

## Initial Assessment – Narrative

**Note:** In order to create an Initial Assessment – Narrative, an assignment to the case is needed.


### Related User Guides:

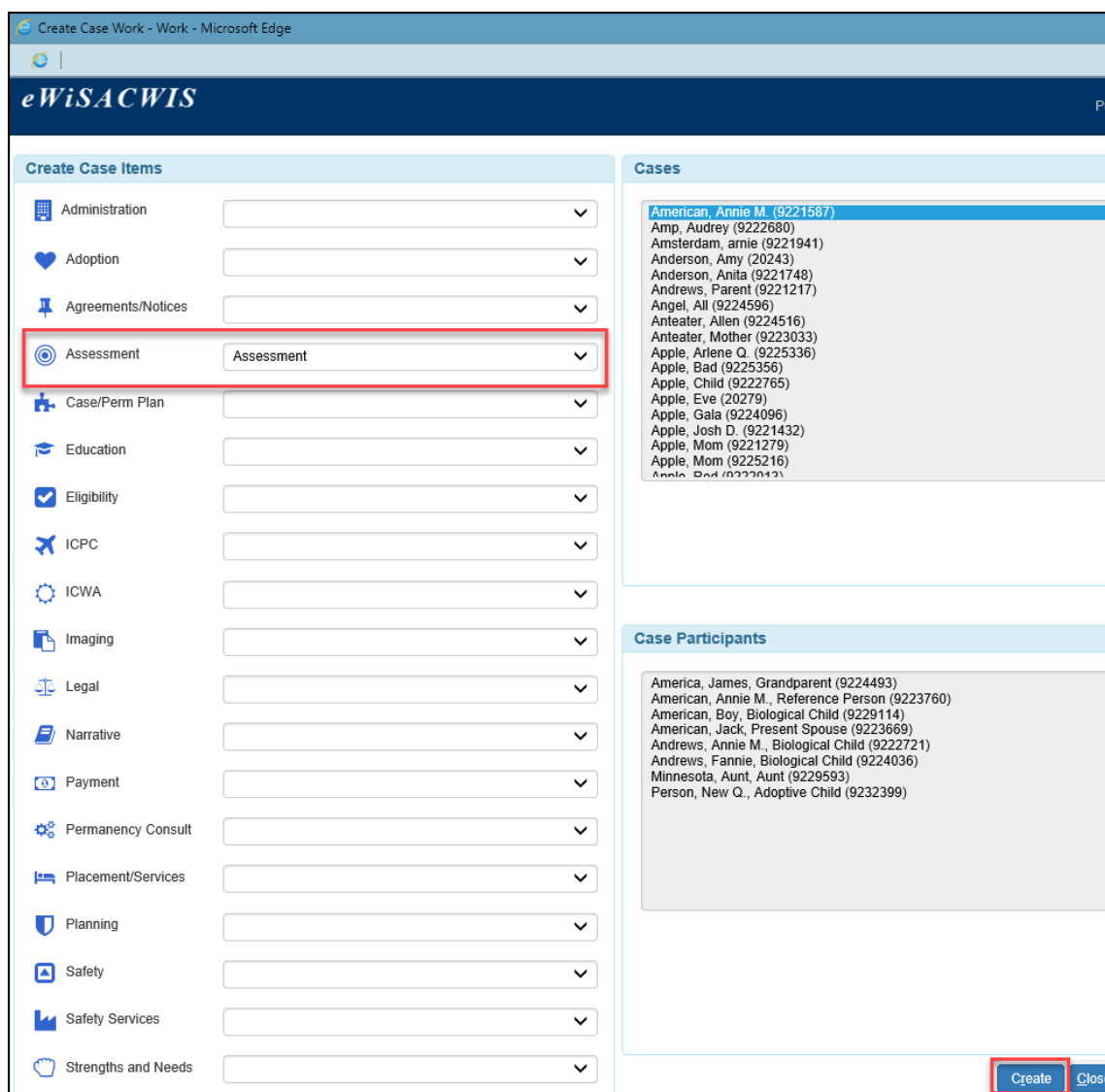
[Documenting ICWA](#)

[Notification & Review Process for Substantiated Maltreaters](#)

[Initial Face-to-Face Contacts](#)

[Serious Incident \(Act 78\)](#)

1. From the desktop, go to the Cases tab and click the Create Case Work hyperlink  or select 'Create Case Work' from the Actions drop-down next to the specific case to open the Create Case Work page.
2. On the Create Case Work page, select 'Assessment' from the Assessment drop-down, and then select the family from the Cases section. Click Create.



Create Case Work - Work - Microsoft Edge

**eWiSACWIS**

**Create Case Items**

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

**Cases**

- American, Annie M. (9221587)
- Amp, Audrey (9222680)
- Amsterdam, arnie (9221941)
- Anderson, Amy (20243)
- Anderson, Anita (9221748)
- Andrews, Parent (9221217)
- Angel, All (9224596)
- Anteater, Allen (9224516)
- Anteater, Mother (9223033)
- Apple, Arlene Q. (9225336)
- Apple, Bad (9225356)
- Apple, Child (9222765)
- Apple, Eve (20279)
- Apple, Gala (9224096)
- Apple, Josh D. (9221432)
- Apple, Mom (9221279)
- Apple, Mom (9225216)
- Apple, Bad (9222012)

**Case Participants**

- America, James, Grandparent (9224493)
- American, Annie M., Reference Person (9223760)
- American, Boy, Biological Child (9229114)
- American, Jack, Present Spouse (9223669)
- Andrews, Annie M., Biological Child (9222721)
- Andrews, Fannie, Biological Child (9224036)
- Minnesota, Aunt, Aunt (9229593)
- Person, New Q., Adoptive Child (9232399)

**Create** **Close**

- If a pending assessment exists, the following message will display:

**Confirmation**

An Initial Assessment has already been started for this case. Would you like to create an additional Initial Assessment?

Yes No

- Click Yes to open the Assessment Report Link page. Click No to close the message and return to the desktop.
- If a pending assessment does not exist, the Assessment Report Link page opens and shows all screened-in CPS Reports available to be linked to the Assessment. Select the checkbox next to the CPS Report(s) to be linked to the Assessment and click Continue to open the Assessment page.

Assessment - Work - Microsoft Edge

Assessment Report Link

Print Help

CPS Reports

Report Name	Supervisor Screening Date	Date and Time Report was Received
<input type="checkbox"/> Fannie Andrews	06/10/2022 08:46:00	06/09/2022 08:00:00

Continue Close

## Assessment- Participants Tab

- The Assessment page opens to the Participants tab. Click the [Roles](#) hyperlink to add the role of Alleged Maltreater to the appropriate participant(s).

Roles

Print Help

Participant

Name: American, Jack

Roles

Select	Roles Description	Code
<input checked="" type="checkbox"/>	Alleged Maltreater	AM
<input type="checkbox"/>	Alleged Victim	AV
<input checked="" type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Non-Household Member	NM
<input checked="" type="checkbox"/>	Parent/Parental Role	PR
<input type="checkbox"/>	Report Name	RN
<input type="checkbox"/>	Reporter	RP

Continue Close

- Additional active case participants can be added by clicking Insert.
- In the ICWA Record column, a [Create](#), [Edit](#), or [View](#) (when in view only mode) hyperlink will display for each participant. All participants under 18 should have an ICWA record documented. If a participant is under 18 and has a birth date documented the Create hyperlink will be highlighted. The Assessment cannot be approved until an ICWA record is documented. See the ICWA User Guide for more information.

