

Initial Assessment – Primary

A primary assessment will be completed when the alleged maltreatment is by parents, caregivers, other's living in the household, or an unknown maltreater.

Note: If you are an Alternative Response county, see the Alternative Response User Guide. To create an Initial Assessment – Primary, assignment to the case is needed. Additional security may also be needed.


Related User Guides

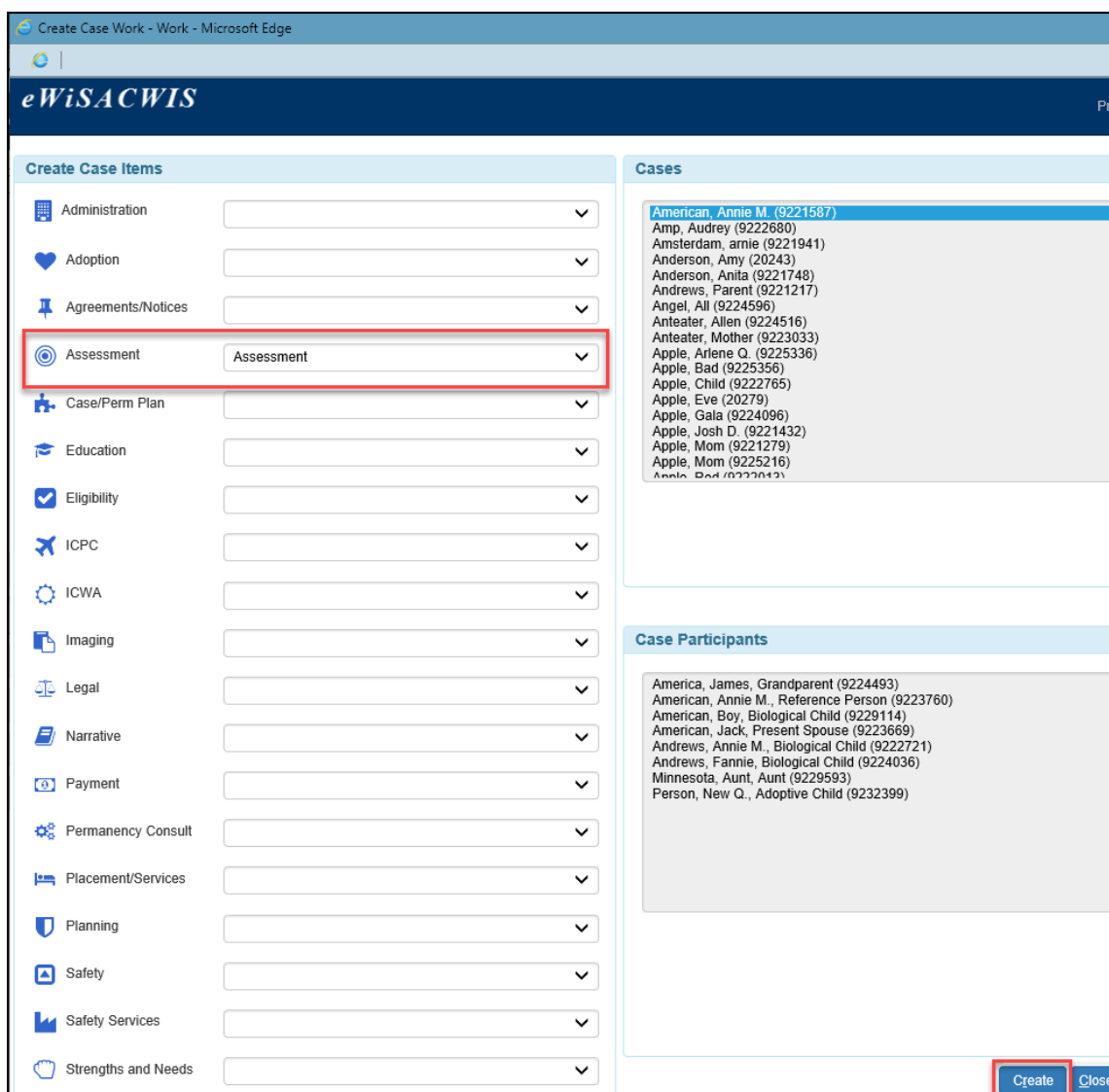
[Documenting ICWA](#)

[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  **Create case work** 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 select the family from the Cases section. Click Create.



