

Access Response Time Pilot – Implementation Procedures

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Background

What is included in the Access Response Time Pilot?

The Access Response Time Pilot is testing a new approach to determining response times for screened-in CPS reports. This pilot includes testing new response time categories and a new method for determining response time.

New Response Time Categories

The pilot is testing the use of two response times instead of three as follows:

24 Hours	5 Business Days
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Pilot agencies have discretion to determine when to respond within these timeframes, including to respond immediately when necessary.

New Method to Determine Response Time

The pilot is also testing a method that utilizes a concise list of factors to determine response time selection, instead of identifying present danger threats (PDTs) or likely impending danger threats (IDTs). These factors are found within the Response Time Decision-Making Tool ([Appendix 1](#)) and identify circumstances when an urgent response is needed and when mitigating factors could allow the agency more time to respond.

While utilizing this method to determine a response time for a screened-in CPS report, concepts within the current safety model (e.g., present danger, impending danger, OVOIS threshold) are not applied at the point of Access.

This means when CPS professionals performing the Initial Assessment (IA) function receive a new CPS Report, PDTs and IDTs will not be specifically identified. CPS professionals will meet with the family to begin the process of understanding and gathering information to begin the IA process, including the identification of whether or not threats to child safety are present. All IA practice responsibilities within the [CPS Access and Initial Assessment Standards](#) will remain the same during the pilot.

Purpose of the Pilot

The Access Response Time Pilot is exploring approaches that could serve to enable the following results:

- Simplify the response time decision-making process, making it clearer and more straight-forward.
- Allow CPS professionals carrying out IA responsibilities to meet with families to understand their perspective and gather additional information before safety threats are identified and next steps are determined. This is intended to reduce the risk of confirmation bias at the point of first contact with the family.
- Support CPS professionals and families by slowing down the process and allowing more space for playful, intentional engagement. The Response Time Decision-Making Tool ([Appendix 1](#)) reflects a narrower set of situations in which CPS agencies will respond quickly.
- Standardize this decision point and increase consistency across the state.

Pre-Pilot Response Time Data

The pre-pilot data below shows how often each of the current response times are used throughout the state. The range reflects individual county averages. For example, some agencies use Same Day response 8-9% of the time and others use it 45-48% of the time.

Statewide Average		Statewide Range	Pilot Agencies
Immediate / Same Day	23%	7-43%	16-35%
24-48 Hours	14%	3-39%	3-21%
Within 5 Business Days	63%	42-85%	56-77%

All screened-in CPS reports CY 2021-2023

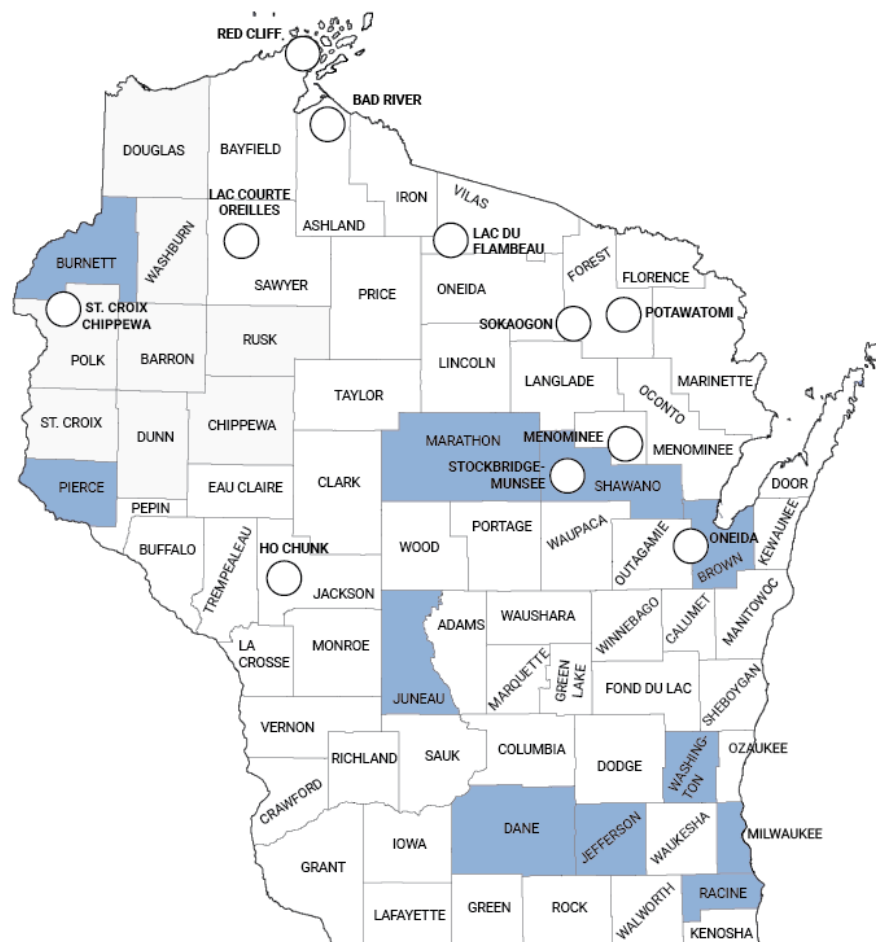
Pilot Agencies and Cohort Implementation Dates