Assessment - Work - Microsoft Edge

eWiSACWIS
Resource
TM
Print
Help

Assessment

Report

Name: American, Annie M.
Assessment ID: 9223623
Status: Open
Response Time: Within 24 - 48 Hours
Date: 06/09/2022

Participants
Basic
Allegations
Contacts
Results

Assessment Participants

Name	Gender	DOB	Race	ICWA Record	Roles	Edit Roles
<a href="#">American, Annie M.</a>	Female	08/08/1970	Asian	<a href="#">Edit</a>	HM-PR-RP	<a href="#">Roles</a>
<a href="#">Andrews, Fannie</a>		01/01/2020	Asian	<a href="#">Create</a>	AV-HM-RN	<a href="#">Roles</a>
<a href="#">Andrews, Annie M.</a>	Female	01/01/2006	White	<a href="#">Create</a>	AV-HM	<a href="#">Roles</a>
<a href="#">American, Jack</a>	Male	06/01/1973		<a href="#">Create</a>	AM-HM-PR	<a href="#">Roles</a>

Options:
Go

Insert
Save
Close

## Assessment- Basic Tab

6. Next, click the Basic tab and select the appropriate Living Arrangement of the Child(ren) option and up to three Family Characteristics/Conditions. The first drop-down is required. If there are no applicable characteristics or conditions, select 'None Observed.'

The screenshot shows the eWiSACWIS web application interface. At the top, the browser title is "Assessment - Work - Microsoft Edge". The application header includes the eWiSACWIS logo and navigation links for Resource, TM, Print, and Help. The main content area is divided into two tabs: "Assessment" and "Report". The "Assessment" tab is active, showing fields for Name (American, Annie M.), Assessment ID (9223623), Status (Open), Response Time (Within 24 - 48 Hours), and Date (06/09/2022). Below this, there are five sub-tabs: Participants, Basic, Allegations, Contacts, and Results. The "Basic" tab is selected, displaying "Case Name Information" with fields for C/O, Street # (123), Street (Main), Apt., City (Abbotsford), State (WI), Zip (54405), Country (United States), Phone, Ext., Alt. Phone, Alt. Ext., Fax, and Language Preference (English). The "Living Arrangement of the Child(ren)" section shows a dropdown menu with the selected option "Two parent household, marital status unknown". The "Family Characteristics/Conditions" section has three dropdown menus, with the first one selected as "Blurred roles and boundaries within family". At the bottom, there is an "Options:" dropdown menu, a "Go" button, and "Save" and "Close" buttons.

Assessment - Work - Microsoft Edge

eWiSACWIS

Resource TM Print Help

**Assessment**

Name: American, Annie M. Assessment ID: 9223623 Status: Open

**Report**

Response Time: Within 24 - 48 Hours Date: 06/09/2022

Participants Basic Allegations Contacts Results

**Case Name Information**

C/O:

Street #: 123 Street: Main Apt.:

City: Abbotsford State: WI Zip: 54405 Country: United States

Phone: Ext.: Alt. Phone: Alt. Ext.:

Fax:

Language Preference: English

**Living Arrangement of the Child(ren)**

Living Arrangement of the Child(ren): Two parent household, marital status unknown

**Family Characteristics/Conditions**

Family Characteristics/Conditions: Blurred roles and boundaries within family

Family Characteristics/Conditions:

Family Characteristics/Conditions:

Options: Go Save Close

## Assessment- Allegations Tab

7. The Allegations tab will pre-fill with the allegations documented on the CPS Report.
- Complete the allegation(s) by selecting the [Edit](#) hyperlink, which will open the Allegation (Assessment) page. When completing an existing allegation that was entered on the Access Report page, enter a maltreatment determination, date of maltreatment, answer the medical

treatment question, and if the allegation is a serious incident identify the type of serious incident. Select the maltreatment determination.

**Note:** If a death has occurred, see the section “Recording a Date of Death for a Child” in this guide. If allegations rise to the level of a serious Incident, Wisconsin Act 78 requires county agencies and the Division of Milwaukee Child Protective Services (DMCPS) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. See the Serious Incident (Act 78) User Guide for more information.

- Additional allegations can be added. Click Insert within the Allegations section to open the Allegation (Assessment) page.

Assessment - Work - Microsoft Edge

eWiSACWIS
Resource
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**Assessment**

**Report**

Name: American, Annie M.
Assessment ID: 9223623
Status: Open
Response Time: Within 24 - 48 Hours
Date: 06/09/2022

Participants
Basic
**Allegations**
Contacts
Results

**Allegations**

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9246955	Annie M. Andrews	Physical Abuse <a href="#">Describe</a>	Pending	06/01/2022	N		N	<a href="#">Edit</a>
<input type="radio"/> 9246955	Fannie Andrews	Physical Abuse <a href="#">Describe</a>	Pending	06/01/2022	N		N	<a href="#">Edit</a>

Insert

**Maltreater(s)**

Alleged Maltreater	Relationship to Victim	Determination	
<div> ▼ </div>	Biological Parent(s)	<div> Pending ▼ </div>	

The basis for this determination is as follows:

Insert

☐ Independent Investigation
County of Origination:

▼

☐ Is the alleged victim(s) in Agency legal and/or physical custody

Options:

▼

Go

Save
Close

9. When inserting a new allegation, select an Alleged Victim from the drop-down. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

Assessment - Work - Microsoft Edge

Allegation (Assessment) Print Help

**Allegation**

Alleged Victim: Fannie Andrews

Abuse/Neglect Code: Physical Abuse

[Description](#)

Determination: Pending

Date or Approximate Date of Alleged Maltreatment: 06/01/2022

Alleged Victim received medical treatment as a result of this alleged maltreatment: Yes No

Was there an open out-of-home placement documented in eWISACWIS at the time of the alleged maltreatment? Yes No Unknown

[Details](#)

Serious Incident: [Details](#)

☐ Serious injury, as determined by a physician [Details](#)

☐ Death / Alleged maltreatment [Details](#)

☐ Egregious incident [Details](#)

☐ Death / Alleged suicide in OHC

[DCF memo 2010-01](#) [Act 78](#)

Save Close

10. Next, click the [Description](#) hyperlink to open the Description page. Select up to three values that apply and click Continue to return to the Allegation (Assessment) page. For definitions of the Descriptions, click the Resource button at the top of the page.

Description Print Help

**Descriptions**

Select	Description
<input type="checkbox"/>	Abandonment
<input type="checkbox"/>	Abusive Head Trauma
<input checked="" type="checkbox"/>	Bruising
<input type="checkbox"/>	Burn/Scald
<input type="checkbox"/>	Caregiver Alcohol Abuse
<input type="checkbox"/>	Caregiver Drug Abuse
<input type="checkbox"/>	Cut/Laceration/Bite
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture
<input type="checkbox"/>	Drug Affected Infant
<input type="checkbox"/>	Exposure to Controlled Substances
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards
<input type="checkbox"/>	Exposure to genitals/public areas
<input type="checkbox"/>	Failure to Thrive
<input type="checkbox"/>	Fetal Alcohol Spectrum Disorder
<input type="checkbox"/>	Forced Viewing of Sexual Activity
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears

Select	Description
<input type="checkbox"/>	Internal Injury
<input type="checkbox"/>	Lack of Medical Care
<input type="checkbox"/>	Lack of Necessary Care
<input type="checkbox"/>	Lack of Supervision
<input type="checkbox"/>	Malnutrition
<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion
<input type="checkbox"/>	Mutual Sexual Activity
<input type="checkbox"/>	No Indicators/Injuries Observed
<input type="checkbox"/>	Other Indicator/Injury
<input type="checkbox"/>	Permanent Impairment
<input type="checkbox"/>	Severe Emotional/Behavioral Problems
<input type="checkbox"/>	Sex Trafficking
<input type="checkbox"/>	Sexual Contact/Intercourse
<input type="checkbox"/>	Sexual Exploitation
<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Unable to Locate Children

Select	Description
<input type="checkbox"/>	Unborn Child Abuse

Continue Close

11. Enter the Date or Approximate Date of Alleged Maltreatment.

12. Select the appropriate radio buttons for the remaining questions.

***Serious Incidents***

- If 'Yes' is selected for Serious Incident, select the appropriate checkboxes related to the Serious Incident.
- If allegations rise to the level of a serious Incident, Wisconsin Act 78 requires county agencies and the Division of Milwaukee Child Protective Services (DMCPS) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. See the Serious Incident (Act 78) User Guide for more information.
- Click the [DCF memo 2010-01](#) and [Act 78](#) hyperlink to access the memo and act regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78.