The screenshot shows the 'Create Case Work' page in the eWiSACWIS system. The page is divided into three main sections: 'Create Case Items', 'Cases', and 'Case Participants'.

- Create Case Items:** A list of categories with dropdown menus. The 'Assessment' category is selected, and the dropdown shows 'Assessment'.
- Cases:** A list of case entries. The entry 'American, Annie M. (9221587)' is selected and highlighted in blue.
- Case Participants:** A list of participants. The entry 'America, James, Grandparent (9224493)' is selected and highlighted in blue.

At the bottom right, there are two buttons: 'Create' and 'Close'. The 'Create' button is highlighted with a red box.

3. 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?

- Click Yes to open the Assessment Report Link page. Click No to close the message and return to the desktop.
4. 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 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

Assessment - Participants Tab

5. 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

- 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
American, Annie M.	Female	08/08/1970	Asian	Edit	HM-PR-RP	Roles
Andrews, Fannie		01/01/2020	Asian	Create	AV-HM-RN	Roles
Andrews, Annie M.	Female	01/01/2006	White	Create	AV-HM	Roles
American, Jack	Male	06/01/1973		Create	AM-HM-PR	Roles

Options:
Go
Insert
Save
Close

Assessment - Basic Tab

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

The screenshot shows the eWiSACWIS web application in a Microsoft Edge browser window. The page 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 details for "Name: American, Annie M.", "Assessment ID: 9223623", and "Status: Open". The "Report" tab shows "Response Time: Within 24 - 48 Hours" and "Date: 06/09/2022". Below the tabs is a navigation bar with buttons for "Participants", "Basic" (selected), "Allegations", "Contacts", and "Results". The "Case Name Information" section contains 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 has a dropdown menu set to "Two parent household, marital status unknown". The "Family Characteristics/Conditions" section has three dropdown menus, the first of which is set to "Blurred roles and boundaries within family". At the bottom, there is an "Options:" dropdown, a "Go" button, and "Save" and "Close" buttons.

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

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 pre-fills with the allegations documented on the CPS Report. Complete the allegation(s) by clicking the [Edit](#) hyperlink to open the Allegation (Assessment) page. Select the appropriate maltreatment determination, date of maltreatment, and answer the remaining questions

by selecting the appropriate radio buttons. Additional fields may be required depending on the answers selected.

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

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 Describe	Pending	06/01/2022	N		N	Edit
<input type="radio"/> 9246955	Fannie Andrews	Physical Abuse Describe	Pending	06/01/2022	N		N	Edit

Insert

Maltreater(s)

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

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.

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? [Details](#) ☐ Yes ☒ No ☐ Unknown

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. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down. Next, click the [Description](#) hyperlink to open the Description page. Select up to three values that apply and click Continue to add and return to the Allegation (Assessment) page. For definitions of the Descriptions, click on the Resource button at the top of the Assessment 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. Select the appropriate Determination from the drop-down and enter the Date or Approximate Date of Alleged Maltreatment. Select the appropriate answers 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.

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

13. 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 Describe	Pending	06/01/2022	N		N	Edit
<input type="radio"/> 9246955	Fannie Andrews	Physical Abuse Describe	Pending	06/01/2022	N		N	Edit

Insert

Maltreater(s)

Alleged Maltreater	Relationship to Victim	Determination
▼	Biological Parent(s)	<div style="border: 1px solid black; padding: 5px;"> Pending Not able to locate source Unsubstantiated Substantiated </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

- 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
American, Annie M.	Female	08/08/1970	Asian	Edit	HM-PR-RP	Roles
Andrews, Fannie		01/01/2020	Asian	Create	AV-HM-RN	Roles
Andrews, Annie M.	Female	01/01/2006	White	Create	AV-HM	Roles
American, Jack	Male	06/01/1973		Create	AM-HM-PR	Roles

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.

Note: At least one substantiated maltreater must be identified when the maltreatment has been substantiated. If maltreatment is unsubstantiated, all maltreaters will default to unsubstantiated.

Assessment - Contacts Tab

14. The Contacts tab is view only; displaying any linked Assessment Contacts. If no contacts have been entered yet, the page will be blank.