There are 11 agencies participating in the pilot across 2 cohorts, representing differing county size, every region in the state, and with varying pre-pilot response time data.

Cohort 1		
Nov 1, 2024 – Dec 31, 2025		
Dane	XL	Southern
Juneau	M	Southern
Racine	XL	Southeastern
Washington	L	Southeastern
Jefferson	L	Southeastern

Cohort 2		
July 1, 2025 – Dec 31, 2025		
Marathon	L	Northern
Brown	XL	Northeastern
Shawano	M	Northeastern
Pierce	M	Western
Burnett	S	Western

DMCPS
Nov 1, 2024 – Dec 31, 2025



eWiSACWIS Documentation

How will decisions be documented during the pilot?

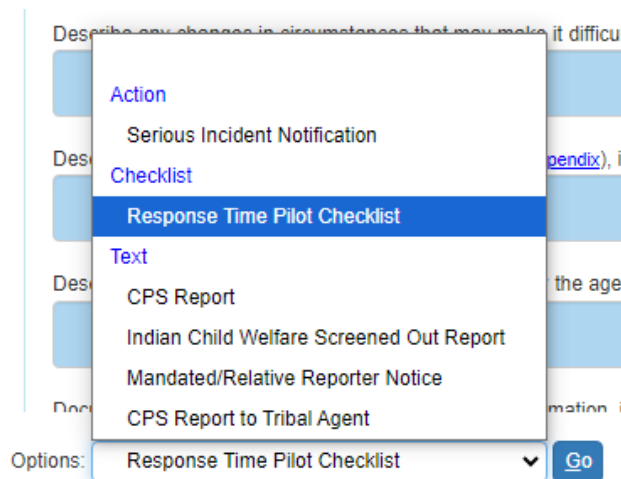
Documenting the Final Response Time Decision

Response time decisions made during the pilot will be documented using existing categories in eWiSACWIS:

- Response Time: **Within 24 - 48 Hours** ▼ Will be used for 24-hour response time decision
- Response Time: **Within 5 business days** ▼ Will be used for 5-day response time decision

Documenting Use of the Response Time Decision-Making Tool

During pilot implementation, Access Supervisors will document which criteria within the decision-making tool were selected to arrive at a response time decision. This will be documented through a checklist (Response Time Pilot Checklist) found in the **Options** dropdown menu on the lower left of the screen within the CPS Report.



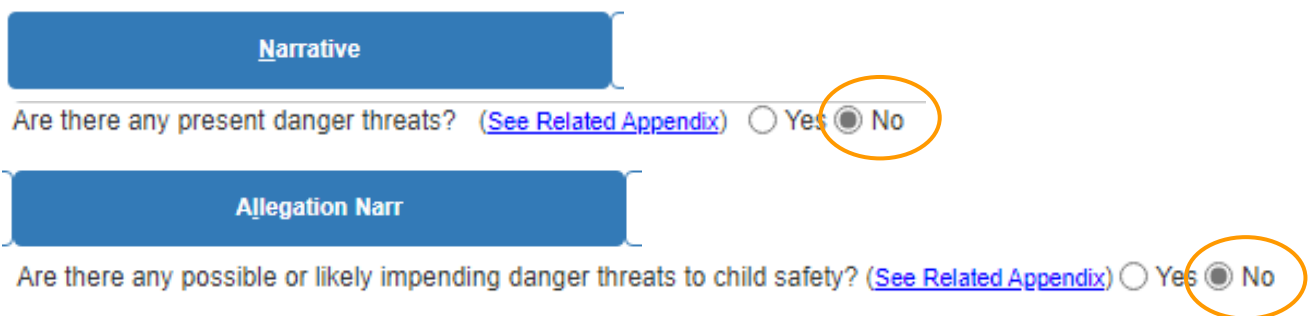
When launched, the **Response Time Pilot Checklist** will include an abbreviated version of the decision-making tool. Supervisors will complete this checklist within every screened-in CPS Report during the pilot implementation period. See [Appendix 3: eWiSACWIS Checklist](#) for further instructions regarding use of this checklist.