**Note:** If a death has occurred, see the “Recording a Date of Death for a Child” section of this guide.

13. Click the Save button when completed. Click the Close button to return to the Assessment page.

14. Next, complete the Maltreater(s) section on the Allegations tab. For substantiated allegations, complete the narrative for ‘The basis for this determination is as follows.’

Assessment - Work - Microsoft Edge

**eWiSACWIS** Resource TM Print Help

**Assessment** Name: American, Annie M. Assessment ID: 9223623 Status: Open

**Report** Response Time: Within 24 - 48 Hours Date: 06/09/2022

Participants Basic **Allegations** Contacts Results

**Allegations**

Report ID	Alleged Victim	A/N Code	Determination	Dt or Approx Dt of Alleged Mal	Resided in OHC	Medical	Fatality	
<input checked="" type="radio"/> 9246955	Annie M. Andrews	Physical Abuse <a href="#">Describe</a>	Pending	06/01/2022	N		N	<a href="#">Edit</a>
<input type="radio"/> 9246955	Fannie Andrews	Physical Abuse <a href="#">Describe</a>	Pending	06/01/2022	N		N	<a href="#">Edit</a>

[Insert](#)

**Maltreater(s)**

Alleged Maltreater	Relationship to Victim	Determination
<input type="text"/>	Biological Parent(s)	<input checked="" type="radio"/> Pending <input type="radio"/> Not able to locate source <input type="radio"/> Unsubstantiated <input type="radio"/> Substantiated

The basis for this determination is as follows:

[Insert](#)

☐ Independent Investigation

County of:

Origination:

☐ Is the alleged victim(s) in Agency legal and/or physical custody

Options:  [Go](#)

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

- Only individuals with the role of ‘AM’ (Alleged Maltreater) on the Participants tab will be available in the Alleged Maltreater drop-down.

**Assessment Participants**

Name	Gender	DOB	Race	ICWA Record	Roles	Edit Roles
<a href="#">American, Annie M.</a>	Female	08/08/1970	Asian	<a href="#">Edit</a>	HM-PR-RP	<a href="#">Roles</a>
<a href="#">Andrews, Fannie</a>		01/01/2020	Asian	<a href="#">Create</a>	AV-HM-RN	<a href="#">Roles</a>
<a href="#">Andrews, Annie M.</a>	Female	01/01/2006	White	<a href="#">Create</a>	AV-HM	<a href="#">Roles</a>
<a href="#">American, Jack</a>	Male	06/01/1973		<a href="#">Create</a>	AM-HM-PR	<a href="#">Roles</a>

[Insert](#)

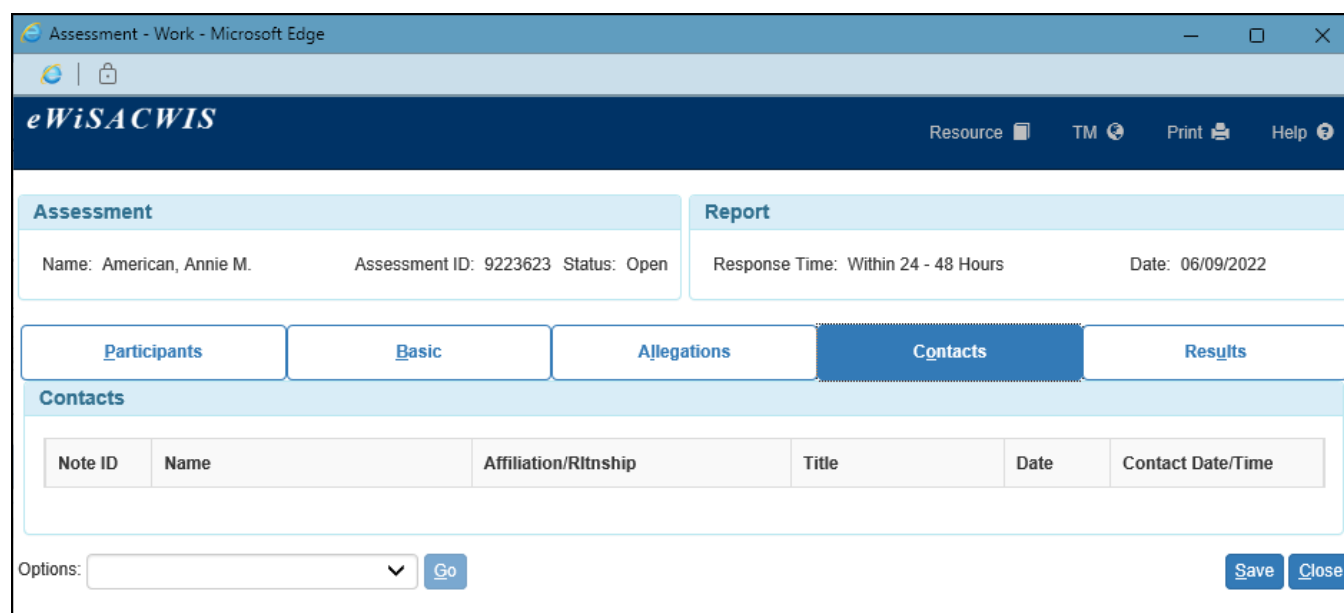


- Each allegation may have different maltreaters. Select the radio button next to the allegation to view the maltreater(s) for that allegation.
- Click Insert within the Maltreater(s) section to add a maltreater for an allegation. For example, when both parents are alleged maltreaters, only one maltreater row will exist from the access report. Insert an additional row for the second parent.
- There must be at least one substantiated maltreater when the maltreatment has been substantiated.

**Note:** If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.

### Assessment- Contacts Tab

15. The Contacts tab is view only, displaying any linked Assessment Contacts. If, at this time, no contacts have occurred/ been entered to eWiSACWIS, this may be blank.



Assessment - Work - Microsoft Edge

**eWiSACWIS** Resource TM Print Help

**Assessment** Name: American, Annie M. Assessment ID: 9223623 Status: Open

**Report** Response Time: Within 24 - 48 Hours Date: 06/09/2022

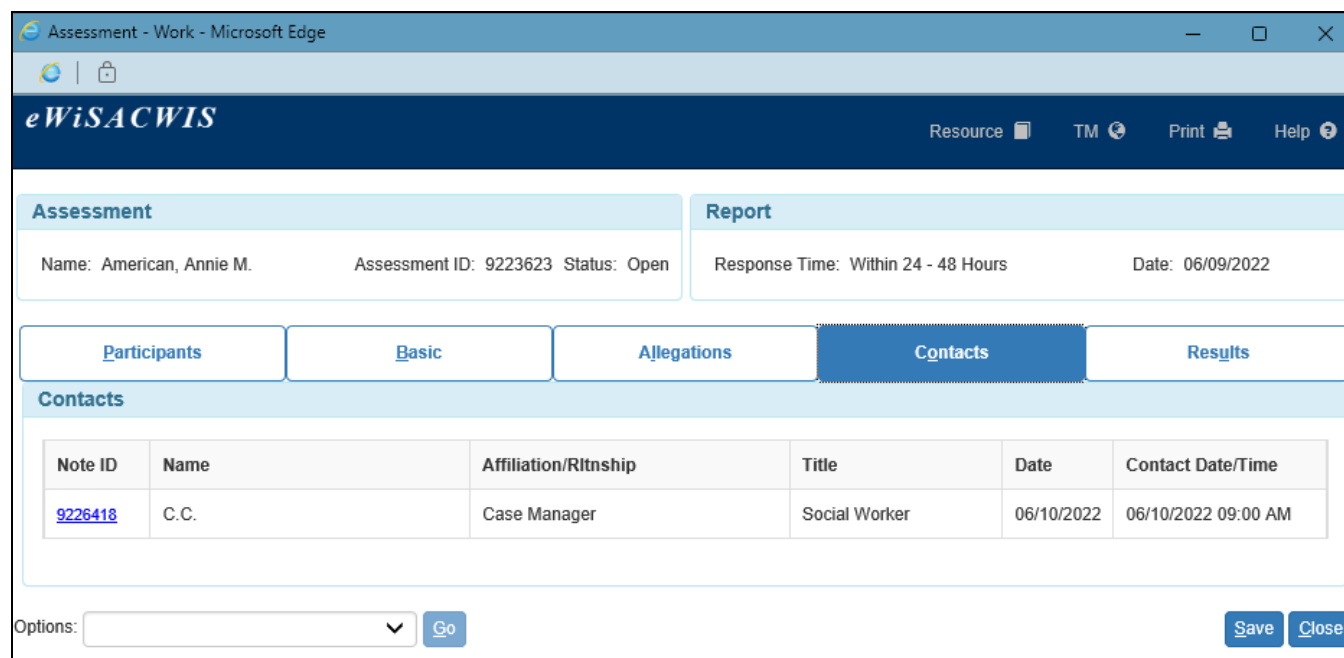
Participants Basic Allegations **Contacts** Results

