to share information among reviewers. Additional ways to gather and share the type of information gleaned from check-in meetings (e.g., through PDS training, frequently asked questions, selection of test cases) are also being considered.

Improvements to the Access case review instrument were identified. The review process also brought up questions that were not considered when the review instrument was being developed and tested. The review instrument will need to be refined to reflect scenarios such as, reports received via fax, reports of peer consensual sexual contact, reports of unborn child abuse, and reports in which the maltreater is unknown. Questions in the Notifications section did not encompass all entities or scenarios in which notifications must be sent (e.g., Bureau of Regulation and Licensing, other CPS agencies, placing counties, ACT 78 cases, etc.). The skip logic embedded in the electronic review instrument only

¹⁶ In 2015, all case reviewers were internal DCF staff. Four reviewers were from the Bureau of Performance Management (BPM) the DCF unit with the lead for the case record review process. Six additional "new" DCF reviewers were also trained.

allowed reviewers to answer questions in Reason for Screening Error for screened out reports, which would not capture all the reasons for screening errors.

Additionally, answers to the questions in the Reasons for Screening Error section were not tallied, as reviewers did not always answer them when required (i.e., when the screening decision was found to be inconsistent with Access and Initial Assessment Standards). Although the training and instructions provided information on these questions, and the validation mechanism built into the electronic review instrument is meant to ensure that all questions are completed, further action is needed to ensure adequate data collection, particularly as it relates to the Reasons for Screening Error.

Quality Management is important and it takes time. As the quality control process moved forward, it was time consuming, but necessary; there were more data sources that required vetting and cross comparison than originally considered, such as cross-checking the Access review data with the administrative data sources, confirming that the reviewer instructions were correct, and reaffirming reviewer results as necessary. The secondary review was also critical in that it brought up important considerations in regard to interpretation of Standards and what approach to take between strict adherence and a larger degree of professional discretion. The screening decision panel was also useful in that it provided additional opportunities for quality control.

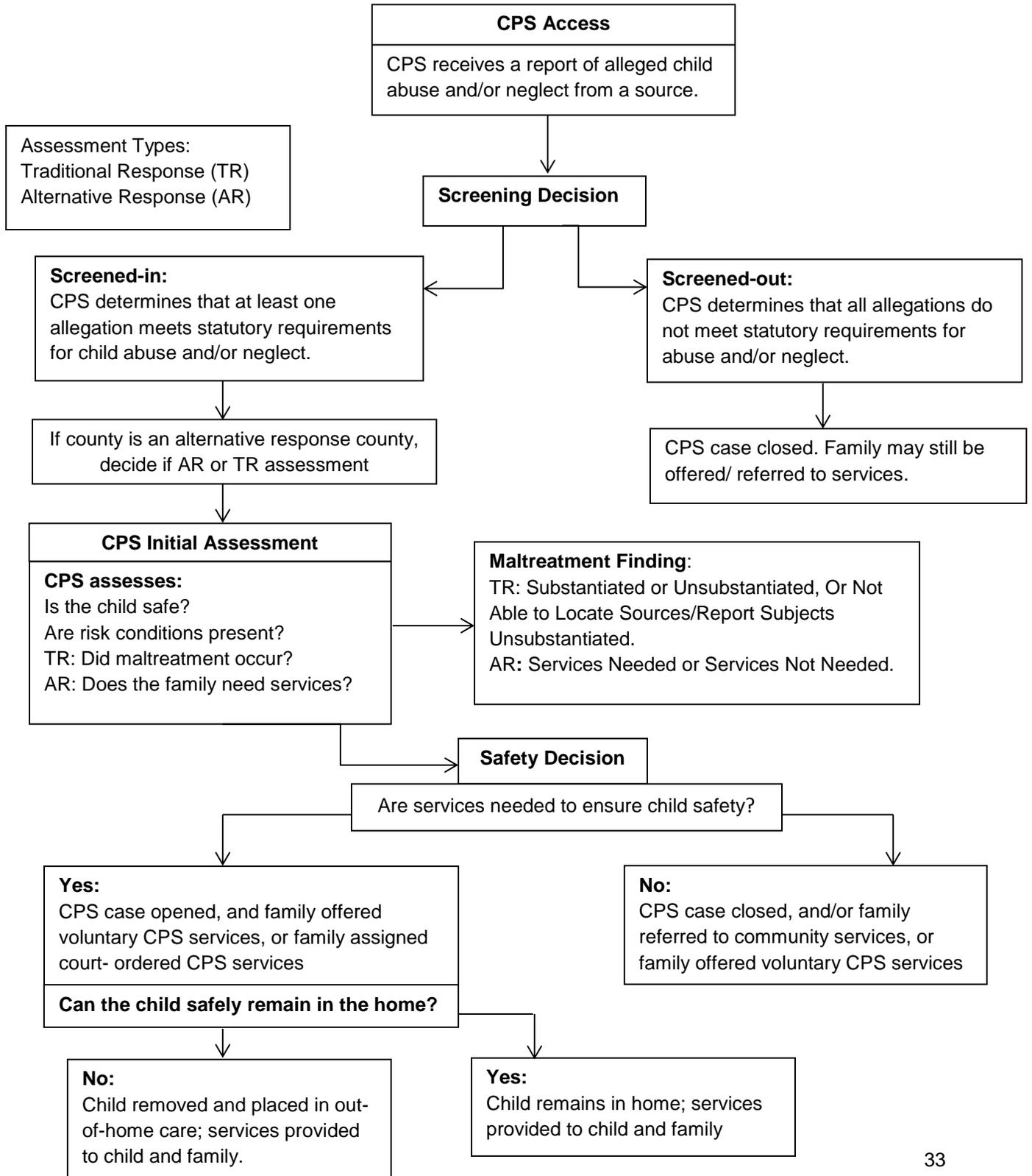
Appendix B: Wisconsin Child Welfare System Practice and Outcome Review Crosswalk

Wisconsin's Child Welfare System Practice and Outcome Review Crosswalk (Access)

	Intended Result(s) for Children and Families	Administrative/ Quantitative Data	Qualitative Practice Review Component(s)	CFSR Item	Organizational Factors	Outcome Measure(s) and CFSR National Standards
Access	<ul style="list-style-type: none"> Children and families referred to CPS receive appropriate and timely intervention to assess and ensure child safety as warranted and authorized by state law. 	<ul style="list-style-type: none"> Screen-in and Screen-out rates by Access Report Type Frequency of response time Screening rate of reporter type (mandated reporter) Supervisor screening timeliness BRO Incident/ Complaint Report Count 	<ul style="list-style-type: none"> Information gathering timeliness, quality, and thoroughness Effective and appropriate analysis and synthesis of information gathered Effective application of information gathered in decision-making regarding access disposition Proper assignment of the CPS response timeframes Proper and timely notice is provided related to CPS Report screening for a tribal child 	1	<ul style="list-style-type: none"> Agency Responsiveness to Community Partners Agency Staff Training and Supervision Staff Recruitment & Retention Agency Culture and Policies Information System 	<ul style="list-style-type: none"> X % of screened-out cases do not have a subsequent CPS/Child Welfare Services Report within 3, 6, 9 and 12 months X % of children who are alleged victims in a screened-in CPS Report are not within a subsequent screened-in CPS Report within 12 months X % of CPS Reports are screened by the supervisor in a timely manner

Appendix C: CPS Process

Figure C-1. An Overview of the CPS Process CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.



