

Initial Assessment – Secondary or Non-Caregiver

A secondary or non-caregiver assessment will be completed if the alleged maltreatment is by someone outside the family

Note: To create an Initial Assessment – Secondary or Non-Caregiver, assignment to the case is needed. Security is needed to create an Assessment.

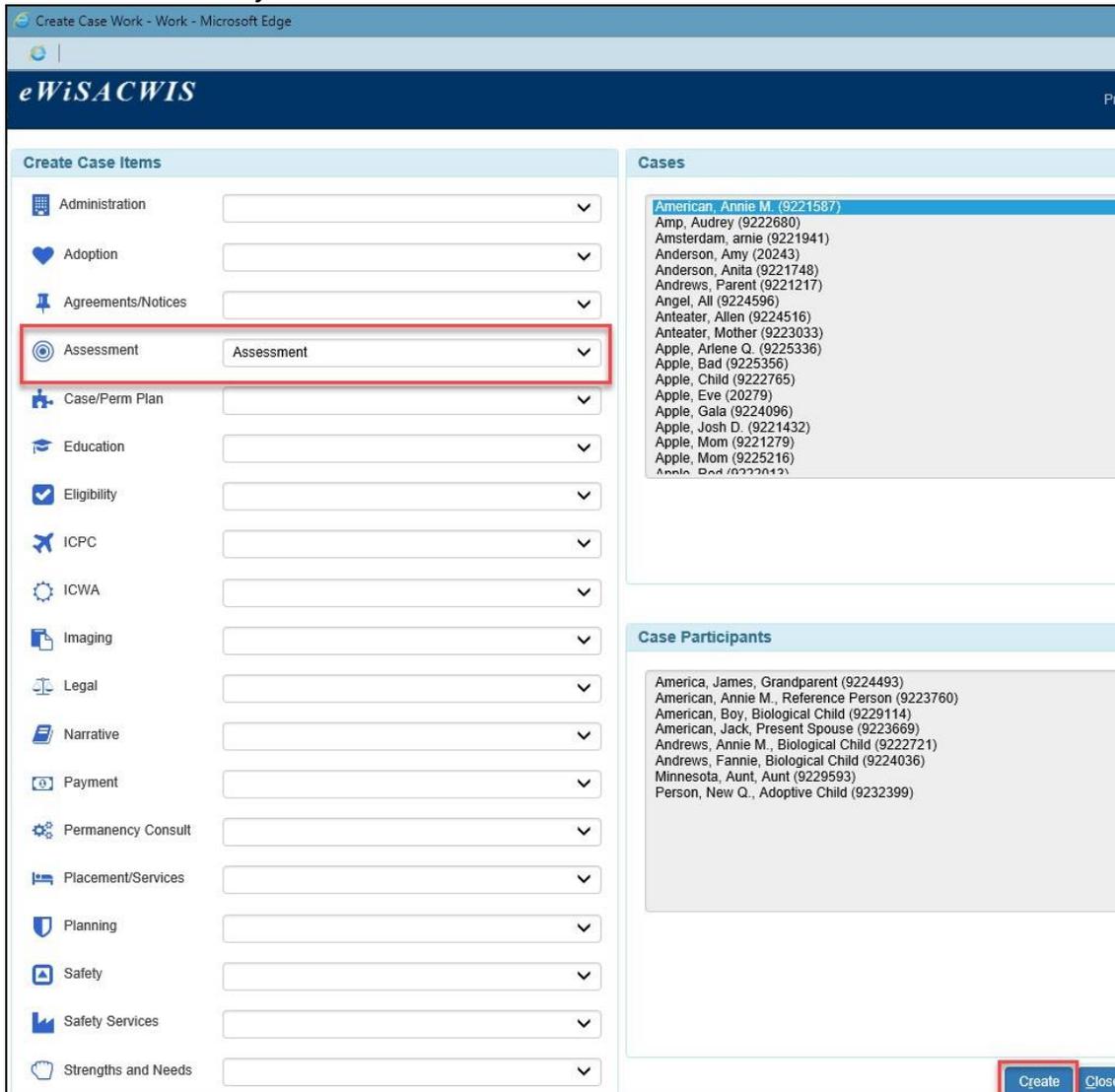
Related User Guides

[Documenting ICWA](#)

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

[Notification & Review Process for Substantiated Maltreaters 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.