**Contacts**

Note ID	Name	Affiliation/Rlttnship	Title	Date	Contact Date/Time
---------	------	-----------------------	-------	------	-------------------

Options:  Go Save Close

- Once entered, each contact will display:



Assessment - Work - Microsoft Edge

**eWiSACWIS** Resource TM Print Help

**Assessment** Name: American, Annie M. Assessment ID: 9223623 Status: Open

**Report** Response Time: Within 24 - 48 Hours Date: 06/09/2022

Participants Basic Allegations **Contacts** Results

**Contacts**

Note ID	Name	Affiliation/Rlttnship	Title	Date	Contact Date/Time
<a href="#">9226418</a>	C.C.	Case Manager	Social Worker	06/10/2022	06/10/2022 09:00 AM

Options:  Go Save Close

## Assessment- Results Tab

16. The Results tab is mostly view only, pre-filling from the Assessment and Safety Assessment, Analysis and Plan when completed.

- If the child is under three years old and has a substantiated allegation(s), an automated referral will be submitted by eWiSACWIS nightly. The referral requires there to be a Gender and Date of Birth document on Person Management of the alleged victim. These fields will need to be documented for a Birth to Three referral to be created. Once an approved substantiation is saved, the Birth to Three Referral Information section will show a pending referral. Once sent over night, it will display as sent in the Referred column. A manual referral can be submitted on the Education tab of Person Management. Only one referral type will be allowed by eWiSACWIS per day.

Confirmation

The Gender of the child must be documented prior to creating a Birth to Three Referral.

Close

- Select the [Create Initial Face-to-Face Contact Note](#) hyperlink to open the Case Notes page.

Assessment - Work - Microsoft Edge

eWiSACWIS

Resource TM Print Help

Assessment		Report	
Name: American, Annie M.	Assessment ID: 9223623 Status: Open	Response Time: Within 24 - 48 Hours	Date: 06/09/2022
Participants	Basic	Allegations	Contacts
Assessment Results		Family RA Future A/N	Safety Assessment
Result: Pending		Abuse Score:	Safety Decision:
Disposition		Neglect Score:	Strengths and Needs
		Risk Level:	Needs Level:
Initial Face-to-Face Contact Information			
Initial Face-to-Face Must Occur By:		<a href="#">Create Initial Face-to-Face Contact Note</a>	
Initial Face-to-Face Documented:			
Birth to Three Referral Information			
Upon supervisory approval of a substantiated assessment, an automated referral will be sent to Birth to Three for all children up to 3 years of age with a substantiated finding. A worker can manually generate a referral at any time on the child's Person Management page.			
Alleged Victim		DOB	Referred

Options:  Go

Save Close

**Note:** After the page is saved, the Initial Face-to-Face Contact Information automatically calculates when the Initial Face-to-Face Must Occur By. When created from the Results tab of the Assessment, the Case Note Category will pre-fill as 'Initial Assessment Contact' and Type as 'Initial Face-to-Face.' Enter the appropriate information and narrative. Once completed, click the Save button. For more information on this process see the Initial Face-to-Face Contacts User Guide.

17. Click Close to return to the Results tab of the Assessment page.

The screenshot displays the 'Case Notes' form. At the top, it shows 'Case: American, Annie M (9221587)', 'Worker Creating Note: Calk, Caitlin C.', and 'Worker Making Contact: Calk, Caitlin C. Search'. Below this, 'Case Note ID:' and 'Date Entered: 06/10/2022 10:30 AM' are visible. The 'Note Information' section includes a 'Date' field with a calendar pop-up showing June 2022, with the 10th highlighted. Other fields include 'Category: Initial Assess Contact', 'Type: Initial Face-to-Face', 'Type Detail:', 'Face-to-Face Location: Details', and 'Face-to-Face Result:'. A 'Participants' list on the right includes 'America, James (Grandparent)', 'American, Annie M (Reference Person)', 'American, Boy (Bio Child)', 'American, Jack (Present Spouse)', 'Andrews, Annie M (Bio Child)', and 'Andrews, Fannie (Bio Child)'. The 'Narrative' section has a 'Case Note 1/1 Details' link and a large text area. At the bottom, the 'Assessment Contact Information' section shows 'Begin Date: 06/09/2022 08:00 AM' and a table with columns for Name, Affiliation, Title, and Contact Date. The bottom right corner has buttons for 'Insert Correction Note', 'Clear Fields', 'Create', 'Save', and 'Close'.

18. On the Assessment page, the date the Initial Face-to-Face Documented date and time pre-fill. The Case Note ID number pre-fills and is a hyperlink to the case note.

19. Return to the Basic tab. From the Options drop-down, select 'IA Narrative' and click Go.

Assessment - Work - Microsoft Edge  
 https://apps.dcf.enterprise.wisstate.us/ewsscreenshot/SM06A\_Assessment.do

## eWiSACWIS

Assessment		Report	
Name: American, Annie M.	Assessment ID: 9223623	Status: Open	Response Time: Within 24 - 48 Hours

Participants	Basic	Allegations
<h3>Case Name Information</h3> <p>C/O:</p> <p>Street #: 123 Street: Main Apt.:            City: Abbotsford State: WI Zip: 54405            Phone: Ext.: Alt. Phone:            Fax:            Language Preference: English</p>		
<h3>Living Arrangement of the Child(ren)</h3> <p>Living Arrangement of the Child(ren): Two parent household, marital status unknown</p>		
<h3>Family Characteristics/Conditions</h3> <div> <div> <p>Family: Actions</p> <p>Family: Approval</p> <p>Family: Extension</p> <p>Family: Link Report to Assessment</p> <p>Family: Serious Incident Notification</p> <p>Family: Assessment</p> <p>Family: Actuarial</p> <p>Family: Family RA Future A/N</p> <p>Family: IA Narrative</p> <p>Family: Strengths and Needs</p> <p>Family: Clinical</p> <p>Family: IA Primary</p> <p>Family: Switch Assessment Type</p> <p>Family: Checklist</p> <p>Family: IA Checklist</p> <p>Family: SS Checklist</p> <p>Family: Ongoing Checklist</p> <p>Family: Text</p> <p>Family: Mandated/Relative Reporter Notice</p> <p>Family: Safety Services Cover Sheet</p> </div> <div> <p>Options:</p> <p>Go</p> </div> </div> <div> <p>Blurred roles and boundaries within family</p> <p></p> <p></p> </div>		

20. The following message will appear. Click Yes to continue to the IA – Primary. Click No to return to the Assessment page and not save.

### Confirmation

This will save the Assessment Information. Do you want to continue?