Appendix D: Access Review Instrument

Access Review Instrument

Case Name and eWISACWIS Case Number	ID:	Date and Time Report Received
Name – Access Worker and Access Supervisor		Date and Time Report Screened
Name – Reviewer		County Reviewed
Report Type: <input type="checkbox"/> CPS <input type="checkbox"/> Services	<input type="checkbox"/> Screen-In <input type="checkbox"/> Screen-Out	After Hours Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Response Type: <input type="checkbox"/> Alternative Response <input type="checkbox"/> Traditional Response	
<input type="checkbox"/> One Child Associated With Report (DemoSingleChild)		
<input type="checkbox"/> Multiple Children Associated With Report (DemoMultipleChild)		
<input type="checkbox"/> One Parent/Caregiver Associated With Report (DemoSingleParent)		
<input type="checkbox"/> Multiple Parents/Caregivers Associated With Report (DemoMultipleParent)		
<input type="checkbox"/> One Alleged Maltreater Associated With Report (DemoSingleMaltr)		
<input type="checkbox"/> Multiple Alleged Maltreaters Associated With Report (DemoMultipleMaltr)		
<input type="checkbox"/> Alleged Maltreater(s) Household Member(s) (DemoMaltrHousehold)		
<input type="checkbox"/> Alleged Maltreater(s) Non-Household Member(s) (DemoMaltrNonHousehold)		
Reporter:		
<input type="checkbox"/> Professional with prior knowledge of family (1)	<input type="checkbox"/> Law enforcement (5)	
<input type="checkbox"/> Professional without prior knowledge of family (2)	<input type="checkbox"/> Anonymous (6)	
<input type="checkbox"/> Relative of child/family (3)	<input type="checkbox"/> Other community member (7)	
<input type="checkbox"/> Friend/neighbor of child/family (4)	<input type="checkbox"/> Reporter name left blank (8)	

A. INFORMATION GATHERING

1. Information that **MUST** be gathered and documented in ALL cases (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 1, Chapter 3, III.A., Information that Must be Gathered and Documented in All Cases, pp. 11; III.B., Additional Information to Gather and Document for Primary Assessment Cases, pp. 12-13; and III.E., Records Search, pp. 14-15*)

a. Is there information to indicate whether or not the children have American Indian heritage (or is there clear documentation that the reporter was asked and did not have the information)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Describes possible American Indian Heritage (and tribal affiliation, if known) for <i>all</i> alleged victims (InfoWICWA: pos1)	<input type="checkbox"/> Documentation describes possible American Indian Heritage (and tribal affiliation, if known) for <i>some</i> of the alleged victims (InfoWICWA: neg1)
<input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoWICWA: pos2)	<input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoWICWA: neg2)

b. Are the names and contact information of other people with information about the family included in the report (or is there clear documentation that the reporter was asked and did not have the information)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoContact: neg)
<input type="checkbox"/> Names and contact information were documented (InfoContact: pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoContact: pos2)	

c. 1. Were all of the required household members listed in the Participants Tab?	
<input type="checkbox"/> Yes (InfoParticipants: Pos)	<input type="checkbox"/> No (InfoParticipants: Neg)
c. 2. Did the agency identify the correct household for this Access Report?	
<input type="checkbox"/> Yes (CorrectHH: Pos)	<input type="checkbox"/> No (CorrectHH: Neg)

d. Service Reports Only: Is there a comprehensive description of the services needed or the reason for case opening?	
<input type="checkbox"/> Yes (InfoCaseOpening: Pos)	<input type="checkbox"/> No (InfoCaseOpening: Neg)

e. CPS Reports Only: Does the report narrative include a comprehensive description of the allegation(s) (or if information is missing, clear documentation that reporter was asked and did not have the information)?	
Current maltreatment allegation(s)? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoCurrMaltxAllegations: Neg)	<input type="checkbox"/> Comprehensive description of current maltreatment allegations was documented. (InfoCurrMaltxAlleg: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCurrMaltxAllegations: Pos2)
Past maltreatment allegation(s)? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoPastMaltxAllegations: Neg)	<input type="checkbox"/> Comprehensive description of past maltreatment allegations was documented. (InfoPastMaltxAllegations: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoPastMaltxAllegations: Pos2)
Surrounding circumstances of the current allegation(s)? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoSurroundingCircumstances: Neg)	<input type="checkbox"/> Comprehensive description of circumstances surrounding current allegations was documented. (InfoSurroundingCircumstances: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSurroundingCircumstances: Pos2)
Frequency of alleged maltreatment? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoFrequency: Neg)	<input type="checkbox"/> Comprehensive description of frequency of alleged maltreatment was documented. (InfoFrequency: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoFrequency: Pos2)

COMPLETE REMAINDER OF SECTION A AND B FOR CPS REPORTS ONLY:

f. Does the report contain a description of the child(ren)'s injury or condition as a result of alleged maltreatment (or if information is missing, clear documentation that reporter was asked and did not have the information)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Includes description of injury or condition for <i>all</i> children (InfoChildInjury: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoChildInjury: Pos2)	<input type="checkbox"/> Describes injury or condition for <i>some</i> children (InfoChildInjury: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoChildInjury: Neg2)

g. Does the report include information specific to each child's location, functioning, and vulnerability (or if information is missing, clear documentation that reporter was asked and did not have the information)?	
Current location? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information regarding current location for <i>all</i> children (InfoChildCurrentLocation: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information for <i>all</i> children. (InfoChildCurrentLocation: Pos2) <input type="checkbox"/> Documentation includes information regarding current location for <i>some</i> children (InfoChildCurrentLocation: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoChildCurrentLocation: Neg2)
School/daycare? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information regarding school/daycare name and dismissal time for <i>all</i> children (InfoChildSchool: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have information for <i>all</i> children. (InfoChildSchool: Pos2) <input type="checkbox"/> Documentation includes information regarding school/daycare for <i>some</i> children (InfoChildSchool: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoChildSchool: Neg1)
Emotional functioning? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information regarding emotional functioning for <i>all</i> children (InfoChildFxEmotional: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have information for <i>all</i> children. (InfoChildFxEmotional: Pos2) <input type="checkbox"/> Documentation includes information regarding emotional functioning for <i>some</i> children (InfoChildFxEmotional: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoChildFxEmotional: Neg2)
Behavioral functioning? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information regarding behavioral functioning for <i>all</i> children (InfoChildFxBehavioral: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have information for <i>all</i> children. (InfoChildFxBehavioral: Pos2) <input type="checkbox"/> Documentation includes information regarding child functioning for <i>some</i> children (InfoChildFxBehavioral: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoChildFxBehavioral: Neg2)

<p>Cognitive functioning?</p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No </p>	<p><input type="checkbox"/> Documentation includes information cognitive functioning for <i>all</i> children. (InfoChildFxCognitive: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have information for <i>all</i> children. (InfoChildFxCognitive: Pos2)</p> <hr/> <p><input type="checkbox"/> Documentation includes information regarding child functioning for <i>some</i> children (InfoChildFxCognitive: Neg1)</p> <p><input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.) (InfoChildFxCognitive: Neg2)</p>
<p>Special Needs?</p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No </p>	<p><input type="checkbox"/> Documentation includes information regarding special needs for <i>all</i> children. (InfoChildFxCognitive: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have information for <i>all</i> children. (InfoChildFxCognitive: Pos2)</p> <hr/> <p><input type="checkbox"/> Documentation includes information regarding vulnerability for <i>some</i> children (InfoChildFxCognitive: Neg1)</p> <p><input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.) (InfoChildFxCognitive: Neg2)</p>
<p>Vulnerability?</p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No </p>	<p><input type="checkbox"/> Documentation includes information regarding vulnerability for <i>all</i> children. (InfoChildFxCognitive: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have information for <i>all</i> children. (InfoChildFxCognitive: Pos2)</p> <hr/> <p><input type="checkbox"/> Documentation includes information regarding vulnerability for <i>some</i> children (InfoChildFxCognitive: Neg1)</p> <p><input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.) (InfoChildFxCognitive: Neg2)</p>