Documenting Response Time Recommendations (for Access staff)

The following instructions are for CPS professionals performing the Access function – those speaking with reporters, completing CPS Reports in eWiSACWIS, and making response time recommendations.

Always Choose “No” to the PDT and IDT Questions in the CPS Report

During the pilot, CPS professionals performing the Access function will always choose “No” for the questions about present danger threats (PDTs) and possible or likely impending danger threats (IDTs) within the CPS Report. Pilot agencies are not looking for PDTs and IDTs at the point of Access during the pilot implementation period.



Narrative

Are there any present danger threats? ([See Related Appendix](#)) ☐ Yes ☒ No

Allegation Narr

Are there any possible or likely impending danger threats to child safety? ([See Related Appendix](#)) ☐ Yes ☒ No

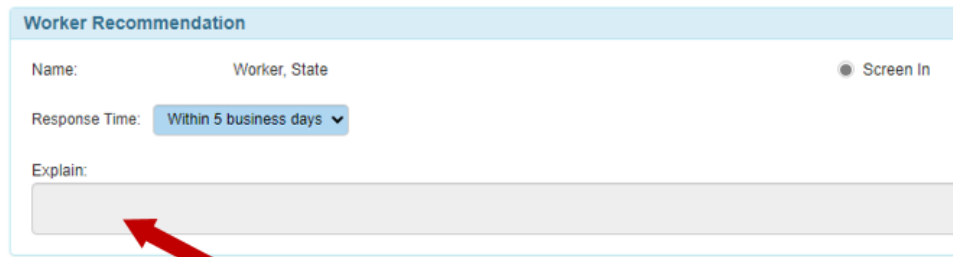
The only exception to this instruction is when a pilot agency receives a CPS Report that needs to be sent to another county that is not part of the pilot. See [page 10](#) for more information about cross-county procedures.

Completing the **Worker Recommendation** Tab in the CPS Report

If the CPS professional recommends a **Screen Out**, there is no need to proceed further. Response time recommendations are only needed for screened-in CPS Reports.

If **Screen In** is selected, the response time will pre-fill to “Within 5 business days” because the PDT/IDT questions are answered “no.” It is not possible to manually change the response time in the Worker Recommendation tab. Therefore, the response time dropdown box in the Worker Recommendation tab will always show “Within 5 business days” during the agency’s pilot implementation period.

CPS professionals need to document their response time recommendation differently during pilot implementation. Instead of their recommendation being reflected in the dropdown box, CPS professionals will document their response time recommendation and rationale in the **Explain** textbox using the following language:



"Pilot response time recommendation: 24 hours"

"Pilot response time recommendation: 5 days"

Using this language quickly indicates to anyone reviewing the CPS Report now or in the future that this CPS Report is part of the pilot and clearly documents what the CPS professional's response time recommendation is.

Documenting Rationale for the Decision

In addition to documenting the response time recommendation (24 hours or 5 days), CPS professionals will also include the rationale for the decision in the text box by indicating which letters from the Response Time Decision-Making Tool ([Appendix 1](#)) apply to this CPS report. For example:

"Pilot response time recommendation: 24 hours - C"

"Pilot response time recommendation: 5 days, no 24hr criteria"

"Pilot response time recommendation: 5 days - B, M2"

CPS professionals will record the rationale for their response time recommendation in this way instead of completing the eWiSACWIS Checklist ([Appendix 3](#)), which will be completed by Supervisors after the final response time decision has been made.

The **Explain** text box in the Worker Recommendation tab will also be used to document any additional information needed about the response time recommendation. This includes when an explanation is required for use of mitigating factor M4. Other reason 24-hour response is not needed or X. Discretionary 24-hour response selected by agency.



Documenting Response Time Decisions (for Access supervisors)

The following instructions are for CPS professionals performing the Access Supervisor function – those reviewing CPS Reports and making final screening and response time decisions.

Completing the **Supervisor Decision** Tab in the CPS Report

The Supervisor will document the final response time decision using the dropdown box.


Response Time: **Within 24 - 48 Hours** ▼ Will be used for 24-hour response time decision

Response Time: **Within 5 business days** ▼ Will be used for 5-day response time decision

Data regarding response time decisions during the pilot will be collected from these dropdown box selections so it is critical that they are accurate. The “Same Day” option will not be used during the pilot implementation period.