Yes No

## IA Narrative – Participants Tab

21. On the Initial Assessment - Narrative page, first identify the participants by clicking Add/Edit within the appropriate Child or Parent Information section. When clicked, the Case Participant/Collaterals page opens.

Initial Assessment - Narrative

Case Information

Case Name: American, Annie M. Case ID: 9221587 Referral Date: 06/09/2022 ☐ IAN Completed

Participants Child Functioning Adult Functioning Family Functioning Maltreatment Summary

Child Information

Child Name	DOB
Andrews, Annie M.	01/01/2006
Andrews, Fannie	01/01/2020

Add/Edit

Parent Information

Parental Role Name	DOB
American, Jack	06/01/1973
American, Annie M.	08/08/1970

Add/Edit

Save Close

22. Select the checkbox next to the participant to be added to the assessment. Select Continue to add the participant and return to the Participants tab.

Participant Selection

Print Help

Case Participants - Children

Select	Person Name	DOB
<input type="checkbox"/>	America, James	01/18/1966
<input type="checkbox"/>	American, Annie M.	08/08/1970
<input type="checkbox"/>	American, Boy	01/01/2004
<input type="checkbox"/>	American, Jack	06/01/1973
<input type="checkbox"/>	Andrews, Annie M.	01/01/2006
<input type="checkbox"/>	Andrews, Fannie	01/01/2020
<input type="checkbox"/>	Minnesota, Aunt	
<input type="checkbox"/>	Person, New Q., Sr.	03/04/2010

Continue Close

## IA Narrative – Child Functioning Tab

23. Next, answer the safety questions and complete the narrative on the Child Functioning tab. Each child identified on the Part. Info tab will have a required narrative section.

The screenshot shows the 'Initial Assessment-Primary' form with the 'Child Functioning' tab selected. The 'Case Information' section at the top includes Case Name: American, Annie M., Case ID: 9221587, Referral Date: 06/09/2022, Assessment Type: Traditional, and a checkbox for 'IA Completed'. The tab bar shows 'Part. Info', 'Maltreatment', 'Child Functioning' (active), 'Adult Functioning', 'Parental Practices', and 'Summary'. The 'Child Functioning' section contains two rows for child descriptions. Row 1 is for 'Child Name: Andrews, Annie M.' with a text area for 'Describe the child's general functioning and effects of any maltreatment.' and a 'Describe' button. Row 2 is for 'Child Name: Andrews, Fannie' with a similar text area and 'Describe' button. 'Save' and 'Close' buttons are at the bottom right.

## IA Narrative – Adult Functioning Tab

24. On the Adult Functioning tab, complete the required narrative for each adult identified on the Participants tab.

The screenshot shows the 'Initial Assessment-Narrative' form with the 'Adult Functioning' tab selected. The 'Case Information' section includes Case Name: American, Annie M., Case ID: 9221587, Referral Date: 06/09/2022, and a checkbox for 'IAN Completed'. The tab bar shows 'Participants', 'Child Functioning', 'Adult Functioning' (active), 'Family Functioning', 'Maltreatment', and 'Summary'. The 'Adult Functioning' section contains two rows for adult descriptions. Row 1 is for 'Parental Role Name: American, Jack' with a text area for 'Describe each adult's general functioning, daily life management, mental health functioning and substance use...' and a 'Describe' button. Row 2 is for 'Parental Role Name: American, Annie M.' with a similar text area and 'Describe' button. 'Save' and 'Close' buttons are at the bottom right.

## IA Narrative – Family Functioning Tab

25. Complete the required narrative text on the Family Functioning tab.

The screenshot shows the 'Initial Assessment-Narrative' form with the 'Family Functioning' tab selected. The 'Case Information' section includes Case Name: American, Annie M., Case ID: 9221587, and Referral Date: 06/09/2022. The tab bar shows 'Participants', 'Child Functioning', 'Adult Functioning', and 'Family Functioning' (active). The 'Family Functioning' section contains a text area for 'Describe the family's general functioning, strengths and current stresses. Consider the family's cultural context.' 'Save' and 'Close' buttons are at the bottom right.

## IA Narrative – Maltreatment Tab

26. Complete the narrative section on the Maltreatment tab.

The screenshot shows the 'Initial Assessment - Narrative' page with the 'Maltreatment' tab selected. The 'Case Information' section at the top displays 'Case Name: American, Annie M.', 'Case ID: 9221587', and 'Referral Date: 06/09/2022'. A checkbox for 'IAN Completed' is present but unchecked. Below the tabs, the 'Describe the Maltreatment and Surrounding Circumstances' section contains a text area for the narrative. At the bottom right, there are 'Save' and 'Close' buttons.

## IA Narrative – Summary Tab

27. The Summary tab is the last tab of the Initial Assessment – Narrative page. Complete the Case Disposition section. The Correspondence section includes the Mandated Reporter and Relative Reporter sections. These text templates are available via the Options drop-down on the Assessment page. The Summary section contains case closing and/or supervisor comments.

28. When the Initial Assessment – Narrative is complete, open the text template from the Options drop-down. Next, check the 'IAN Completed' checkbox and click Save.

The screenshot shows the 'Initial Assessment - Narrative' page with the 'Summary' tab selected. The 'Case Information' section at the top now shows the 'IAN Completed' checkbox checked and circled in red. The 'Case Disposition' section has radio buttons for 'Case Closed' and 'Case Opened', each followed by a 'Reason' dropdown menu. The 'Correspondence' section includes 'Mandated Reporter' and 'Relative Reporter' sub-sections with checkboxes for 'Not applicable' and date input fields. The 'Summary' section has a text area for 'Closing Summary/Supervisor Comments'. At the bottom left, an 'Options' dropdown menu is open, showing 'Text', 'IA Narrative', 'Actions', and 'Safety Assessment, Analysis and Plan'. A 'Go' button is next to it. At the bottom right, there are 'Save' and 'Close' buttons.

29. Under Options, select 'Safety Assessment, Analysis and Plan' and click Go. You will receive the following message. Click Yes to save the Assessment and continue to the Safety Assessment, Analysis and Plan. Click No to return to the Initial Assessment – Narrative page.

The screenshot shows a 'Confirmation' dialog box with the text 'This will save the IA Narrative. Do you want to continue?'. At the bottom right, there are two buttons: 'Yes' and 'No'.

## Safety Assessment, Analysis and Plan – Part. Info (Participant Information) Tab

30. On the Safety Assessment, Analysis and Plan page, select ‘Initial Assessment Narrative’ from the Type drop-down. The Part. Info tab will pre-fill with the same participants identified on the Participants tab of the Initial Assessment – Narrative. Select Add/Edit if changes need to be made regarding the identified participants.

The screenshot shows the 'Safety Assessment, Analysis and Plan' page with the 'Part. Info' tab selected. The 'General' section at the top contains the following information: Name: Annie M. American, Worker: Caitlin C. Cake, Approval Date: (empty), Type: Initial Assessment Primary, and a 'Completed' checkbox. Below this is a tabbed interface with four tabs: 'Part. Info', 'Safety Assessment', 'Description of Safety Threats', and 'Plan Analysis'. The 'Safety Assessment' tab is active. It contains a list of 11 safety threats, each with a 'Details' link and a radio button for 'Yes' or 'No'. The 'Safety Assessment and Conclusion' section at the bottom has a radio button for 'Yes' or 'No' for the statement 'One or more factors that negatively affect safety are identified:'. An 'Options:' dropdown menu is located at the bottom left, and 'Save' and 'Close' buttons are at the bottom right.

## Safety Assessment, Analysis and Plan – Safety Assessment Tab

31. The Safety Assessment tab contains 11 Safety Threats. Answer the questions and scroll down to the Safety Assessment and Conclusion section. Enter the Date of Safety Assessment. The DMCPs Safety Services section does not apply.

- If all safety questions are answered ‘No,’ enter the date of the safety assessment, open the ‘Safety Assessment’ template from the Options drop-down, check the ‘Completed’ box in the upper right-hand corner and click Save and Close to return to the Initial Assessment – Narrative.
- If any safety threat question is answered yes, proceed to the next step.