<p>h. Does the report document that the required records searches (including relevant CPS history, CCAP, and the Sex Offender Registry) were conducted for all household members and alleged maltreaters(s)?</p>	
<p>Records in eWiSACWIS pertaining to prior reports of alleged maltreatment for <i>all</i> household members NOT including alleged maltreater(s) (or if there is no history, is there documentation that record searches were completed with negative results)?</p>	
<p><input type="checkbox"/> Yes </p>	<p><input type="checkbox"/> No </p>
<p><input type="checkbox"/> Documentation includes information on all prior relevant alleged maltreatment. (InfoPriorRptsHH: Pos1)</p> <p><input type="checkbox"/> Documentation indicates a record search with negative results. (InfoPriorRptsHH: Pos2)</p>	<p><input type="checkbox"/> Records for <i>some</i> household members (InfoPriorRptsHH: Neg1)</p> <p><input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.) (InfoPriorRptsHH: Neg2)</p>
<p>Records in eWiSACWIS pertaining to prior reports of alleged maltreatment for any person(s) named by the reporter as an alleged maltreater (or if there is no history, is there documentation that records searches were completed with negative results)?</p>	
<p><input type="checkbox"/> Yes </p>	<p><input type="checkbox"/> No </p>
<p><input type="checkbox"/> Documentation includes information on all prior relevant alleged maltreatment. (InfoPriorRpts: Pos1)</p>	<p><input type="checkbox"/> Records for <i>some</i> alleged maltreaters (InfoPriorRpts: Neg1)</p>

<input type="checkbox"/> Documentation indicates a record search with negative results. (InfoPriorRpts: Pos2)	<input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoPriorRpts: Neg2)
eWiSACWIS records of any previous Initial Assessments pertaining to <i>all</i> household members NOT including alleged maltreater(s) (or if there is no history, is there documentation that record searches were completed with negative results)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Documentation includes information on all relevant previous Initial Assessments. (InfoPrevIAhousehold: Pos1) <input type="checkbox"/> Documentation indicates a record search with negative results. (InfoPrevIAhousehold: Pos1)	<input type="checkbox"/> Records for <i>some</i> household members (InfoPrevIAhousehold: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoPrevIAhousehold: Neg2)
eWiSACWIS records of any previous Initial Assessments pertaining to any person(s) named by the reporter as an alleged maltreater) (or if there is no history, is there documentation that record searches were completed with negative results)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Documentation includes information on all relevant previous Initial Assessments. (InfoPrevIAabuser: Pos1) <input type="checkbox"/> Documentation indicates a record search with negative results. (InfoPrevIAabuser: Pos1)	<input type="checkbox"/> Records for <i>some</i> alleged maltreaters (InfoPrevIAabuser: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoPrevIAabuser: Neg2)
CCAP records of household members 17 years of age and older (or if there is no history, is there documentation that record searches were completed with negative results)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Documentation includes information on all relevant CCAP records. (InfoCCAPhousehold: Pos1) <input type="checkbox"/> Documentation indicates a record search with negative results. (InfoCCAPhousehold: Pos2)	<input type="checkbox"/> Records for <i>some</i> household members. (InfoCCAPhousehold: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoCCAPhousehold: Neg2)
CCAP records for any person named by the reporter as an alleged maltreater (or if there is no history, is there documentation that record searches were completed with negative results)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Documentation includes information on all relevant CCAP records. (InfoCCAP: Pos1) <input type="checkbox"/> Documentation indicates a record search with negative results. (InfoCCAP: Pos2)	<input type="checkbox"/> Records for <i>some</i> alleged maltreaters. (InfoCCAP: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoCCAP: Neg2)
Records obtained from Sex Offender Registry for household members 17 years of age and older (or if there is no history, is there documentation that record searches were completed with negative results)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Documentation includes information for all Sex Offender Registries. (InfoSORhousehold: Pos1)	<input type="checkbox"/> Records for <i>some</i> household members. (InfoSORhousehold: Neg1)

<input type="checkbox"/> Documentation indicates a record search with negative results. (InfoSORhousehold: Pos2)	<input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoSORhousehold: Neg2)
Records obtained from Sex Offender Registry for any person named by the reporter as an alleged maltreater (or if there is no history, is there documentation that record searches were completed with negative results)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> Documentation includes information for all Sex Offender Registries. (InfoSOR: Pos1)	<input type="checkbox"/> Records for <i>some</i> alleged maltreaters. (InfoSOR: Neg1)
<input type="checkbox"/> Documentation indicates a record search with negative results. (InfoSOR: Pos2)	<input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.) (InfoSOR: Neg2)

i. Does the report identify when the alleged maltreater(s) will have access to the child(ren) (or is there clear documentation the reporter was asked and did not have the information)?

Whereabouts of the alleged maltreater(s)? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes complete information regarding whereabouts of <i>all</i> alleged maltreater(s). (InfoWhereabouts: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoWhereabouts: Pos2)
	<input type="checkbox"/> Documentation includes complete information regarding whereabouts of <i>some</i> alleged maltreaters. (InfoWhereabouts: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoWhereabouts: Neg2)
Access to child(ren) at the time of the report? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information about <i>all</i> alleged maltreaters current access to <i>all</i> children. (InfoAccessTimeofRpt: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoAccessTimeofRpt: Pos2)
	<input type="checkbox"/> Documentation includes information about alleged maltreater's current access to <i>some</i> children. (InfoAccessTimeofRpt: Neg1) <input type="checkbox"/> Documentation includes information about current access of <i>some</i> alleged maltreaters. (InfoAccessTimeofRpt: Neg2) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoAccessTimeofRpt: Neg3)
Access to child(ren) within the next five days? <input type="checkbox"/> Yes  <input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes complete information about <i>all</i> alleged maltreaters' future access to <i>all</i> children. (InfoAccessNxtFiveDays: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoAccessNxtFiveDays: Pos2)
	<input type="checkbox"/> Documentation includes information about alleged maltreater's future access to <i>some</i> children. (InfoAccessNxtFiveDays: Neg1) <input type="checkbox"/> Documentation includes information about future access of <i>some</i> alleged maltreaters. (InfoAccessNxtFiveDays: Neg2) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoAccessNxtFiveDays: Neg3)

j. Does the report include information about changes in circumstances that may make fulfilling CPS responsibilities difficult (or is there clear documentation that no known circumstances exist)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoResponsibility: Neg)
<input type="checkbox"/> Changes in circumstances were documented. (InfoResponsibility: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoResponsibility: Pos2)	

k. Does the report contain information about the presence (or absence) of domestic violence within the home environment?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoDV: neg)
<input type="checkbox"/> Description of domestic violence was documented. <input type="checkbox"/> Domestic violence present (InfoDV: presence1) <input type="checkbox"/> No domestic violence present (InfoDV: presence2) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have information. (InfoDV: presence3)	

l. Does the report address how the family will respond to agency intervention and describe parental protective capacities (or is there clear documentation that the reporter was asked and did not have the information)?	
Reporter's opinion as to how family may respond to agency's intervention?	
<input type="checkbox"/> Yes (InfoResponseOpinion: Pos)	<input type="checkbox"/> No (InfoResponseOpinion: Neg)
Parental protective capacity: emotional	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoEmotional: Neg)
<input type="checkbox"/> Documentation includes description of emotional protective capacities. (InfoEmotional: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoEmotional: Pos2)	
Parental protective capacity: behavioral	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoBehavioral: Neg)
<input type="checkbox"/> Documentation includes description of behavioral protective capacities. (InfoBehavioral: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoBehavioral: Pos2)	
Parental protective capacity: cognitive	