In addition to the dropdown box, Supervisors will also document their final response time decision below the screening explanation, in the **Explain** textbox using the following language:

Explain:
(Explanation of screening decision)
Pilot response time decision: 24 hours



“Pilot response time decision: 24 hours”
“Pilot response time decision: 5 days”

Using this language quickly indicates to anyone reviewing the CPS Report now or in the future that this CPS Report is part of the pilot and clearly documents what the final response time decision is.

This text box will also be used to document any additional information needed about the final response time decision. This includes when an explanation is required for use of mitigating factor M4. Other reason 24-hour response is not needed or X. Discretionary 24-hour response selected by agency. Both selections indicate to “provide details in text box” and the Supervisor will include those details here.

Completing the **Response Time Pilot Checklist** in the CPS Report

Access Supervisors will complete the Response Time Pilot Checklist for every screened-in CPS Report to document how the response time decision was made. Instructions for how to access this checklist are found on [page 5](#) and the full checklist with additional instructions can be found in [Appendix 3: eWiSACWIS Checklist](#).

Keep in mind that this checklist is only intended for documentation purposes and to collect data for evaluation of the pilot. Due to eWiSACWIS limitations, what is shown in the checklist is an abbreviated version of the Response Time Decision-Making Tool and should not be used as a reference document when considering the response time recommendation.

Instead, CPS professionals should utilize the complete version of the Response Time Decision-Making Tool ([Appendix 1](#)) and the Critical Thinking Guide ([Appendix 2](#)) to make thoughtful response time recommendations and decisions. Links to these reference documents can also be found at the top of the eWiSACWIS page via the **Resource** icon.



The Supervisor should complete the eWiSACWIS checklist as their final step, after the final response time decision has been made. When any person makes selections on the checklist and saves the page, these selections will be locked and cannot be unselected. If an error has been saved in the checklist and cannot be changed, follow the instructions in [Appendix 3](#) for correcting errors in a Response Time Checklist.

Data regarding how the Response Time Decision-Making Tool ([Appendix 1](#)) is used during the pilot will be gathered from the checklist selections so it is critical that they are accurate and reflect the agency's final response time decision and rationale.

Finalizing the **Response Time Pilot Checklist**

At the top of the checklist, there is a “completed” checkbox:

☒ Checklist Completed?

The Supervisor should check this box after they have made the final response time decision and completed the checklist to ensure it accurately reflects the rationale for the decision. Once the page is saved, the checklist will be locked and no further edits can be made.

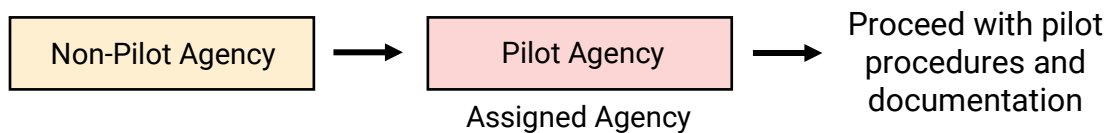
Cross-County Procedures

The following procedures apply when a pilot agency sends or receives a CPS Report from a non-pilot agency. A complete listing of pilot agencies is found on [page 4](#).

When a Non-Pilot Agency Sends a CPS Report

When a CPS Report comes from a non-pilot agency, the pilot agency should proceed with pilot procedures and documentation (mark PDT/IDT questions as “no” in the CPS Report, complete the eWiSACWIS checklist, etc.). These CPS Reports will be included in data gathered to evaluate the pilot.

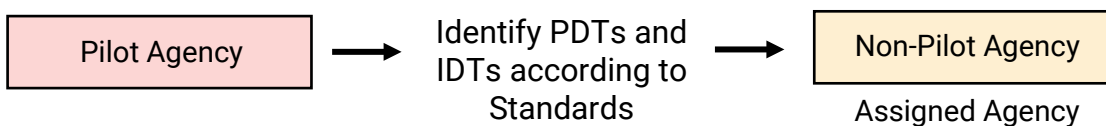
If the non-pilot agency selected “yes” to one or both PDT/IDT questions, the text in the explanation boxes should be copied and pasted into the Alleged Maltreatment section within the Narrative tab. This should be done before changing the PDT/IDT questions to “no,” which will eliminate the explanation text box and what was written inside.



Only pilot agencies will have access to the eWiSACWIS Checklist ([Appendix 3](#)). A non-pilot agency will not be able to launch the checklist when they complete the report, but when the report is sent to a pilot agency, the pilot agency will be able to launch and complete the eWiSACWIS Checklist.

When a CPS Report Needs to be Sent to a Non-Pilot Agency

When a CPS Report is taken by a pilot agency and needs to be assigned to a non-pilot agency, the pilot agency needs to identify PDT/IDTs and communicate these when sending the CPS Report to the non-pilot agency. CPS professionals should follow all normal procedures in the [CPS Access and Initial Assessment Standards](#) when sending CPS Reports to non-pilot agencies. These CPS Reports will not be included in data gathered to evaluate the pilot.