The screenshot shows the 'Safety Assessment, Analysis and Plan' page with the 'Safety Assessment' tab selected. The 'General' section at the top contains the following information: Name: Annie M. American, Worker: Caitlin C. Cake, Approval Date: (empty), Type: Initial Assessment Narrative, and a 'Completed' checkbox. Below this is a tabbed interface with four tabs: 'Part. Info', 'Safety Assessment', 'Description of Safety Threats', and 'Plan Analysis'. The 'Safety Assessment' tab is active. It contains a list of 11 safety threats, each with a 'Details' link and a radio button for 'Yes' or 'No'. The 'Safety Assessment and Conclusion' section at the bottom has a radio button for 'Yes' or 'No' for the statement 'One or more factors that negatively affect safety are identified:'. An 'Options:' dropdown menu is located at the bottom left, and 'Save' and 'Close' buttons are at the bottom right.



## Safety Assessment, Analysis and Plan – Description of Safety Threats Tab

32. The Description of Safety Threats tab displays the Safety Threats selected on the Safety Assessment tab, with required narrative text to describe each identified safety threat. The Services Available/Accessible section questions are view only on this tab.

Part. Info	Safety Assessment	Description of Safety Threats
<b>Safety Threats</b>		
Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.		
One or both parent's/caregiver's behavior shows a pattern of violence.		Row 1 of 4
Description: Describe		
One or both parents/caregivers has impulsive behavior that they cannot/will not control.		Row 2 of 4
Description: Describe		
Living arrangements seriously endanger the child's physical health.		Row 3 of 4
Description: Describe		
The child is profoundly fearful of the home situation or people within the home.		Row 4 of 4
Description: Describe		
Options: <input type="text"/> <input type="button" value="Go"/>		

## Safety Assessment, Analysis and Plan – Plan Analysis Tab

33. On the Plan Analysis tab, the answer to the first question, ‘Can and will the non-maltreating parent or another adult in the home protect the child(ren),’ affects how the rest of the tab works. If you answer ‘Yes,’ the corresponding narrative becomes required and the Analysis questions are disabled. If you answer ‘No’ or ‘N/A,’ the narrative is disabled and the Analysis questions are enabled and required.

**Safety Assessment, Analysis and Plan**

General

Name: Annie M. American Worker: Caitlin C. Calk Approval Date: Type: Initial Assessment Narrative ☒ Completed

Part Info Safety Assessment Description of Safety Threats **Plan Analysis**

**Parent/Caregiver Protective Capacity**

Can and will the non-maltreating parent or another adult in the home protect the child(ren)? ☐ Yes ☒ No ☐ N/A

If you answer Yes, please describe how the parent's/caregiver's specific protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer no, continue with the analysis and planning.

**Analysis**

The parents/caregivers are willing for services to be provided and will cooperate with service providers. ☒ Yes ☐ No

The home environment is calm enough for services to be provided and for the service providers to be in the home safely. ☒ Yes ☐ No

Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. ☒ Yes ☐ No

Parents/Caregivers are residing in the home. ☒ Yes ☐ No

A plan is necessary to maintain the child's safety and mitigate the imminent risk of removal from the home and entry into out of home care.

**Reunification in Home Safety Plan**

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

Options:  Go

Save Close

34. If all of the Analysis questions are answered ‘Yes’ you will receive the following message. Selecting Yes will take you to the Description of Safety Threats tab to enter the In-Home Services that will be implemented to ensure safety of the child(ren) in the home. Selecting No returns you to the Plan Analysis tab.

**Confirmation**

You have answered "Yes" to all of the analysis questions. In-Home Services will work for this family. Please proceed to develop services for the In-Home Safety Plan. Please select Yes to add services at this time. Select No to remain on this tab.

Yes No

35. If one or more of the Analysis questions are answered ‘No’ the following message will appear directing you to complete a Confirming Safe Environments:

**Confirmation**

You have answered "No" to one or more of the analysis questions. In-Home Services will not work for this family. An out-of-home placement is needed to manage Impending Danger. Please create a Confirming Safe Environments page upon final approval of the placement.

Close

36. If in-home services may work for this family, enter the services that will be implemented by clicking the [Add/Edit Services](#) hyperlink on the Description of Safety Threats tab.

**Safety Assessment, Analysis and Plan**

General

Name: Annie M. American Worker: Caitlin C. Cake Approval Date: Type: Initial Assessment Narrative ☒ Completed

Part. Info Safety Assessment **Description of Safety Threats** Plan Analysis

**Safety Threats**

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as Psychological, Medical/AODA evaluations are needed to understand the conditions that affect safety, describe those here.

One or both parent's/caregiver's behavior shows a pattern of violence.	Row 1 of 4
Description: Describe	<a href="#">Add/Edit Services</a>
One or both parents/caregivers has impulsive behavior that they cannot/will not control.	Row 2 of 4
Description: Describe	<a href="#">Add/Edit Services</a>
Living arrangements seriously endanger the child's physical health.	Row 3 of 4
Description: Describe	<a href="#">Add/Edit Services</a>
The child is profoundly fearful of the home situation or people within the home.	Row 4 of 4
Description: Describe	<a href="#">Add/Edit Services</a>

Options:  Go

Save Close

37. Clicking the Add/Edit Services link will launch a message. Click Yes to save and continue, or click No to return to the Safety Assessment, Analysis and Plan page without saving.

**Confirmation**

Please save the changes before you continue.

Close

38. The Safety Plan Services page will open, displaying the identified safety factor, the description why that factor was selected, and an empty Safety Services section. Click the Insert button to insert a service. Select the appropriate Service/Activity that is being implemented to address the safety factor, enter the name of the provider or responsible person providing the service, any additional information about the service being provided, and answer the two questions about the service and provider being available. Click the Insert button again to add as many services being established to address this safety factor. When all services are entered, select Save and then Close.

**Safety Plan Services** Print Help

---

**Identified Safety Factor and Description**

One or both parent's/caregiver's behavior shows a pattern of violence.

Description  
Describe2

---

**Safety Services**

Service/Activity:	Household Support	<a href="#">Delete</a>
Provider/Resp. Person:	Gail Summers	Row 1 of 1
Describe the availability, accessibility and suitability of the safety service provider involved.	Describe	
Specifically explain the safety services/activity and how it will control the threat identified.	Describe	
This needed service/activity exists.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Service/activity/provider is currently available at level/time required.	<input checked="" type="radio"/> Yes <input type="radio"/> No	

[Insert](#)

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

39. The Service/Activity and Provider/Responsible Person displays on the Description of Safety Threats tab. The Services Available/Accessible questions now have answers pre-filled. If both of the Services Available/Accessible questions are answered 'Yes,' then document a narrative for 'Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.'

**Services Available/Accessible**

All Needed Services/activities provided. ☒ Yes ☐ No

All Needed Services/activities/providers are available at level/time required. ☒ Yes ☐ No

Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.

Describe

Options: [Text](#) [Go](#)

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

40. Open the two templates associated with the Safety Assessment, Analysis and Plan page: the ‘Safety Assessment’ and the ‘Safety Analysis and Plan.’