The screenshot shows the eWiSACWIS interface in Microsoft Edge. The top navigation bar includes the eWiSACWIS logo and 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 details for 'American, Annie M.' with Assessment ID 9223623 and Status Open. The Report tab shows Response Time: Within 24 - 48 Hours and Date: 06/09/2022. Below these tabs is a navigation bar with buttons for Participants, Basic, Allegations, Contacts (highlighted), and Results. The Contacts section displays a table with columns: Note ID, Name, Affiliation/Relationship, Title, Date, and Contact Date/Time. The table is currently empty. At the bottom, there is an 'Options:' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons.

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
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- Once entered, each contact will display:

This screenshot shows the same eWiSACWIS interface, but the Contacts table now contains one entry. The entry has a blue link for the Note ID '9226418', Name 'C.C.', Affiliation/Relationship 'Case Manager', Title 'Social Worker', Date '06/10/2022', and Contact Date/Time '06/10/2022 09:00 AM'. The rest of the interface, including the Assessment and Report tabs and the navigation bar, remains the same.

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
9226418	C.C.	Case Manager	Social Worker	06/10/2022	06/10/2022 09:00 AM

Assessment - Results Tab

15. The Results tab is mostly view only and pre-fills information from completed work on the Assessment, including the Safety Assessment, Analysis and Plan. It also pre-fills information based on the type of Assessment being entered.

- If the Assessment Result is “Not able to locate source” and the value in the Case Disposition section is anything other than “Case Closed – Clients Unavailable or Cannot be Located” at the time of approval, a message displays to alert the worker that the values do not align and allow correction of the data prior to final approval.

The screenshot shows the eWiSACWIS web application interface for the 'Assessment - Results' tab. The browser window 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 several sections:

- Assessment Summary:** Displays 'Name: American, Annie M.', 'Assessment ID: 9223623', and 'Status: Open'.
- Report Summary:** Displays 'Response Time: Within 24 - 48 Hours' and 'Date: 06/09/2022'.
- Navigation Tabs:** Includes 'Participants', 'Basic', 'Allegations', 'Contacts', and 'Results' (which is the active tab).
- Assessment Results:** Shows 'Result: Pending'.
- Disposition:** A section for recording the final disposition.
- Family RA Future A/N:** Includes fields for 'Abuse Score:', 'Neglect Score:', and 'Risk Level:'.
- Safety Assessment:** Includes a 'Safety Decision:' field.
- Strengths and Needs:** Includes a 'Needs Level:' field.
- Initial Face-to-Face Contact Information:** Includes fields for 'Initial Face-to-Face Must Occur By:' and 'Initial Face-to-Face Documented:', along with a link to 'Create Initial Face-to-Face Contact Note'.
- Birth to Three Referral Information:** Contains explanatory text and a table for referral status.

Alleged Victim	DOB	Referral Status
		Referred

At the bottom, there is an 'Options:' dropdown menu, a 'Go' button, and 'Save' and 'Close' buttons.

- If the child is under three years old and has a substantiated allegation(s), an automated referral will be submitted by an eWiSACWIS nightly process. 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

Note: After the initial Save of the page, the Initial Face-to-Face Contact Information automatically calculates when the Initial Face-to-Face Must Occur By.

16. Next, select the [Create Initial Face-to-Face Contact Note](#) hyperlink to open the Case Notes page.

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

Note: For more information on this process see the Initial Face-to-Face Contacts User Guide.

Case Notes

Case: American, Annie M (9221587)

Worker Creating Note: Cake, Caitlin C.

Worker Making Contact: Cake, Caitlin C. [Search](#)

Case Note ID:

Date Entered: 06/10/2022 10:30 AM

☐ Note Finalized
☐ Contact By Designee

Note Information

Date:

« June 2022 »

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Today

Category: Initial Assess Contact

Type: Initial Face-to-Face

Type Detail:

Face-to-Face Location: Details

Face-to-Face Result:

☐ View Inactive Participants

Participants:

America, James (Grandparent)

American, Annie M. (Reference Person)

American, Boy (Bio Child)

American, Jack (Present Spouse)

Andrews, Annie M. (Bio Child)

Andrews, Fannie (Bio Child)

Hold down the 'Ctrl' key for multi-selection

[Add Contacts](#)

Narrative

Case Note 1/1 [Details](#)

Create Structured Case Note

Assessment Contact Information

Assessment Contact Information

Begin Date: 06/09/2022 08:00 AM

Name

Affiliation

Title

Contact Date

Insert

Insert Correction Note

Clear Fields

Create

Save

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 Case Note ID number hyperlink to the case note.