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.

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).

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.

eWiSACWIS Print

Assessment

Name: [Parent_Mom_Q_\(1150618\)](#) Assessment ID: 8582326
 Status: Open Result: Substantiated Type: IA Secondary or Non-Caregivers

Report

Date: 05/30/2024 Response Time: Within 5 business days

Participants

ICWA/WICWA

Determinations

Summary

Assessment Participants

Name	Gender	DOB	Age	Race	ICWA Record	Roles	Edit Roles	Child/Youth	Adult/Parent	N/A
Parent_Mom_Q_V_(11506161)	Female				Create	AM-PR	Roles	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Parent_Victim_K_Sr_(11506162)	Male	12/12/1985	38	Asian	Create	RP	Roles	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Victim_Alleged_P_III_(11506160)	Female	01/01/2008	16	American Indian/Alaska Native	Edit	AV-HM	Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim_Alleged_Z_Jr_(11506163)	Male	10/01/2022	1	White	Edit	AV-HM-RN	Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Options:

Assessment – ICWA/WICWA Tab

- Next, click on the ICWA/WICWA tab. This tab displays the child's/Youth's membership status from person Management with narrative fields to confirm the enrollment status of the child, the efforts to engage the tribe, and efforts to keep the child/youth in the home with their parent(s) or other relatives. ICWA resources links are displayed at the top of the tab for reference.
 - Enter the description in required narrative fields.

eWiSACWIS Print

Assessment

Name: [Parent_Mom_Q_](#) Assessment ID:
 Status: Open Result: Substantiated Type: IA Secondary or Non-Caregivers

Report

Date: 05/30/2024 Response Time: Within 5 business days

Participants

ICWA/WICWA

Determinations

Summary

ICWA/WICWA

[National ICWA Contacts \(Searchable\)](#) [Wisconsin ICWA Contacts](#) [WICWA Online Resource for Case Workers](#)

Describe efforts to keep the child/children in the home with their parents, which could include but is not limited to the following ways of collaborating with tribal child welfare professionals:

- Thought partners to identify formal and informal supports, including family find efforts.
- Requesting information related to any resources that may be available through the tribe and assisting the family in getting connected to those services.
- Putting into perspective the cultural context and practices of the family.

xcvxcv

Tribe: Oneida Nation of Wisconsin

Child Name: [Victim_Alleged_P_III_](#) Status: Member

Describe the efforts to confirm membership status for each child/youth. [Details](#)

xcvxcvxcv

Options:

Assessment - Determinations Tab

7. The Determinations tab allows the user to document the determination for each allegation of abuse or neglect. The user must make a substantiation determination on both the allegation as well as the Alleged Maltreater. This tab also allows the user to select if a Serious Incident has occurred and when necessary, the user can launch the Series Incident Notification from the options dropdown.

Information that was received at the time of Access will prefill to a narrative field on the determinations tab, which will be nested underneath the allegations associated with that report. Additionally, the Determinations and Surrounding Circumstances are documented in narrative format to describe what was learned about the reported concerns, any maltreatment determinations made, and the surrounding circumstances.

The Determination and Surrounding circumstances group box describes the CPS professional's assessment of information gathered from the family, collaterals, and other professional evaluations (medical, law enforcement, etc.) pertaining to any alleged maltreatment. This includes:

- Maltreatment determination for each allegation reported in the access report(s), including a description/explanation as to what information was considered to make this determination.
- Maltreatment determination for each allegation added during the Initial Assessment process, including a description/explanation as to what information was considered to make this determination.
- Specific details about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

The Determinations and Surrounding Circumstances group box also should be used to document circumstances that accompanied or led up to the alleged maltreatment.

Considerations here could include, but are not limited to:

- What were the immediate precursors to the maltreatment, including substance or alcohol use or stressful situations.
- Patterns of behavior vs. one-time incidents
- Parents/caregivers reaction and response to the maltreatment or incident
- Culture and/or religious practices that impacted the situation

Reminder: Neglect cannot be substantiated if the lack of adequate food, shelter, care, etc. is truly due to poverty.