Collaboration and Technical Assistance

Monthly Cohort Meetings – Cohort 2

DSP will facilitate monthly, virtual cohort meetings on the third Wednesday of each month from 10-11am.

Cohort meetings will consist of facilitated discussion around topics related to implementation and open time for sharing experiences, peer learning between pilot agencies, and asking questions to one another and DSP.

These meetings are open to any pilot agency staff that are interested in participating. Pilot agencies should have at least one point person participate in every meeting to share feedback, learnings, and communicate updates to leadership within their organization as needed.

Outlook invites have been sent to representatives from all Cohort 2 pilot agencies and can be forwarded to anyone interested. Zoom links are also provided below:

- July 16, 2025 10-11am
- August 20, 2025 10-11am
- September 17, 2025 10-11am
- October 15, 2025 10-11am
- November 19, 2025 10-11am
- December 17, 2025 10-11am

[Zoom link for all monthly meetings – click here to join!](#)

Prompts to Observe your Experience in Real Time

Evaluation of each pilot cohort will occur after the implementation period is finished and will include qualitative information gathering about the experience and impact of using the pilot method. There will also be opportunities to share feedback throughout the process during monthly cohort meetings.

It may be helpful to make note of your observations about the topics below in real time as they occur, to share at cohort meetings and/or during the post-pilot evaluation.

- The pilot method intentionally identifies a narrower set of situations in which CPS agencies will respond quickly. What has your experience been testing a method that identifies fewer situations for an urgent response?
 - What kinds of situations do you find yourself pausing or feeling uncomfortable not assigning an urgent (24-hour) response?
 - What do you think leads to discomfort when the tool points to responding more slowly? Which aspects are the most challenging?
 - What kinds of situations do you find it easier to adjust to assigning a slower response time?
- Which reports are the most difficult to determine which response time to assign?
- When do you find yourself choosing the Discretionary 24-hour response option? Are there common characteristics or themes that you notice with those reports?
- What has been the impact of moving to two response times?
 - What has been the impact of moving from Same Day to within 24 hours being the quickest response time?
 - How has the process been determining whether to respond immediately or the next day for reports with a 24-hour response time?

Regarding feedback about eWiSACIS documentation: Keep in mind the methods used to document response time recommendations and decisions in eWiSACWIS during the pilot are temporary solutions, to allow for timely pilot implementation. If statewide implementation occurs in the future, a full eWiSACWIS build will occur to make the process and documentation requirements simpler and more user-friendly.

Technical Assistance

- For technical issues related to eWiSACWIS, contact the DCF Service Desk at (608) 264-6323 or [via email](#).
- Questions related to pilot procedures can be brought to the monthly cohort meetings or the DSP team can be contacted anytime via [Jenni McBain](#).



Appendix 1

Access Pilot - Response Time Decision-Making Tool

Respond within 24 Hours:

Results in 24-hour response time if no mitigating factors are present

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

Mitigating Factors to Consider:

Consider mitigating factors whenever 24-hour response criteria (A-F) are selected.

If a mitigating factor is selected, the result is 5-day response time.

- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective action
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 business days
- ☐ M4. Other reason 24-hour response is not needed: _____

Response Time Result - 24 hours or 5 business days

The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F criteria are present):

- ☐ X. Discretionary 24-hour Response

Explain: _____

Examples of Response Time Results

The following examples illustrate how the Response Time Decision-Making Tool corresponds to response time decisions.

Example 1: No 24-hour Criteria (A-F) are selected = **5-day Response**

Access Pilot - Response Time Decision-Making Tool

Respond within 24 Hours:

Results in 24-hour response time if no mitigating factors are present

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

Mitigating Factors to Consider:

Consider mitigating factors whenever 24-hour response criteria (A-F) are selected.

If a mitigating factor is selected, the result is 5-day response time.

- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective action
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 business days
- ☐ M4. Other reason 24-hour response is not needed: _____

Response Time Result - 24 hours or 5 business days

The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F criteria are present):

- ☐ X. Discretionary 24-hour Response

Explain: _____



Example 2: 24-hour Criteria (A-F) is selected + at least one Mitigating Factor (M1-M4) is selected = **5-day Response**

Access Pilot - Response Time Decision-Making Tool

Respond within 24 Hours:

Results in 24-hour response time if no mitigating factors are present

- ☐ A. Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
- ☐ B. Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
- ☐ C. Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
- ☒ D. There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
- ☐ E. Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access
- ☐ F. Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours

Mitigating Factors to Consider:

Consider mitigating factors whenever 24-hour response criteria (A-F) are selected.