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		Family RA Future A/N		Safety Assessment
Result: Substantiated		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:		06/11/2022 08:00 AM	CPS Report 9246955	Create Initial Face-to-Face Contact Note
Initial Face-to-Face Documented:		06/10/2022 09:00 AM	Case Note ID 9226418	

IA Primary

19. Click on the Basic tab to access the IA Primary page. Select 'IA Primary' on the Options drop-down and click Go.

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	Blurred roles and boundaries within family			
Family				
Family				
Options:	<div> <div> Actions Approval Extension Link Report to Assessment Serious Incident Notification Assessment Actuarial Family RA Future A/N IA Narrative Strengths and Needs Clinical IA Primary IA Secondary or Non Caregivers Checklist IA Checklist SS Checklist Ongoing Checklist Text Mandated/Relative Reporter Notice Safety Services Cover Sheet </div> <div>Go</div> </div>			
				Save Close

20. The following message will appear. Click Yes to continue, or No to return to the page without saving the Assessment.

Confirmation

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

Yes
No

IA Primary - Part. Info (Participant Information) Tab

21. On the Initial Assessment – Primary page, start by identifying the participants by clicking Add/Edit within the appropriate Child or Parent Information section. When clicked, the Case Participant/Collaterals page opens.

Initial Assessment-Primary

Case Name: American, Annie M. Case ID: 9221587 Referral Date: 06/09/2022 Assessment Type: Traditional ☐ IA Completed

Part. Info Maltreatment ChildFncing AdultFncing ParentalPractices Summary

Child Information

Child Name DOB Add/Edit

Parent Information

Parental Role Name DOB Add/Edit

Options: Go

Save Close

22. Select the checkbox next to the participant(s) to be added and click Continue to add the participant and return to the Part. Info 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 Primary - Maltreatment Tab

23. On the Maltreatment tab, select the appropriate answers for the Safety Assessment section. Enter information regarding the maltreatment in the Maltreatment and Surrounding Circumstances narratives.

The screenshot shows the 'Initial Assessment-Primary' form with the 'Maltreatment' tab selected. The top section contains case information: Case Name (American, Annie M.), Case ID (9221587), Referral Date (06/09/2022), Assessment Type (Traditional), and a checkbox for 'IA Completed'. Below this is a navigation bar with tabs: Part Info, Maltreatment (active), ChildFunctng, AdultFunctng, ParentalPractices, and Summary. The 'Safety Assessment' section has two questions: 'One or both parents/caregivers intend(ed) to seriously hurt the child' (with radio buttons for Yes and No, where No is selected) and 'Living arrangements seriously endanger the child's physical health' (with radio buttons for Yes and No, where Yes is selected). The 'Maltreatment' section has two narrative boxes: '1. Maltreatment: Describe the maltreatment that occurred...' and '2. Surrounding Circumstances: Describe the surrounding circumstances accompanying or leading up to the maltreatment...'. Both boxes have a 'Describe' label and a text area. At the bottom right are 'Save' and 'Close' buttons.

IA Primary - ChildFunctng (Child Functioning) Tab

24. On the Child Functioning tab, select the appropriate answer for the Safety Assessment question. Enter information in the Child Functioning narrative boxes. Each child identified on the Part. Info tab will have a required narrative section.

The screenshot shows the 'Initial Assessment-Primary' form with the 'ChildFunctng' tab selected. The top section contains the same case information as the previous screenshot. The navigation bar shows 'ChildFunctng' as the active tab. The 'Safety Assessment' section has one question: 'The child is profoundly fearful of the home situation or people within the home' (with radio buttons for Yes and No, where Yes is selected). The 'Child Functioning' section has two narrative boxes for different children: 'Child Name: Andrews, Annie M.' and 'Child Name: Andrews, Fannie'. Each box has a 'Describe' label and a text area. At the bottom right are 'Save' and 'Close' buttons.

IA Primary - AdultFunctng (Adult Functioning) Tab

25. On the Adult Functioning tab, select the appropriate answers for the Safety Assessment questions. Enter information in the Adult Functioning narrative boxes. Each adult identified on the Part. Info tab will have a required narrative section.