<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoCognitive: Neg)
<input type="checkbox"/> Documentation includes description of cognitive protective capacities. (InfoCognitive: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCognitive: Pos2)	

2. Additional information to gather and document for Primary Assessment cases (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 3, III.B., Additional Information to Gather and Document for Primary Assessment Cases, pp. 12-13*)

<p>a. Does the report include information about the parent(s) and/or caregiver(s) location, functioning, parenting practices, and views of the child(ren) (or is there clear documentation that the reporter was asked and did not have the information)?</p>	
<p>Current location?</p> <input type="checkbox"/> Yes 	<input type="checkbox"/> Location was described for <i>all</i> parent(s)/caregiver (s). (InfoCaregiverLocation: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCaregiverLocation: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Location was described for <i>some</i> parents/caregivers. (InfoCaregiverLocation: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.). (InfoCaregiverLocation: Neg2)
<p>Emotional functioning?</p> <input type="checkbox"/> Yes 	<input type="checkbox"/> Emotional functioning was described for <i>all</i> parent(s)/caregiver(s). (InfoCaregiverEmotionalFx: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCaregiverEmotionalFx: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Emotional functioning was described for <i>some</i> parents/caregivers. (InfoCaregiverEmotionalFx: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.). (InfoCaregiverEmotionalFx: Neg2)
<p>Behavioral functioning?</p> <input type="checkbox"/> Yes 	<input type="checkbox"/> Behavioral functioning was described for <i>all</i> parent(s)/caregiver(s). (InfoCaregiverBehavioralFx: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCaregiverBehavioralFx: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Behavioral functioning was described for <i>some</i> parents/caregivers. (InfoCaregiverBehavioralFx: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.). (InfoCaregiverBehavioralFx: Neg2)
<p>Cognitive functioning?</p> <input type="checkbox"/> Yes 	<input type="checkbox"/> Cognitive functioning was described for <i>all</i> parent(s)/caregiver(s). (InfoCaregiverCognitiveFx: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCaregiverCognitiveFx: Pos2)

<input type="checkbox"/> No 	<input type="checkbox"/> Cognitive functioning was described for <i>some</i> parents/caregivers. (InfoCaregiverCognitiveFx: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.). (InfoCaregiverCognitiveFx: Neg2)
Parenting practices? <input type="checkbox"/> Yes 	<input type="checkbox"/> Parenting practices were described for <i>all</i> parent(s)/caregiver(s). (InfoCaregiverParentingPractice: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCaregiverParentingPractice: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Parenting practices were described for <i>some</i> parent(s)/caregiver(s). (InfoCaregiverParentingPractice: Neg1) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.). (InfoCaregiverParentingPractice: Neg2)
Views of child(ren)? <input type="checkbox"/> Yes 	<input type="checkbox"/> Views of <i>all</i> children were described for <i>all</i> parent(s)/caregiver(s). (InfoCaregiverViewsOfChild: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoCaregiverViewsOfChild: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Views of <i>some</i> children were described (InfoCaregiverViewsOfChild: Neg1) <input type="checkbox"/> Views were described for <i>some</i> parent(s)/caregiver(s). (InfoCaregiverViewsOfChild: Neg2) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “none”, “unknown”, etc.). (InfoCaregiverViewsOfChild: Neg3)

b. Does the report contain information on family functioning, strengths and current stressors (or is there clear documentation that the reporter was asked and did not have the information)?	
Family functioning? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoFamilyFx: Neg)	<input type="checkbox"/> Family functioning was described. (InfoFamilyFx: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoFamilyFx: Pos2)
Family strengths? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoFamilyStrength: Neg)	<input type="checkbox"/> Family strengths were described. (InfoFamilyStrength: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoFamilyStrength: Pos2)
Family stressors? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoFamilyStressors: Neg)	<input type="checkbox"/> Family stressors were described. (InfoFamilyStressors: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoFamilyStressors: Pos2)

c. Does the report identify by name the alleged maltreater(s) and his or her relationship to the child(ren) (or is there clear documentation that the reporter was asked and did not have the information)?
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<p>Identification of the alleged maltreater(s) by name?</p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No </p>	<p><input type="checkbox"/> Identity of alleged maltreater(s) was documented. (InfoIdentification: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoIdentification: Pos2)</p> <p><input type="checkbox"/> Identity of <i>some</i> alleged maltreater(s) was documented (InfoIdentification: Neg1).</p> <p><input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoIdentification: Neg2)</p>
<p>Relationship of the alleged maltreater(s) to the child(ren)?</p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No </p>	<p><input type="checkbox"/> Information about <i>all</i> alleged maltreaters relationships to <i>all</i> children was documented. (InfoRelationship: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoRelationship: Pos2)</p> <p><input type="checkbox"/> Documentation includes information about relationships to <i>some</i> children. (InfoRelationship: Neg1)</p> <p><input type="checkbox"/> Documentation includes information about relationships of <i>some</i> alleged maltreaters. (InfoRelationship: Neg2)</p> <p><input type="checkbox"/> Section was blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoRelationship: Neg3)</p>

3. Additional information to gather and document for Secondary Assessment cases (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 3, III.C., Additional Information to Gather and Document for Secondary Assessment Cases, p. 13*)

a. Does the report identify the name of alleged maltreater(s), his or her relationship to the child(ren) and access to the child(ren) at the time of the report and within the next five days (or is there clear documentation that the reporter was asked and did not have the information)?

<p>Identification of the alleged maltreater(s) by name?</p> <p><input type="checkbox"/> Yes </p> <p><input type="checkbox"/> No </p>	<p><input type="checkbox"/> Identity of alleged maltreater(s) was documented. (InfoSecondaryIdentification: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryIdentification: Pos2)</p> <p><input type="checkbox"/> Identity of <i>some</i> alleged maltreater(s) was documented (InfoSecondaryIdentification: Neg1).</p> <p><input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., "none", "unknown", etc.). (InfoSecondaryIdentification: Neg2).</p>
<p>Relationship of the alleged maltreater to the child(ren)?</p> <p><input type="checkbox"/> Yes </p>	<p><input type="checkbox"/> Information about <i>all</i> alleged maltreaters' relationships to <i>all</i> children was documented. (InfoSecondaryRelationship: Pos1)</p> <p><input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryRelationship: Pos2)</p>