If a mitigating factor is selected, the result is 5-day response time.

- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective action
- ☒ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 business days
- ☐ M4. Other reason 24-hour response is not needed: _____

Response Time Result - 24 hours or 5 business days

The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F criteria are present):

- ☐ X. Discretionary 24-hour Response

Explain: _____



Example 3: 24-hour Criteria (A-F) is selected + no Mitigating Factors (M1-M4) are selected = **24-Hour Response**

Access Pilot - Response Time Decision-Making Tool

Respond within 24 Hours:

Results in 24-hour response time if no mitigating factors are present

- ☐ A. Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
- ☒ B. Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received
- ☐ C. Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown
- ☐ D. There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status
- ☐ E. Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access
- ☐ F. Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours

Mitigating Factors to Consider:

Consider mitigating factors whenever 24-hour response criteria (A-F) are selected.

If a mitigating factor is selected, the result is 5-day response time.

- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective action
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 business days
- ☐ M4. Other reason 24-hour response is not needed: _____

Response Time Result 24 hours or 5 business days

The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F criteria are present):

- ☐ X. Discretionary 24-hour Response

Explain: _____



Example 4: No 24-hour Criteria (A-F) are selected but the agency uses their discretion to choose a 24-hour response time for other reasons = **24-Hour Response**. In eWiSACWIS, the explanation should be provided in the Supervisor Decision tab in the CPS Report.

Access Pilot - Response Time Decision-Making Tool

Respond within 24 Hours:

Results in 24-hour response time if no mitigating factors are present

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

Mitigating Factors to Consider:

Consider mitigating factors whenever 24-hour response criteria (A-F) are selected.

If a mitigating factor is selected, the result is 5-day response time.

- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective action
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 business days
- ☐ M4. Other reason 24-hour response is not needed: _____

Response Time Result - 24 hours or 5 business days

The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F criteria are present):

- ☒ X. Discretionary 24-hour Response

Explain: _____

Appendix 2

Critical Thinking Guide

Reminder: Only screened-in CPS reports require a response time decision. The considerations in this document should only be used to determine response time. Refer to [CPS Access and Initial Assessment Standards](#) for information regarding screening criteria and decision-making.

24-Hour Response Criteria

Results in 24-hour response time if no mitigating factors are present

A. Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown

- *Is there a parent/caregiver or another adult in the home aware and protecting the child? For example, is the family aware and taking steps to prevent further abuse from occurring again in the immediate future? If so, consider M1 below (results in 5-day response).*
- *Here and elsewhere in the tool, assessing the child's potential contact with the alleged maltreater is intended to consider if the child could experience abuse again and how soon.*

B. Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received

- *What will happen if the child doesn't receive the needed medical attention?*
- *"Life-threatening condition" is intended to reflect the status of the situation now – circumstances that have already become or are escalating quickly to the point of becoming life-threatening. This is not intended to include conditions that would only become life-threatening if treatment isn't received over a longer period of time.*
- *The degree to which a parent/caregiver's actions contributed to the child's condition and/or lack of care is a matter to be considered at the point of screening (i.e., determining whether the report relates to child maltreatment) and decision-making during the Initial Assessment process (e.g., substantiation, safety determination, protective planning).*

The focus for the response time decision is whether the immediate medical need has been resolved, regardless of what led to the situation. 24-hour response is only needed if there continues to be an urgent, unmet medical need for a potentially life-threatening condition.

C. Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown.

- *A severe physical injury is more than minor cuts, scrapes, and bruising. Examples of severe physical injuries include broken bones, skull fractures, brain bleeds, etc.*
- *An injury to the head or face is not inherently severe (i.e., scratch above the eye, bloody nose). If there are multiple physical injuries, take into account the totality of injuries when considering if the child has been severely injured.*
- *What is the parent/caregiver's explanation of the injury?*
- *Consider how both your own and the reporter's personal biases and view of the family may be impacting the reported information. Pay attention to your emotional and physiological response to the reported information. Are the circumstances incongruent with your or the reporter's beliefs about how children should be raised? Was a child disciplined in a way that is unfamiliar or feels uncomfortable? Consider how these factors and biases may be influencing reactions, thought processes, and decision-making about response time.*