**Safety Assessment, Analysis and Plan**

General

Name: Annie M. American Worker: Caitlin C. Cake Approval Date: Type: Initial Assessment Primary ☒ Completed

Part Info Safety Assessment Description of Safety Threats Plan Analysis

Living arrangements seriously endanger the child's physical health. Row 3 of 4  
 Description: Describe [Add/Edit Services](#)

The child is profoundly fearful of the home situation or people within the home. Row 4 of 4  
 Description: Describe [Add/Edit Services](#)

**Services Available/Accessible**

All Needed Services/activities provided. ☐ Yes ☐ No  
 All Needed Services/activities/providers are available at level/time required. ☐ Yes ☐ No  
 Describe how CPS will manage/oversee the safety plan, including communication with the family and providers.  
 Describe

Options:  Go Save Close

41. Select the ‘Completed’ checkbox and save the page to complete the Safety Assessment, Analysis and Plan.

42. You are returned to your desktop. Click on the hyperlink for the pending Assessment to continue working.

**American, Annie M. (9221587)**

Case details: CPS Family - Ongoing Barron - Barron Open OHP exists for associated participant(s)

Case address: 123 Main Abbotsford, WI 54405

Primary worker: Dan, Daisy (414) 789-7897 [Daisy.Dan@wisconsin.gov](mailto:Daisy.Dan@wisconsin.gov)

Actions:

**View case information**

Access Reports	Administration	Adoption	Agreements and Notices
Assessments	Assets and Income	Assignments	Background Checks
Case/Permanency Plan	Education	Eligibility	ICPC
ICWA	Legal	Narratives	Payments
Permanency Consultation	Placements	Planning	Related People
Safety	Safety Services	Services	

**Assessments**

<a href="#">Appeal (Details)</a>	02/02/2006		Maltreater Appeal
<a href="#">Assessment</a>	06/10/2022	Substantiated	
<a href="#">Initial Assessment-Narrative</a>	06/10/2022		
<a href="#">Family Strengths and Needs</a>	06/10/2022		

43. The next section of the assessment is the Family Risk Assessment of Future Abuse and Neglect. On the Basic tab of the Assessment page, select 'Family RA Future A/N' from the Options drop-down and click Go.

**Assessment**

Name: American, Annie M.
Assessment ID: 9223623
Status: Open

**Report**

Response Time: Within 24 - 48 Hours

Participants
Basic
Allegations

**Assessment Participants**

Name	Gender	DOB	Race	ICWA Record
<a href="#">Andrews, Fannie</a>		01/01/2020	Asian	<a href="#">Create</a>
<a href="#">American, Jack</a>	Male	06/01/1973		<a href="#">Create</a>
<a href="#">Andrews, Annie M.</a>	Female	01/01/2006	White	<a href="#">Create</a>
<a href="#">American, Annie M.</a>	Female	08/08/1970	Asian	<a href="#">Edit</a>

**Actions**  
Approval  
Extension  
Link Report to Assessment  
Serious Incident Notification  
**Assessment**  
**Actual**  
Family RA Future A/N  
IA Narrative  
Strengths and Needs  
**Clinical**  
IA Primary  
Switch Assessment Type  
**Checklist**  
IA Checklist  
SS Checklist  
Ongoing Checklist  
**Text**  
Mandated/Relative Reporter Notice  
Safety Services Cover Sheet

Options:

Go

- The following message will appear. Click Yes to save and continue to the Family Risk Assessment of Future Abuse and Neglect. Click No to return to the Assessment.

**Confirmation**

This will save the Assessment Information. Do you want to continue?

Yes No

## IA Narrative – Family Risk Assessment of Future A/N - Neglect Tab

44. Answer the questions on the Neglect tab. Click Calculate to display the risk score.

The screenshot shows the 'Neglect' tab of the 'Family Risk Assessment of Future Abuse-Neglect' form. The form is titled 'Assessment - Work - Microsoft Edge'. The 'General' section contains fields for Name (Annie M. American), Worker (Caitlin C. Calk), Case Id (9221587), and Approval Date. The 'Basic' section has fields for Neglect Score and Level. The 'Questions' section contains nine questions with dropdown menus for answers. A 'Calculate' button is at the bottom right. The 'Save' and 'Close' buttons are at the bottom right of the form.

General	
Name:	Annie M. American
Worker:	Caitlin C. Calk
Case Id:	9221587
Approval Date:	

Basic	
Neglect Score:	Level:

Questions	
1. Was neglect alleged or substantiated in the current assessment?	
2. Prior neglect history	
3. Caregiver(s) viewed current CA/N incident at least as seriously as the investigating worker	
4. Current age of primary family caregiver	
5. A child was inadequately supervised by either caregiver	
6. Primary family caregiver has an alcohol or drug abuse problem that contributed to the incident	
7. Primary family caregiver motivated to improve parenting skills	
8. Number of children involved in the CA/N incident	
9. Age of youngest child in household	

Calculate

Save Close

## IA Narrative – Family Risk Assessment of Future A/N - Abuse Tab

45. Answer the questions on the Abuse tab. Click Calculate to display the risk score.

The screenshot shows the 'Abuse' tab of the 'Family Risk Assessment of Future Abuse-Neglect' form. The form is titled 'Assessment - Work - Microsoft Edge'. The 'General' section contains fields for Name (Annie M. American), Worker (Caitlin C. Calk), Case Id (9221587), and Approval Date. The 'Basic' section has fields for Abuse Score (4) and Level (High). The 'Questions' section contains eight questions with dropdown menus for answers. A 'Calculate' button is at the bottom right. The 'Save' and 'Close' buttons are at the bottom right of the form.

Basic	
Abuse Score: 4	Level: High

Questions	
1. Was abuse alleged or substantiated in the current investigation?	No
2. Prior CA/N history	Any prior child welfare CA/N referral
3. Does caregiver(s) use excessive or inappropriate discipline?	Yes-Secondary Family Caregiver only
4. Does the primary family caregiver have a history of abuse or neglect as a child?	Yes
5. Primary family caregiver's relationship problems with other adults	No serious problem evident
6. Domestic violence in household	Yes
7. Caregiver(s) is motivated to improve parenting skills	One or both caregivers are motivated
8. Age of youngest child in household	11 or Younger

Calculate

Save Close

## IA Narrative – Family Risk Assessment of Future A/N - Results Tab

46. The Results tab displays the overall Risk Level. A discretionary override is available to change the risk level if necessary. From the Options drop-down, select 'Family RA of Future A/N' to open the text template. Click Save and Close to return to the Assessment.

47. To complete the Strengths and Needs Assessment, select 'Strengths and Needs' from the Options drop-down on the Basic tab of the Assessment page and click Go.

- The following message will appear. Click Yes to save and continue to the Family Strengths and Needs Assessment. Click No to return to the Assessment.



Confirmation

This will save the Assessment Information. Do you want to continue?

Yes
No

## IA Narrative – Family Strength and Needs Assessment - Questions & Results Tabs

48. On the Questions tab, answer the questions and click the Calculate button to display the score and level.

Family Strengths and Needs Assessment
TM
Print
Help

General

Name: Annie M. American
Worker: Caitlin C. Cake
Date: 06/10/2022

Questions
Results

Basic

Score: 8
Level: Low

Questions

1. Substance Abuse:
No evidence of a problem
2. Emotional Stability:
No evidence or symptoms of emotional instability or psychiatric disorder
3. Family Violence:
No threatening or assaultive behavior among family members
4. Intellectual Ability:
Somewhat limited intellectual functioning
5. Health:
No known health problems that affect functioning
6. Caregiver Victimization:
No evidence of problem
Caregiver(s) neglected as child(ren)
Caregiver(s) has been a victim of sexual abuse
Caregiver(s) has been a victim of physical abuse
7. Parenting Skills:
No known/minimal deficits in parenting skills
8. Environmental:
Family has adequate housing, clothing, and nutrition
9. Support Systems:
Family has available, and uses, external support system(s)
10. Financial:
Income limited, but is adequately managed
11. Education/Literacy:
Basic education and functional literacy skills
12. Problem Recognition:
Problem(s) acknowledged, does not want assistance
13. Family Interaction:
Moderate communication or behavior problems and/or some inappropriate role functions
14. Child(ren) Characteristics:
Minor problems, but little impact on functioning

Calculate

Save
Close

49. On the Results tab, complete the Primary Needs, Primary Strengths, and Problem Areas sections. If the Needs Level is different from the level calculated, enter information into the Discretionary Override section.