Initial Assessment-Primary TM Print Help

Case Information
Case Name: American, Annie M. Case ID: 9221587 Referral Date: 06/09/2022 Assessment Type: Traditional IA Completed

Part Info Maltreatment ChildFctg **AdultFctg** ParentalPractices Summary

Safety Assessment

One or both parents/caregivers has impulsive behavior that they cannot/will not control. Details ☒ Yes ☐ No

One or both parents/caregiver's behavior shows a pattern of violence. Details ☒ Yes ☐ No

Adult Functioning

Parental Role Name: American, Annie M.
Describe the adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)

Row 1 of 2
Describe

Parental Role Name: American, Jack
Describe the adult's general functioning, daily life management, mental health functioning and substance use. (You may include but not rate pertinent childhood history information.)

Row 2 of 2
Describe

Save Close

IA Primary - Parental Practices Tab

26. On the Parental Practices tab, select the appropriate 'Yes' or 'No' radio button for the Safety Assessment questions. Next, complete the narrative sections. Disciplinary Approaches and Parenting Practices narratives are completed for each adult. The Family Functioning narrative is completed once for the family as a whole.

Initial Assessment-Primary TM Print Help

Case Information
Case Name: American, Annie M. Case ID: 9221587 Referral Date: 06/09/2022 Assessment Type: Traditional IA Completed

Part Info Maltreatment ChildFctg AdultFctg **ParentalPractices** Summary

Safety Assessment

The child has exceptional needs which the parents/caregivers cannot or will not meet. Details ☐ Yes ☒ No

No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs. Details ☐ Yes ☒ No

One or both parents/caregivers fear they will maltreat the child and/or request placement. Details ☐ Yes ☒ No

One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Details ☐ Yes ☒ No

One or both parents/caregivers have exaggerated, negative perceptions of the child. Details ☐ Yes ☒ No

Family does not use known, available, and accessible resources to assure the child's essential needs for food, clothing, and/or shelter are met. Details ☐ Yes ☒ No

Disciplinary Approaches

Parental Role Name: American, Annie M.
Describe the disciplinary approaches generally used by the parent and the typical context within which they are used. Row 1 of 2
Describe

Parental Role Name: American, Jack
Describe the disciplinary approaches generally used by the parent and the typical context within which they are used. Row 2 of 2
Describe

Parenting Practices

Parental Role Name: American, Annie M.
Describe the parent's general parenting practices (nurturing, limit setting, protectiveness, provision of basic care, etc.). Row 1 of 2

Save Close

IA Primary - Summary Tab

27. The Summary tab is the last tab of the Initial Assessment – Primary page. Document the Family Support Network information if the case is being opened for services, otherwise complete the Closing Summary. Complete the Case Disposition information.

Initial Assessment-Primary TM Print Help

Case Information
Case Name: American, Annie M. Case ID: 9221587 Referral Date: 06/09/2022 Assessment Type: Traditional IA Completed

Part. Info Maltreatment ChildFncng AdultFncng ParentalPractices **Summary**

Family Support Network
If opening/transferring the case for services complete this section by describing the family's support network, taking into account the family's cultural context. Otherwise, go directly to the Closing Summary.
Comments

Closing Summary
Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

Case Disposition
☐ Case Closed Reason Case Closed:
☒ Case Opened Reason Case Opened: Case Opened-Ongoing CPS Svcs: Vol

Mandated Reporter
☐ Not applicable Date mandated reporter given feedback: 06/10/2022

Relative Reporter
☐ Not applicable
☒ Documented request for information received from relative reporter: 06/10/2022
☐ Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000

Save Close

28. The Summary tab also contains a Correspondence documentation section for a Mandated Reporter or Relative Reporter. Enter the appropriate information.

Note: These templates are available under the Options drop-down of the Assessment page.

29. Next, return to the Part. Info tab, and select 'Safety Assessment, Analysis and Plan' on the Options drop-down. Click Go to open the page.