<input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information about relationships to <i>some</i> children . (InfoSecondaryRelationship: Neg1) <input type="checkbox"/> Documentation includes information about relationships of <i>some</i> alleged maltreaters. (InfoSecondaryRelationship: Neg2) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “unknown”) (InfoSecondaryRelationship: Neg3)
<p>Access to the child(ren) at the time of the report?</p> <input type="checkbox"/> Yes 	<input type="checkbox"/> Documentation includes information about <i>all</i> alleged maltreaters’ access to <i>all</i> children.. (InfoSecondaryAccessTimeofRpt: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryAccessTimeofRpt: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information about current access to <i>some</i> children. (InfoSecondaryAccessTimeofRpt: Neg1) <input type="checkbox"/> Documentation includes information about current access of <i>some</i> alleged maltreaters. (InfoSecondaryAccessTimeofRpt: Neg2) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “unknown”) (InfoSecondaryAccess TimeofRpt: Neg3)
<p>Access to the child(ren) within the next five days?</p> <input type="checkbox"/> Yes 	<input type="checkbox"/> Documentation includes information about <i>all</i> alleged maltreaters’ future access to <i>all</i> children. (InfoSecondaryAccessNxtFiveDays: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryAccessNxtFiveDays: Pos2)
<input type="checkbox"/> No 	<input type="checkbox"/> Documentation includes information about future access to <i>some</i> children. (InfoSecondaryAccessNxtFiveDays: Neg1) <input type="checkbox"/> Documentation includes information about future access of <i>some</i> alleged maltreaters. (InfoSecondaryAccessNxtFiveDays: Neg2) <input type="checkbox"/> Section is blank or documentation is ambiguous (e.g., “unknown”) (InfoSecondaryAccessNxtFiveDays: Neg3)

b. Does the report describe the parental/caregiver knowledge and involvement in the alleged incident (or is there clear documentation that the reporter was asked and did not have the information)?	
<p>Parental knowledge of the alleged incident?</p> <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoSecondaryCaregiverKnowledge: Neg)	<input type="checkbox"/> Information about parental knowledge of the alleged incident was documented. (InfoSecondaryCaregiverKnowledge: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryCaregiverKnowledge: Pos2)
<p>Parental actions in response to the alleged incident?</p> <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoSecondaryCaregiverActions: Neg)	<input type="checkbox"/> Information about parental actions in response to the alleged incident was documented. (InfoSecondaryCaregiverActions: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and

	did not have the information. (InfoSecondaryCaregiverActions: Pos2)
Parental involvement in, or contribution to, the alleged incident? <input type="checkbox"/> Yes  <input type="checkbox"/> No (InfoSecondaryParentalinvolvement: Neg)	<input type="checkbox"/> Information about parental involvement in, or contribution to, the alleged incident was documented. (InfoSecondaryParentalinvolvement: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryParentalinvolvement: Pos2)

c. Is there information to indicate that the alleged maltreater is an employee or part of the organization providing care (school, daycare, residential care center, etc.) (or is there clear documentation that the reporter was asked and did not have the information)?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoSecondaryEmp: Neg)
Report indicates that the alleged maltreater: <input type="checkbox"/> IS part of an organization providing care (InfoSecondaryEmp:Pos1) <input type="checkbox"/> IS NOT part of an organization providing care (InfoSecondaryEmp: Pos2), OR <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryEmp: Pos3)	
Only if alleged maltreater is employee: Does the report describe the actions taken by the school, daycare, residential care center, or other organization in response to the incident?	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No (InfoSecondaryEmpAction: Neg)
<input type="checkbox"/> Report describes actions taken by the organization (InfoSecondaryEmpAction: Pos1) <input type="checkbox"/> Documentation indicates that reporter was asked and did not have the information. (InfoSecondaryEmpAction: Pos2)	

B. SAFETY ASSESSMENT

1. Were present danger threats identified? (Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 6, Section VI.A., Screening of an Access Report, pp. 22)	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
Does the reviewer agree with the assessment of present danger? <input type="checkbox"/> Yes (SafetyPD: Pos1) <input type="checkbox"/> No (SafetyPD: Neg1) <input type="checkbox"/> Not enough information in report to accurately determine the presence or absence of present danger (SafetyPD: info1) Provide Explanation:	Does the reviewer agree with the assessment of no present danger? <input type="checkbox"/> Yes (SafetyPD: Pos2) <input type="checkbox"/> No (SafetyPD: Neg2) <input type="checkbox"/> Not enough information in report to accurately determine the presence or absence of present danger (SafetyPD: info2) Provide Explanation:

2. Were possible or likely impending danger threats identified? (Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 7, Section VII.A., Determining the Timeframe for Response, pp. 25-26)	
<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
Does the reviewer agree with the assessment of : Possible or likely impending danger? <input type="checkbox"/> Yes (SafetyIDT: Pos1) <input type="checkbox"/> No (SafetyIDT: Neg1) <input type="checkbox"/> Not enough information in report to accurately determine the presence or absence of impending danger (SafetyPDT: info1) <input type="checkbox"/> Identified impending danger threat(s) same family condition(s)/behavior(s) as the identified present danger threat(s) (SafetyIPD: equalsPD) Provide Explanation:	Does the reviewer agree with the assessment of no : Possible or likely impending danger? <input type="checkbox"/> Yes (SafetyIDT: Pos2) <input type="checkbox"/> No (SafetyIDT: Neg2) <input type="checkbox"/> Not enough information in report to accurately determine the presence or absence of impending danger (SafetyIPD: info2) Provide Explanation:

C. SCREENING DECISION (CPS and SERVICE REPORTS)

1. Was the screening decision correct based on information documented in the report and requirements established in Standards? (Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 6, The Screening Decision, pp. 21-25)
<input type="checkbox"/> Yes (ScreenDecision: Pos) <input type="checkbox"/> No (ScreenDecision: Neg)

2. Was the case type correct based on information documented in the report and requirements established in Standards? (Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 6, The Screening Decision, pp. 21-25)	
<input type="checkbox"/> Yes (ScreenCaseType: Pos) <input type="checkbox"/> No 	Reviewer's case type determination: <input type="checkbox"/> CPS Primary (ScreenCaseType: NegPCPS) <input type="checkbox"/> CPS Secondary/Noncaregiver (ScreenCaseType: NegSecCPS) <input type="checkbox"/> CPS Traditional Response (ScreenCaseType: NegTR)

3. Were the screening and response time decisions made within 24 hours of receipt of the report (inclusive of weekends and holiday)? (Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 6, VI.A., Screening of an Access Report, p. 22)
<input type="checkbox"/> Yes (Screen24: pos) <input type="checkbox"/> No (Screen24: neg)

4. If the report was screened out, does the explanation for the screening decision include justification of the reason the report does not warrant CPS intervention? (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 6, VI.C.1., Criteria for Screening Out an Access Report, pp. 24-25*)

Yes (ScreenSO: pos)

No ScreenSO: neg)

5. If the report was screened in, does the assigned response time meet the criteria defined in standards, OR does supervisor provide satisfactory explanation for alternative response time? (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 7, VII.A., Determining the Timeframe for Response, pp. 25-28*)

<input type="checkbox"/> Yes 	<input type="checkbox"/> No 
<input type="checkbox"/> The assigned response time meets the criteria identified in Standards. (ScreenResponse: Pos1)	<input type="checkbox"/> The assigned response time does not meet the criteria identified in Standards. (ScreenResponse: Neg1)
<input type="checkbox"/> Supervisor correctly supports an alternative response time (ScreenResponse: Pos2)	<input type="checkbox"/> Supervisory explanation does not support an alternative response time (ScreenResponse: Neg2)

D. NOTIFICATIONS

1. Does the report contain documentation that the agency notified law enforcement of the report within 12 hours (exclusive of weekends and holidays) in cases of alleged sexual abuse or in other cases as agreed upon with local law enforcement agencies? (*Wisconsin Child Protective Services Access and Initial Assessment Standards Sec. 1, Ch. 11, XI.A., Required Notifications for Applicable Cases, pp. 31-32*)

Yes (NoticeLaw: Pos)

No (NoticeLaw: Neg)

Not applicable. The allegations do not require notification of law enforcement. (NoticeLaw: NA)

2. If the agency knows or has reason to suspect the child who is the subject of the report is an Indian child, does the report contain documentation that the agency provided notice of the CPS report to the appropriate tribal agent within 24 hours? (*Wisconsin Child Protective Services Access and Initial Assessment Standards Sec. 1, Ch. 11, XI.A., Required Notifications for Applicable Cases, pp. 31-32 or DCF Numbered Memo 2012-08, "Notifying Tribal Child Welfare Agencies of Child Protective Services Reports."*)