**Family Strengths and Needs Assessment** TM Print Help

General  
Name: Annie M. American Worker: Caitlin C. Calk Date: 06/10/2022

Questions Results

**Primary Needs**

Rank	Area of Need
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

**Primary Strengths**

Rank	Area of Strength
1.	Caretaker displays and uses daily age-appropriate parenting skills
2.	Environment: Adequate housing, clothing, and nutrition is provided
3.	Problem recognition: Absence of intrafamily problems left untreated

**Problem Areas**

Child(ren) Problem Areas

**Needs Level**

Strengths and Needs Score: 8

Needs Level: Low

**Discretionary Override**

☐ Override Needs Level

New Needs Level:

Reason for override:

Save Close

50. Click Save and Close to return to the Assessment.

51. On the Results tab of the Assessment, the Family RA Future A/N, Safety Assessment, and Strengths and Needs sections all pre-fill with the information from those pieces of work that were completed.

Assessment - Work - Microsoft Edge

**eWISACWIS** Resource TM Print Help

Assessment Report

Name: American, Annie M. Assessment ID: 9223623 Status: Open Response Time: Within 24 - 48 Hours Date: 06/09/2022

Participants Basic Allegations Contacts Results

**Assessment Results**

Result: Substantiated

**Disposition**

Case Opened-Ongoing CPS Svcs: Vol

**Initial Face-to-Face Contact Information**

Initial Face-to-Face Must Occur By: 06/11/2022 08:00 AM  
Initial Face-to-Face Documented: 06/10/2022 09:00 AM

**Family RA Future A/N**

Abuse Score: 4  
Neglect Score: 6  
Risk Level: Medium

**Safety Assessment**

Safety Decision: Unsafe

**Strengths and Needs**

Needs Level: Low

[CPS Report 9246955](#)  
[Case Note ID 9226418](#)  
[Create Initial Face-to-Face Contact Note](#)

## Linking a CPS Report to Assessment

52. If during the Initial Assessment a new CPS Report is screened in, you can link that CPS Report to this assessment. From the Participants tab, select 'Link Report to Assessment' from the Options drop-down and click Go.

**Assessment**  
Name: American, Annie M.      Assessment ID: 9223623      Status: Open

**Report**  
Response Time: Within 24 - 48 Hours

Participants

Basic

Allegations

Assessment Participants

Name	Gender	DOB	Race	ICWA Record
<a href="#">Andrews, Fannie</a>		01/01/2020	Asian	<a href="#">Create</a>
<a href="#">American, Jack</a>	Male	06/01/1973		<a href="#">Create</a>
<a href="#">Andrews, Annie M.</a>	Female	01/01/2006	White	<a href="#">Create</a>
<a href="#">American, Annie M.</a>	Female	08/08/1970	Asian	<a href="#">Edit</a>

Options:

Actions

Approval

Extension

Link Report to Assessment

Genous Incident Notification

Assessment

Actuarial

Family RA Future A/N

IA Narrative

Strengths and Needs

Clinical

IA Primary

Switch Assessment Type

Checklist

IA Checklist

SS Checklist

Ongoing Checklist

Text

Mandated/Relative Reporter Notice

Safety Services Cover Sheet

Go

- On the Assessment Report Link page, select the appropriate CPS Report(s) and then click Continue. This will automatically associate the CPS Report to this Assessment and return you to the Assessment page.

Assessment - Work - Microsoft Edge

Assessment Report Link

Print Help

CPS Reports

Report Name	Supervisor Screening Date	Date and Time Report was Received
<input type="checkbox"/> Fannie Andrews	06/10/2022 08:46:00	06/10/2022 08:00:00

Continue

Close

53. From the Participants tab, select 'Approval' from the Options drop-down and click Go. On the Approval History page, select the 'Approve' radio button and click Continue. You are returned to the Assessment page. Click Save to send the assessment to your supervisor for approval.

The screenshot shows the eWiSACWIS Assessment page. At the top, there's a header with the eWiSACWIS logo. Below it, a navigation bar has tabs for Assessment, Report, Participants, Basic, Allegations, and Contacts. The Assessment tab is active, showing details for 'American, Annie M.' with Assessment ID 9223623 and Status Open. Below this, the Participants tab is selected, displaying a table of assessment participants. A dropdown menu is open, showing various actions like Approval, Extension, Link Report to Assessment, etc. A red arrow points from the 'Approval' option in the dropdown to a 'Go' button.

Name	Gender	DOB	Race	ICWA Record
<a href="#">American, Annie M.</a>	Female	08/08/1970	Asian	<a href="#">Create</a>
<a href="#">Andrews, Fannie</a>		01/01/2020	Asian	<a href="#">Create</a>
<a href="#">Andrews, Annie M.</a>	Female	01/01/2006	White	<a href="#">Create</a>
<a href="#">American, Jack</a>	Male	06/01/1973		<a href="#">Create</a>

54. The following message will display as a reminder to complete the Screening tab of the ICWA Record. Any other required fields will also display and error message and where to correct it.

The screenshot shows an error message box titled 'Errors (5)'. It contains five bullet points listing errors related to the ICWA Record. A red arrow points to the last bullet point, which mentions creating an ICWA Record via a 'Create' hyperlink.

- Please update the Maltreater(s) Determination field for the pending alleged maltreater. Correct allegation row 2.
- Please update the Maltreater(s) Determination field for the pending alleged maltreater. Correct allegation row 3.
- The Alleged Maltreater(s)'s (Jack American ) race must be documented before approving the Initial Assessment. Please enter this information via Person Management.
- The Alleged Maltreater(s)'s (Jack American ) ethnicity must be documented before approving the Initial Assessment. Please enter this information via Person Management.
- To approve the Initial Assessment, please create an ICWA Record via the Create hyperlink in the ICWA Record column on the Participants tab for the following participants: Andrews, Annie M, Andrews, Fannie

55. To create or view an ICWA record for a child, click the [Create/View ICWA Record](#) hyperlink at the lower left of the Participants tab on the Assessment page (see step 5 above). For more information regarding completing the ICWA Record see the Documenting ICWA User Guide.

## Recording a Date of Death for a Child

A date of death for a child can be recorded on the following pages: Person Management, Allegation (Access Report), Allegation (Assessment), Serious Incident Notification, and Placement & Service Ending.

In Assessment, the field will dynamically display if a death is indicated on the page and is required when a determination other than pending is selected. If a Death Date is already entered on Person Management, the date pre-fills to the page. If a Death Date is changed on the Allegation page, Death Date on Person Management will be updated after the Assessment is approved. The Death Date field will always remain editable on Person Management but will freeze on the Assessment and will not be able to be changed after it has been approved.

The screenshot shows the 'Allegation (Assessment)' form. The 'Allegation' section includes fields for 'Alleged Victim' (Annie M. Andrews), 'Abuse/Neglect Code' (Physical Abuse), 'Description' (Bruising), and 'Determination' (Substantiated). The 'Date or Approximate Date of Alleged Maltreatment' is 06/01/2022. The 'Alleged Victim received medical treatment as a result of this alleged maltreatment' field has radio buttons for Yes, No, and Unknown, with 'No' selected. The 'Was there an open out-of-home placement documented in eWISACWIS at the time of the alleged maltreatment?' field has radio buttons for Yes, No, and Unknown, with 'No' selected. The 'Serious Incident' field has a 'Details' link. The 'Death / Alleged maltreatment' checkbox is checked, and the 'Death Date' field is pre-filled with 00/00/0000. The 'Egregious incident' and 'Death / Alleged suicide in OHC' checkboxes are unchecked. The 'DCF memo 2010-01' and 'Act 78' links are at the bottom.

**Note:** The Death Date on an approved Access Report or Assessment, or the most recently entered date of death in Person Management will pre-fill to the Serious Incident Notification. The Death Date field displays when the 'Death/Alleged Maltreatment' or 'Death/Alleged Suicide' checkbox is selected on the page. If allegations rise to the level of a Serious Incident, Wisconsin Act 78 requires county agencies and the Division of Milwaukee Child Protective Services (DMCPS) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. See the Serious Incident (Act 78) User Guide for more information.