Initial Assessment-Primary

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

Part. Info Maltreatment ChildFncng AdultFncng

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, Annie M.	08/08/1970
American, Jack	06/01/1973

Add/Edit

Options: **Action** Safety Assessment, Analysis and Plan Text Initial Assessment Primary Go

Save Close

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

30. When opened, the Part. Info tab will pre-fill with the same participants identified in the Part. Info tab of the Initial Assessment – Primary page. Select Add/Edit if changes need to be made regarding the identified participants.
31. The Safety Assessment tab contains all 11 safety questions that were answered as part of the Initial Assessment – Primary. Make any necessary changes and scroll down to the Safety Assessment and Conclusion section. Enter the Date of Safety Assessment.

Note: DMCPs workers should complete the DMCPs Safety Services section as applicable.

- 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 checkbox in the upper right-hand corner, and click Save. Click Close to return to the Initial Assessment – Primary page. Proceed to step 37 of this guide.
- If any safety question is answered ‘Yes,’ proceed to the next step.

The screenshot displays the 'Safety Assessment, Analysis and Plan' form. The top navigation bar includes 'General', 'Part. Info', 'Safety Assessment' (selected), 'Description of Safety Threats', and 'Plan Analysis'. The 'General' section shows 'Name: Annie M. American', 'Worker: Caitlin C. Cake', 'Approval Date:', 'Type: Initial Assessment Primary', and a 'Completed' checkbox. The 'Safety Assessment' tab contains 11 safety questions, each with a 'Details' link and radio button options for 'Yes' or 'No'. The questions are: 1. No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs. 2. One or both parents/caregiver's behavior shows a pattern of violence. 3. One or both parents/caregivers has impulsive behavior that they cannot/will not control. 4. One or both parents/caregivers have exaggerated, negative perceptions of the child. 5. Family does not use known, available, and accessible resources to assure the child's essential needs for food, clothing, and/or shelter are met. 6. One or both parents/caregivers fear they will maltreat the child and/or request placement. 7. One or both parents/caregivers intend(ed) to seriously hurt the child. 8. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. 9. The child has exceptional needs which the parents/caregivers cannot or will not meet. 10. Living arrangements seriously endanger the child's physical health. 11. The child is profoundly fearful of the home situation or people within the home. Below these questions is the 'Safety Assessment and Conclusion' section, which includes a question: 'One or more factors that negatively affect safety are identified.' with 'Yes' and 'No' radio button options. At the bottom, there is an 'Options:' dropdown menu and a 'Go' button. The bottom right corner of the form has 'Save' and 'Close' buttons.

Safety Assessment, Analysis and Plan - Description of Safety Threats Tab

32. The Description of Safety Threats tab displays the Safety Threats selected on the previous 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
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. Description: <input type="text"/>		Row 1 of 4
One or both parents/caregivers has impulsive behavior that they cannot/will not control. Description: <input type="text"/>		Row 2 of 4
Living arrangements seriously endanger the child's physical health. Description: <input type="text"/>		Row 3 of 4
The child is profoundly fearful of the home situation or people within the home. Description: <input type="text"/>		Row 4 of 4
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 'Yes,' is selected the corresponding narrative becomes required and the Analysis questions are disabled. If 'No' or 'N/A,' the narrative is disabled and the Analysis questions are enabled and required.

Safety Assessment, Analysis and Plan				TM	Print	Help
General Name: Annie M. American Worker: Caitlin C. Cake Approval Date: Type: Initial Assessment Primary <input checked="" type="checkbox"/> 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)? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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. <input type="text"/>						
Analysis The parents/caregivers are willing for services to be provided and will cooperate with service providers. <input checked="" type="radio"/> Yes <input type="radio"/> No The home environment is calm enough for services to be provided and for the service providers to be in the home safely. <input checked="" type="radio"/> Yes <input type="radio"/> No Safety Services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations. <input checked="" type="radio"/> Yes <input type="radio"/> No Parents/Caregivers are residing in the home. <input checked="" type="radio"/> Yes <input type="radio"/> 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. <input type="text"/>						
Options: <input type="text"/> <input type="button" value="Go"/>						
<input type="button" value="Save"/> <input type="button" value="Close"/>						

34. If all of the Analysis questions are answered 'Yes,' you will receive the following message. Clicking Yes will take you to the Plan Analysis tab to enter the In-Home Services that will be implemented to ensure safety of the child(ren) in the home. Clicking 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

TM
Print
Help

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

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

Add/Edit Services

One or both parents/caregivers has impulsive behavior that they cannot/will not control.