Yes (NoticeWICWA: pos)

No NoticeWICWA: neg)

Not applicable (NoticeWICWA: na)

3. If the report was screened out, does the report contain documentation to indicate that feedback was provided to the mandated reporter within 60 days of receipt of the report?? (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 11, XI.B., Feedback to a Mandated Reporter When the Access Report is Screened Out, p. 33, and Sec. 1, Ch. 11, XI.C., Feedback to a Relative Reporter When the Access Report is Screened Out, p. 33*)

- Yes (NoticeMR: pos)
- No (NoticeMR: neg)
- Not applicable. Sixty days have not yet expired. (NoticeMR: na)

4. If the report was screened out, does the report contain documentation to indicate that feedback was provided to a relative reporter (when requested) within 20 days of receipt of the request? (*Wisconsin Child Protective Services Access and Initial Assessment Standards, Sec. 1, Ch. 11, XI.B., Feedback to a Mandated Reporter When the Access Report is Screened Out, p. 33, and Sec. 1, Ch. 11, XI.C., Feedback to a Relative Reporter When the Access Report is Screened Out, pp. 33*)

- Yes (NoticeRRpos)
- No (NoticeRRneg)
- Not applicable. There is no indication that the relative reporter requested feedback, or 20 days have not yet expired. (NoticeRR: na)

E. REASONS FOR SCREENING ERRORS

1. Reasons for Screening Error

Cursory Assessment (ReasonCursoryAssessment)

- Conducting a "welfare check" prior to the screening decision, which could influence decision making
- Screening in a report to "go out, take a look"
- Contacting a worker on the case (or anyone who knows the family) to assess if the evidence exists to support the information, and screening out based on that person's opinion of the reported information (i.e., misuse of collateral contacts, making maltreatment determination at Access)

Dismissing Reporter (ReasonDismissingReporter)

- Discounting the reporter because he / she did not have first-hand information about alleged maltreatment
- Discounting the reporter because information was provided by a child without compelling evidence or sufficient detail
- Discounting the reporter solely because the worker / supervisor does not believe he / she is credible

Inaccurate Use of History (ReasonHistory)

- Current referral does not meet CPS criteria, but screened in or out based on misuse of history with family
- CCAP and CPS history is overlooked or incorrectly assessed

Incident Based Screening (ReasonIncidentBasedScreening)

- Misuse of statutory definition of abuse or neglect citing a lack of maltreatment or injury while information in the report supports a present or possible/likely impending safety threat and /or threatened harm
- Screen-out because at the time of the report the child displays no signs or symptoms of physical injuries while information in the report supports a present or possible/likely impending safety threat and /or threatened harm

Lack of Understanding of Present Danger (ReasonPD)

- Inaccurately identifying Present Danger Threats in the reported information
- Not identifying existing Present Danger Threats in the reported information

-
- Lack of Understanding of Possible or Likely Impending Danger (ReasonIDT)**
- Inaccurately identifying possible or likely Impending Danger Threats in the reported information
 - Not identifying existing possible or likely Impending Danger Threats in the reported information
-
- Multiple Reports (ReasonMultiple)**
- Using "Multiple Referral" screen out reason when reports are several months apart and / or unrelated
 - New allegations are received on an open case and are not recognized or treated as a separate report
-
- Screening with Value Judgments (ReasonJudgments)**
- Screening report based on where family lives, parent's job, race, ethnicity, type of drug (e.g., alcohol and marijuana are acceptable; cocaine, methamphetamine, heroin are not acceptable)
-
- Case Currently Open for Services (ReasonOpen)**
- Some evidence that another provider is involved with the family and agency assumes provider will address the current concerns
 - Case open to ongoing services, safety services, wraparound, another area of the agency (e.g., Juvenile Justice), or to a tribe
-
- Undue Influence (ReasonInfluence)**
- Community pressure to open cases
 - Agency culture to screen in or out specific types of cases / circumstances (e.g., always screen out custody battles)
 - Screening to adjust for workload demands
-
- Other: (ReasonOther)**
-

2. Primary Reason for Screening Error

- Cursory Assessment (PrimaryReasonCursoryAssessment)**
- Dismissing Reporter (PrimaryReasonDismissingReporter)**
- Inaccurate Use of History (PrimaryReasonHistory)**
- Incident Based Screening (PrimaryReasonIncidentBasedScreening)**
- Lack of Understanding of Present Danger (PrimaryReasonPD)**
- Lack of Understanding of Possible or Likely Impending Danger (PrimaryReasonIDT)**
- Multiple Reports (PrimaryReasonMultiple)**
- Screening with Value Judgments (PrimaryReasonJudgments)**
- Case Currently Open for Services (PrimaryReasonOpen)**
- Undue Influence (PrimaryReasonInfluence)**
- Other (PrimaryReasonOther)**

Description:

Appendix E: Quality Management

The Access case record review Quality Management (QM) plan aims to provide valid and reliable case review information that reflects practices and outcomes in the area of Access. Two components make up Wisconsin's QM plan. The first component, Quality Assurance (QA), puts review policies and procedures in place to verify that data quality objectives are met. Most of this work occurs before the case review process is started. Weekly check-in meetings are an ongoing practice that occurs throughout the entire review period. The second component, Quality Control (QC), establishes a process of ensuring data integrity through monitoring of consistency and completeness. This work typically occurs after a case record review is completed.

Below is a summary of QA and QC activities completed as part of the 2015 Access Case record review.

Quality Assurance:

1. **Review Instrument Development.** Prior to commencing the 2015 Access case record review the Access case record review instrument was rigorously tested for validity and reliability. A pilot review using 98 CPS reports randomly selected from the Balance of the State and BMCW was conducted in October - November 2014. In addition, multiple inter-rater reliability studies were conducted over the course of 2014. Over the course of the two pilots, improvements and clarification was made to questions in the Access review instrument and instructions.
2. **Reviewer Training and Expertise.** All certified case reviewers were required to have child welfare experience. They also completed additional training prior to initiating reviews. Training included Access Pre-Service Training and an eight-hour training on the Access review instrument and the Wisconsin Child Protective Services Access and Initial Assessment Standards. Given the compressed timeframe, specific prerequisites and training requirements were not codified prior to commencing case reviews. The proposed requirements were developed with input from members of the Access case record review workgroup, which includes representatives from BSWB and BMCW. Referenced in the requirements are BPM Quality Assurance Program Specialist (QAPS). Quality Assurance Program Specialists (QAPS) are personnel in the Bureau of Performance Management (BPM) who are experts in the review instruments and procedures. These staff provided coaching and mentoring to provisionally certified and certified reviewers. QAPS also made final determinations on appropriateness of answers. When necessary, BPM consulted with DSP on issues relating to the interpretation of Access and Initial Assessment Standards.
3. **Check-in Meetings.** QRPA and BSWB staff met on a regular basis to discuss problem areas and difficult questions encountered during the Access review, and procedures and areas where additional training and support were necessary. During 2015, clarifications and revisions were addressed in a series of weekly check-in meetings regarding the QM protocols, training, instructions, and the review instrument. Any changes and updates were shared via check-in meetings with final decisions emailed to each reviewer.
4. **Data Integrity.** In collaboration with the University of Wisconsin-Madison School of Social Work, the Access review instrument was modified to reflect only one construct per question. The final, electronic version of the instrument also underwent User Acceptance Testing (UAT). As a result of UAT, further improvements to questions in the instrument and accompanying instructions were made, including clarification of data entry steps. Additionally, the electronic review instrument in Microsoft Access was built to incorporate skip logic and validation mechanisms to help reviewers avoid data entry errors, including a "Validate" box to ensure all required questions were

answered. Lastly, there was planning to ensure that the review data obtained through the Microsoft Access database could be prepared for statistical analysis.