D. There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status

- *This is not intended to include a family's challenges to secure housing, nutritious food, or other basic needs.*
- *Examples of essential care that could result in serious physical harm if not provided include consistently feeding an infant (e.g., could result in failure to thrive), administering medication to a medically fragile child, etc.*
- *The phrase "poses imminent potential of serious physical harm" is intended to be read as plain language and is not referring to any specific definition, statute, or concept within the current safety model.*
- *This is not intended to include situations where the immediate need has been resolved (i.e., child found wandering alone and parent has since been located) or when a different caregiver is temporarily meeting the child's needs (i.e., parent's whereabouts are unknown, but family member is willing to keep the child for the time being).*

E. Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access

- *This is not intended to include every situation when a household member is using drugs or whenever drugs are located in the home.*
- *Consider whether steps are being taken to keep the potentially dangerous substances out of the child's immediate environment. For example, are items left out on a coffee table where a toddler is playing, or are they tucked away in a closet or nightstand in the parent's bedroom?*
- *"Could be lethal" refers to when the child ingesting the substance or having physical contact with the substance (e.g., fentanyl) could result in death.*

F. Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours

- *Being "directly, physically involved" is more than being exposed to, witnessing, or being in the same home where domestic violence is occurring. Examples include a child intervening in a physical altercation, an infant being held by a parent/caregiver being physically attacked, a gun being pointed at the family, erratic driving with children in the vehicle, etc.*
- *"Could be lethal" refers to domestic violence that is extremely dangerous and could cause death to the adult victim and/or child(ren), such as asphyxiation, physical altercation while driving, threatening use of a deadly weapon, etc.*

Mitigating Factors

*Consider mitigating factors whenever 24-hour response criteria (A-F) are selected.
If a mitigating factor is selected, this results in a 5-day response time.*

M1. Parent/caregiver or another adult in the home is demonstrating protective action

- *Recognizing protective action does not require assessing for Parental Protective Capacities (PPCs) and does not need to include a guarantee or formal commitment by any person (such as occurs with a protective plan). This mitigating factor is meant to simply recognize when a family/household is naturally taking actions or precautions intended to keep the child safe in the immediate future.*

M2. Child is in an alternative safe environment

M3. Alleged maltreater will not have contact with the child in the next 5 business days



M4. Other reason 24-hour response is not needed: _____

The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F 24-hour response criteria are present):

Discretionary 24-Hour Response

X. Discretionary 24-Hour Response – Explain: _____

Appendix 3: eWiSACWIS Checklist

The **Response Time Pilot Checklist** is an abbreviated version of the Response Time Decision-Making Tool ([Appendix 1](#)) located within the CPS Report in eWiSACWIS. This checklist will be used by Access Supervisors to document how response time decisions are made during the pilot.

Instructions for how to find and launch this checklist are found on [page 5](#).

Keep in mind that this checklist is only intended for documentation purposes and to collect data for evaluation of the pilot. Due to eWiSACWIS limitations, what is shown on the checklist is only the first ~80 characters of what is written in the complete version of the Response Time Decision-Making Tool ([Appendix 1](#)).

The checklist located in eWiSACWIS should not be used as a reference document when considering the response time recommendation. CPS professionals should utilize the complete version of the Response Time Decision-Making Tool ([Appendix 1](#)) and the Critical Thinking Guide ([Appendix 2](#)) to make thoughtful response time recommendations and decisions.

eWiSACWIS Checklist (Response Time Pilot Checklist)

- ☐ 5-day response, no 24-hour criteria (A-F) selected below
- ☐ A. Report of sexual abuse and the child is likely to have direct contact with...
- ☐ B. Child needs immediate medical attention for a potentially life-threatening...
- ☐ C. Child has a severe physical injury that appears to be non-accidental, unexpl...
- ☐ D. There is no parent/caregiver providing essential care or immediate supervi...
- ☐ E. Child's immediate and direct access to drugs could be lethal and parent/ca...
- ☐ F. Child is directly, physically involved in domestic violence that could be...
- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective...
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 bus...
- ☐ M4. Other reason 24-hr response is not needed – provide details in text box
- ☐ X. Discretionary 24-hr response selected by agency – provide details in text box

Additional Instructions for Using the eWiSACWIS Checklist

- Check all boxes that apply and led to the response time decision, including if there are multiple 24-hour criteria or mitigating factors present.
- Mitigating factors (M1-M4) only need to be reviewed if one or more 24-hour criteria (A-F) are selected. If a mitigating factor is present, check the appropriate box(es) and keep the 24-hour criteria (A-F) selected as well. Data will be collected to better understand how the 24-hour criteria and mitigating factors interact, so it is important to keep both types of factors selected. [Example 2](#) below illustrates what this looks like.
- When checkboxes M4. or X. are selected, there is a prompt to “provide details in text box.” Additional information about these selections should be documented in the text box on the Supervisor Decision tab (shown on [page 8](#)).
- At the top of the checklist, there is a “completed” checkbox:

☒ Checklist Completed?