Row 2 of 4

Description:

Describe

Add/Edit Services

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

Options:
Go

Save
Close

37. If the Assessment has not been saved, clicking the [Add/Edit Services](#) hyperlink displays the following message.

Confirmation

Please save the changes before you continue.

Close

- Click Close and Save the Assessment page. Click the [Add/Edit Services](#) hyperlink again.

38. The Safety Plan Services page pre-fills the identified safety factor and the description of why that factor was selected. Click Insert in the Safety Services section to add a Service and complete the following:

- Select the appropriate Service/Activity.
- Enter the name of the provider or responsible person providing the service.
- Complete information for the two narrative boxes.
- Select the appropriate answer for the service and provider questions.

Click Insert for each service to add as many services being established to address this safety factor. When all services are entered, click Save. Click Close to return to the Safety Assessment, Analysis and Plan page.

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

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

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	Delete
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](#)

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

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.

Description:
Describe2

Service/Activity	Provider/Responsible Person
Household Support	Gail Summers

40. From the Options drop-down, open the two templates associated with the Safety Assessment and Plan page: the 'Safety Assessment' and the 'Safety Analysis and Plan.'

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](#)

41. Once completed, check the Completed checkbox of the Safety Assessment, Analysis and Plan click Save. Click Close to return to the Initial Assessment – Primary page.

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](#)

42. On the Initial Assessment – Primary page, select 'Initial Assessment Primary' from the Options drop-down and click Go to generate the template.

Initial Assessment-Primary

Case Information

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

Part Info Maltreatment ChildFunctng AdultFunctng

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, Annie M.	08/08/1970
American, Jack	06/01/1973

[Add/Edit](#)

Options: [Go](#)

[Action](#)
[Safety Assessment, Analysis and Plan](#)
[Text](#)
[Initial Assessment Primary](#)

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

43. When the IA Primary is complete, check the 'IA Completed' checkbox. This checkbox must be checked prior to approval. Click Save, and then Close to return to the Assessment page.

Initial Assessment-Primary TM Print Help

Case Information

Case Name: American, Annie M. Case ID: 9221587 Referral Date: 06/09/2022 Assessment Type: Traditional ☒ IA Completed

Part. Info Maltreatment ChildFctng AdultFctng ParentalPractices 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, Annie M.	08/08/1970
American, Jack	06/01/1973

Add/Edit

Options: Go

Save Close

On the Assessment page, verify information on all the tabs is complete. If applicable, link any new CPS Reports to the Assessment, otherwise, proceed to the Participants tab to send for Approval.

Linking a CPS Report to Assessment

44. If a CPS Report is screened in while working on an Assessment, it can be linked to that assessment. From the Participants tab, select 'Link Report to Assessment' from the Options drop-down and click Go.

- On the Assessment Report Link page, select the appropriate CPS Report(s) checkbox(es). Click Continue to associate the CPS Report(s) to the Assessment and return 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

Sending the Completed Assessment for Approval

45. On the Participants tab, select 'Approval' from the Options drop-down and click Go.

Assessment - Work - Microsoft Edge

eWiSACWIS

Assessment

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

Report

Response Time: Within 24 - 48 Hours

Participants **Basic** **Allegations** **Contacts**

Assessment Participants

Name	Gender	DOB	Race	ICWA Record
American, Annie M.	Female	08/08/1970	Asian	Create
Andrews, Fannie		01/01/2020	Asian	Create
Andrews, Annie M.	Female	01/01/2006	White	Create
American, Jack	Male	06/01/1973		Create

Options:

- Actions**
 - Approval
 - Extension
 - Link Report to Assessment
 - Serious 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](#)

46. 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.

Errors (5)

- 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

47. On the Approval History page, select the 'Approve' radio button and click Continue to return to the Assessment page. Click Save to send the assessment for supervisory approval.

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.

Allegation (Assessment)

Allegation

Alleged Victim: Annie M. Andrews

Abuse/Neglect Code: Physical Abuse

Description: Bruising

Determination: Substantiated

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? [Details](#) ☐ Yes ☒ No ☐ Unknown

Serious Incident: [Details](#) ☒ Yes ☐ No

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

☒ **Death / Alleged maltreatment** [Details](#) **Death Date:** 00/00/0000

☐ Egregious incident [Details](#)

☐ Death / Alleged suicide in OHC

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

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.