5. **Review Sample.** An internal procedure established to use if a CPS report needed to be swapped out from the sample and replaced with a CPS report from the oversample.

Quality Control:

1. **Checking for Data Errors.** All cases were reviewed to identify potential errors or outliers. This process involved cross-checking administrative data with survey data. Specific items assessed included:
 - a. eWiSACWIS case number
 - b. Access Report number
 - c. Case Type
 - d. Screening Decision
 - e. Screening Decision Response Time
 - f. Screened within 24 hours
 - g. Report Method (Fax/Phone/In-Person)
 - h. Law enforcement Notification
2. **Assessing Reviewers.** All results were banded across reviewers to determine if specific reviewers systematically scored reports substantially higher or lower than average. Due to identified differences, some items were re-assessed for consistency. Specific items assessed included:
 - a. ICWA Notification*
 - b. Child Injury*
 - c. Surrounding Circumstances
 - d. Child Vulnerability
 - e. Domestic Violence*
 - f. Present Danger
 - g. Impending Danger
 - h. Family Functioning
 - i. Screening Decisions
 - j. Safety Assessment

*Items re-assessed for consistency

3. **Secondary Review.** During the review process, reviewers were provided with prescriptive guidelines for information gathering and the adequacy of documentation. The only language deemed acceptable was “The reporter was asked and did not know.” Statements such as “The reporter did not indicate” or, “The reporter was unaware” were given a negative answer on the basis that such phrases did not adequately convey that a question was asked.

The areas of information gathering in which reviewers found the most significant degree of deviation in interpretation of Access and Initial Assessment Standards were compliance with the Indian Child Welfare Act (ICWA), domestic violence (DV), and child injury/condition. Therefore, BPM conducted a secondary review around these areas, allowing a larger degree of professional judgement with respect to acceptable language when specific information was missing, i.e., not a strict adherence to requiring the phrase “The reporter was asked and did not know.”

Below are the review results for information gathering on ICWA, DV, and child injury/condition:

Table E-1. Secondary Review Results for Selected Information Gathering Components.

CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Reports Reviewed	Initial Review (Positive Responses)	Secondary Review (Positive Responses)
ICWA	271	147	224
DV	271	147	211
Child Injury	271	155	218

4. **Logic Pathways.** Areas were cross-referenced where it was believed the answers should influence one another. An example is if there is one adult household member identified in the Access report, there should not be answers referring to multiple parents. A partial list of specific items assessed included:
 - a. Background Checks
 - b. Tribal Notifications
 - c. Mandated Reporter Notifications
 - d. Present Danger and Response Time
 - e. Impending Danger and Response Time
5. **QA Reviews:** An expert peer reviewer (a Quality Assurance Program Specialist who did not review the CPS report originally) conducted a second case record review (i.e. re-reviewed the entire report. This process included reviewing all information from the initial review to confirming consistency; 12% of reports in the sample were reviewed by an additional QAPS.
6. **Screening Decision Panel.** Results of the initial review indicated reviewers disagreed with a county's screening decision in 30 instances. In order to confirm the consistency with Access and Initial Assessment Standards of these findings, a Screening Decision panel (expert peer reviewers) reassessed all 30 CPS Reports. The Screening Decision Panel included members of QRPA, BSWB, the reviewer, and supervisors. Upon a second review of the 30 reports, the Screening Decision Panel affirmed 22 of the reviewer's decisions and reversed 8 of the reviewer's decisions.
7. **Data Integrity.** A process was established to ensure that the review data and eWiSACWIS administrative data were appropriately stored and secured.
8. **Review Sample.** The administrative data on cases in the sample were cross-referenced with all 2014 administrative data to determine if the sample estimates were appropriate.

Appendix F: Information on Statistics and Results Tables

What is statistics?

Statistics is the science of collecting, organizing, presenting, analyzing, and interpreting data, which can be used to assist in making more effective decisions. This report presents statistical analyses of data gathered from Access Report case record reviews to learn more about Wisconsin's child welfare system to help DCF better serve children and families.

What is correlation?

Correlation is when two items have a relationship with one another (e.g., as one increases, the other decreases). For example, statistical methods were used to examine whether or not adherence to specific standards is correlated with better outcomes for children. Correlations can provide insight into which standards are most important for achieving better outcomes for children. This can help the child welfare system prioritize what matters most.

What does it mean to be “statistically significant”?

A value is statistically significant if researchers find, using statistical tests, that an outcome is not based on chance. For example, one result highlighted in this report is that child injury/condition is 2.6 times more likely to be adequately documented when the allegations included physical abuse. Because this result was found to be statistically significant we know that adequate documentation of injury and allegations of physical abuse have a relationship (and the correlation is not random).

What is a p-value?

A probability value, or p-value, shows if it is likely that a result is statistically significant (not due to chance). In this report values that are statistically significant are marked with asterisks (*). Researchers can choose different p-values to determine statistical significance. The smaller the p-value, the more likely it is that a result is statistically significant. The larger the p-value, the more likely it is that a result is not statistically significant. Smaller p-values are indicated with more asterisks.

What is an odds ratio?

An odds ratio tells us the **likelihood** that **A** will occur if **B** is present. For example, in this report we learned that it is **2.6 times more likely** for reports to adequately document child injury/condition if **the allegations included physical abuse**.

How to Read a Table:

Below is a table about two fictional counties. The same table appears multiple times in this appendix.

1. Look at the **table name**: “Number of Female and Male Children in River and Valley Counties.” The table name conveys important information about the data contained in the table (in this example, the number of female and male children in two different counties).

TABLE 1: Number of Female and Male Children in River and Valley Counties

	Age Range:					
	0-4		5-10		11-17	
County:	Female	Male	Female	Male	Female	Male
River	20	35	40	35	20	23
Valley	7	3	13	11	4	3

2. Look at the heading for the rows. **Rows** are the horizontal lines of data in the table. Because this table contains the row heading “County,” the subheadings below refer to specific counties (in this case, River and Valley).

TABLE 1: Number of Female and Male Children in River and Valley Counties

	Age Range:					
	0-4		5-10		11-17	
County:	Female	Male	Female	Male	Female	Male
River	20	35	40	35	20	23
Valley	7	3	13	11	4	3

3. Look at heading for the columns. **Columns** are the vertical lines of data in the table. Because this table contains the column heading “Age Range” the subheadings below indicate specific age ranges (0-4, 5-10, and 11-17). The additional subheadings “Female” and “Male” indicate how many female and male children are in each age range. For example, there are 20 female children age 0-4 in River County.

TABLE 1: Number of Female and Male Children in River and Valley Counties

	Age Range:					
	0-4		5-10		11-17	
County:	Female	Male	Female	Male	Female	Male
River	20	35	40	35	20	23
Valley	7	3	13	11	4	3

From the table name, headings, and subheadings this table provides information about the number of female and male children ages 0-4, 5-10, and 11-17 in River County and Valley County.

4. To get specific information about the number of children in River and Valley Counties, look in the table’s cells. A **cell** is an intersection of a row and column. The information in the highlighted cell below indicates that there are 13 female children age 5-10 in Valley County.

TABLE 1: Number of Female and Male Children in River and Valley Counties

	Age Range:					
	0-4		5-10		11-17	
County:	Female	Male	Female	Male	Female	Male
River	20	35	40	35	20	23
Valley	7	3	13	11	4	3

Appendix G: Review Sample by County

CPS Reports from a total of 50 counties were captured in the random sample of reports reviewed.