The Supervisor should check this box after they have made the final response time decision and completed the checklist to ensure it accurately reflects the rationale for the decision. Once the page is saved, the checklist will be locked and no further edits can be made.

Correcting Errors in a [Response Time Pilot Checklist](#) (eWiSACWIS Checklist)

If an error has been saved in the checklist and cannot be changed, the following steps should be taken to have the error corrected:

- A supervisor needs to email the [DCF service desk](#) and cc: [Kayla DuBois](#)
- Provide worker ID and CPS Access ID (found in the header of the CPS Report)
- Indicate the incorrect values and what the correct value(s) should be
- Indicate the completion date that should be reflected on the checklist

Examples of Response Time Results

The following examples illustrate how selections within the eWiSACWIS checklist correspond to response time decisions.



Example 1: No 24-hour Criteria (A-F) are selected = **5-day Response**

- ☒ 5-day response, no 24-hour criteria (A-F) selected below
- ☐ A. Report of sexual abuse and the child is likely to have direct contact with...
- ☐ B. Child needs immediate medical attention for a potentially life-threatening...
- ☐ C. Child has a severe physical injury that appears to be non-accidental, unexpl...
- ☐ D. There is no parent/caregiver providing essential care or immediate supervi...
- ☐ E. Child's immediate and direct access to drugs could be lethal and parent/ca...
- ☐ F. Child is directly, physically involved in domestic violence that could be...
- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective...
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 bus...
- ☐ M4. Other reason 24-hr response is not needed – provide details in text box
- ☐ X. Discretionary 24-hr response selected by agency – provide details in text box

Example 2: 24-hour Criteria (A-F) is selected + at least one Mitigating Factor (M1-M4) is selected = **5-day Response**

- ☐ 5-day response, no 24-hour criteria (A-F) selected below
- ☐ A. Report of sexual abuse and the child is likely to have direct contact with...
- ☐ B. Child needs immediate medical attention for a potentially life-threatening...
- ☒ C. Child has a severe physical injury that appears to be non-accidental, unexpl...
- ☐ D. There is no parent/caregiver providing essential care or immediate supervi...
- ☐ E. Child's immediate and direct access to drugs could be lethal and parent/ca...
- ☐ F. Child is directly, physically involved in domestic violence that could be...
- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective...
- ☐ M2. Child is in alternative safe environment
- ☒ M3. Alleged maltreater will not have contact with the child in the next 5 bus...
- ☐ M4. Other reason 24-hr response is not needed – provide details in text box
- ☐ X. Discretionary 24-hr response selected by agency – provide details in text box



Example 3: 24-hour Criteria (A-F) is selected + no Mitigating Factors (M1-M4) are selected = **24-Hour Response**

- ☐ 5-day response, no 24-hour criteria (A-F) selected below
- ☐ A. Report of sexual abuse and the child is likely to have direct contact with...
- ☐ B. Child needs immediate medical attention for a potentially life-threatening...
- ☐ C. Child has a severe physical injury that appears to be non-accidental, unexpl...
- ☐ D. There is no parent/caregiver providing essential care or immediate supervi...
- ☒ E. Child's immediate and direct access to drugs could be lethal and parent/ca...
- ☐ F. Child is directly, physically involved in domestic violence that could be...
- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective...
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 bus...
- ☐ M4. Other reason 24-hr response is not needed – provide details in text box
- ☐ X. Discretionary 24-hr response selected by agency – provide details in text box

Example 4: No 24-hour Criteria (A-F) are selected but the agency uses their discretion to choose a 24-hour response time for other reasons = **24-Hour Response**

- ☐ 5-day response, no 24-hour criteria (A-F) selected below
- ☐ A. Report of sexual abuse and the child is likely to have direct contact with...
- ☐ B. Child needs immediate medical attention for a potentially life-threatening...
- ☐ C. Child has a severe physical injury that appears to be non-accidental, unexpl...
- ☐ D. There is no parent/caregiver providing essential care or immediate supervi...
- ☐ E. Child's immediate and direct access to drugs could be lethal and parent/ca...
- ☐ F. Child is directly, physically involved in domestic violence that could be...
- ☐ M1. Parent/caregiver or another adult in the home is demonstrating protective...
- ☐ M2. Child is in alternative safe environment
- ☐ M3. Alleged maltreater will not have contact with the child in the next 5 bus...
- ☐ M4. Other reason 24-hr response is not needed – provide details in text box
- ☒ X. Discretionary 24-hr response selected by agency – provide details in text box