**Table G-1. Distribution of Counties in the Random Sample.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

County	No. CPS Reports	County	No. CPS Reports
Adams	1	Marquette	1
Bayfield	1	Menominee	2
Brown	12	Milwaukee	57
Burnett	3	Monroe	3
Chippewa	7	Oconto	1
Clark	2	Oneida	1
Columbia	6	Outagamie	9
Dane	27	Pierce	2
Dodge	2	Polk	3
Door	1	Portage	4
Douglas	3	Racine	14
Dunn	1	Richland	1
Eau Claire	7	Rock	10
Fond Du Lac	3	Rusk	1
Grant	3	Saint Croix	3
Green	1	Sauk	1
Green Lake	4	Shawano	4
Jackson	4	Sheboygan	3
Kenosha	7	Trempealeau	2
La Crosse	8	Vernon	1
Lafayette	2	Walworth	4
Langlade	3	Waukesha	4
Manitowoc	1	Waushara	1
Marathon	2	Winnebago	16
Marinette	4	Wood	8
		TOTAL	271

Appendix H: Review Results by Question

All CPS Reports (N=271)

Information Gathering

**Table H-1. ICWA Information.[∞]
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	American Indian Heritage
Addressed for all children	99
Reporter was asked and did not know	48
Missed for some children	4
Blank/missing/ambiguous	120

[∞] Prior to Secondary Review (Appendix E)

**Table H-2. General Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Names/Contact Information of Collaterals	Participants Tab: Required Individuals	Identified Correct Household
Yes	115	219	249
No	156	52	22

**Table H-3. Description of Allegations.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Current Maltreatment	Past Maltreatment	Surrounding Circumstances	Frequency of Alleged Maltreatment
Yes	190	103	156	90
No	71	143	95	151
Reporter did not know	10	25	20	30

**Table H- 4. Description of Injury and/or Condition(s).
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Child Injury/ Condition
Addressed for all children	145
Reporter was asked and did not know	10
Missed for some children	11
Blank/missing/ambiguous	105

[∞] Prior to Secondary Review (see Appendix E, Table E-1)

Table H-5. Child Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Current Location	School/Daycare	Special Needs	Child Vulnerability	Child Functioning: Emotional	Child Functioning: Behavioral	Child Functioning: Cognitive
Documented for all children	83	120	60	42	31	41	29
Documented for some children	34	44	38	16	27	26	24
Not documented	127	77	139	192	184	173	188
Reporter did not know	27	120	34	21	29	31	30

Table H-6. Records Searches: Alleged Maltreater(s).
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Prior CPS Referrals	Previous Initial Assessments	Wisconsin Court System	Sex Offender Registry
Past records documented for all applicable individuals	85	63	172	43
Negative search results documented where applicable	39	76	42	57
Some required records searches documented	6	3	7	3
Blank/missing/ambiguous	141	129	50	168

Table H-7. Alleged Maltreater Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Current Whereabouts	Access to Child(ren) at Time of Report	Access to Child(ren) in Next Five Days
Documented for all alleged maltreaters	60	97	156
Documented for some alleged maltreaters	6	11	15
Not documented	167	4	7
Reporter did not know	38	121	57
		39	39

**Table H-8. Family Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Circumstances That May Affect Fulfilling CPS Responsibilities	Reporter's Opinion on Family Response to Agency Intervention
Yes	87	166
No	122	105
Reporter did not know	62	-

**Table H-9. Domestic Violence (DV) Information.[∞]
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Presence of DV in the Home
Yes, present	43
No, not present	51
Not documented	124
Reporter did not know	53

[∞] Prior to Secondary Review (see Appendix E, Table E-1)

**Table H-10. Description of Parental Protective Capacities.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Emotional	Behavioral	Cognitive
Yes	18	29	16
No	234	224	236
Reporter did not know	19	18	19

Screening Decision

**Table H-11. Screening Decision and Response Time.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Screening Decision Consistent with Standards	Case Type Consistent with Standards	Adequate Explanation For Screen Out	Response Time Consistent with Standards
Yes	248	267	113	87
No	23	4	49	22

Notifications

**Table H-12. Required Notifications.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Law Enforcement	Tribal Agency	Mandated Reporter	Relative Reporter
Yes	35	5	82	0
No	13	12	31	9
N/A	223	254	49	153

Primary CPS Reports (N=237)

Information Gathering

**Table H-13. Records Searches: Other Household Member(s).
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Prior CPS Referrals	Previous Initial Assessments	Wisconsin Court System	Sex Offender Registry
Past records documented for all applicable individuals	25	17	63	17
Negative search results documented where applicable	14	26	18	17
Some required records searches documented	5	6	14	5
Blank/missing/ambiguous	83	78	32	88

**Table H-14. Parent/Caregiver Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Views of Child(ren)
Documented for all caregivers and all children	13
Documented for some caregivers	6
Documented for some children	5
Not documented	191
Reporter did not know	23

	Current Location	Parenting Practices	Adult Functioning: Emotional	Adult Functioning: Behavioral	Adult Functioning: Cognitive
Documented for all caregivers	55	28	27	45	13
Documented for some caregivers	19	14	10	16	6
Not documented	143	166	174	148	191
Reporter did not know	20	29	26	28	27

**Table H-15. Alleged Maltreater Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Identity of Alleged Maltreater
Documented for all alleged maltreaters	199
Documented for some alleged maltreaters	8
Not documented	19
Reporter did not know	11

	Alleged Maltreater Relationship to Child(ren)
Documented for all alleged maltreaters and all children	202
Documented for some of the children	4
Documented for some alleged maltreaters	8
Not documented	15
Reporter did not know	9

**Table H-16. Family Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Family Functioning	Family Strengths	Family Stressors
Yes	42	21	61
No	163	182	149
Reporter did not know	32	34	27

Safety Assessment

**Table H-17. Safety Assessment.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.**

	Present Danger Identified	Present Danger Not Identified	Impending Danger Identified	Impending Danger Not Identified
Consistent with Standards	28	174	23	176
Inconsistent with Standards	1	22	3	12
Not enough information	0	12	4	18
Same family condition	-	-	1 [∞]	-

[∞] Reviewers were instructed to select "same family condition" if the agency identified one or more impending danger threats for the same family condition(s)/behavior(s) as the identified present danger threat(s) (e.g., if the worker identified a present danger threat of "parent is acting dangerous now or is described as dangerous" and a possible impending danger threat of "one of both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior").

Secondary/Non-Caregiver CPS Reports (N=34)

Information Gathering

Table H-18. Alleged Maltreater Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Identity of Alleged Maltreater
Documented for all alleged maltreaters	24
Documented for some alleged maltreaters	1
Not documented	2
Reporter did not know	7

	Alleged Maltreater Employment in Care Organization
Yes, employed	6
No, not employed	11
Not documented	17
Reporter did not know	0

	Alleged Maltreater Relationship to Child(ren)	Access to Child(ren) at Time of Report	Access to Child(ren) in Next Five Days
Documented for all alleged maltreaters and all children	24	14	16
Documented for some of the children	0	0	0
Documented for some alleged maltreaters	1	1	0
Not documented	3	13	12
Reporter did not know	6	6	6

Table H-19. Parent/Caregiver Information.
CQI 2015 Access Case Record Review, DCF, Wisconsin 2015.

	Parental Knowledge of Alleged Maltreatment	Parental Response to Alleged Maltreatment	Parental Involvement in Alleged Maltreatment
Yes, documented	23	20	18
No, no not documented	6	10	13
Reporter did not know	5	4	3