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 add additional row.

Assessment				Report			
Name: Referral_ParentOne Q_c	Assessment ID: <input type="text"/>	Status: Open	Result: Substantiated	Type: IA Secondary or Non-Caregivers	Date: 06/04/2024	Response Time: Within 5 business days	

Participants	Determinations	Summary
Describe		

Alleged Victim	A/N Code	Determination	Approximate Date Details	Resided in OHC Details	Medical Details	Serious Incident Details DCF memo 2018-48 Act 78	
<input type="text"/>	<input type="text"/> Describe Select	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	Delete

Options:

By expanding the Alleged Victim under Allegations you can enter Alleged Maltreater details from the drop-down. Select the relationship to victim and appropriate determination from the drop-down.

Expanded Report ID information to illustrate the Alleged Maltreater documentation.

Report ID: 9249498

Alleged Victim	A/N Code	Determination	Approximate Date Details	Resided in OHC Details	Medical Details	Serious Incident Details DCF memo 2018-48 Act 78
<input type="text"/>	<input type="text"/> Describe	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> U	<input type="text"/>	<input type="text"/>

Alleged Maltreater	Relationship to Victim	Determination
<input type="text"/>	Biological Parent(s)	<input type="text"/>

The basis for this determination is as follows:

Alleged Victim	A/N Code	Determination	Approximate Date Details	Resided in OHC Details	Medical Details	Serious Incident Details DCF memo 2018-48 Act 78
<input type="text"/>	<input type="text"/> Describe	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> U <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> U	<input type="text"/>	<input type="text"/>

Description of Abuse and Neglect Pop Up

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 page. For definitions of the Descriptions, click on the Resource button at the top of the Assessment page.

Description Print Help

Descriptions

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Abusive Head Trauma	<input type="checkbox"/>	Lack of Medical Care		
<input checked="" type="checkbox"/>	Bruising	<input type="checkbox"/>	Lack of Necessary Care		
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Lack of Supervision		
<input type="checkbox"/>	Caregiver Alcohol Abuse	<input type="checkbox"/>	Mainutrition		
<input type="checkbox"/>	Caregiver Drug Abuse	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion		
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity		
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed		
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury		
<input type="checkbox"/>	Exposure to Controlled Substances	<input type="checkbox"/>	Permanent Impairment		
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input type="checkbox"/>	Exposure to genitals/pubic areas	<input type="checkbox"/>	Sex Trafficking		
<input type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Sexual Contact/Intercourse		
<input type="checkbox"/>	Fetal Alcohol Spectrum Disorder	<input type="checkbox"/>	Sexual Exploitation		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Sexually Transmitted Disease		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Threatened Abuse/Neglect		
		<input type="checkbox"/>	Unable to Locate Children		

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

Click the Save button when completed.

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 - Summary Tab

8. The Summary tab is mostly view only and pre-fills information from completed work on the Assessment and pre-fills information based on the type of Assessment being entered.

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Assessment **Report**

Name: [Pavani, Mon D. \(8628916\)](#) Assessment ID: 6582326 Status: Open Result: **Substantiated** Type: IA Secondary or Non-Caregivers Date: 05/30/2024 Response Time: Within 5 business days

Participants **ICWA/ICWA** **Determinations** **Summary**

CPS Response

Describe the agency's efforts to respond to any safety concerns, including in-home planning, out of home placements, or collaboration with community partners, such as law enforcement or medical professionals. Describe any interventions put in place, service referrals made, and recommendations for future services. [Details](#)

Case Disposition: Case Opened Reason Case Opened: Case Closed Reason Case Closed:

Protective action in place at close of IA: null

Mandated Reporter **Relative Reporter**

Not applicable Date mandated reporter given feedback: 00/00/0000 [Create Mandates Reporter Letter](#)

Not applicable Documented request for information received from relative reporter: 00/00/0000 Date Letter Sent: 00/00/0000 OR: Date of Court Order Barring Disclosure: 00/00/0000

Licensing Notification

Not applicable Date Licensing/Regulatory Agency Notified: 00/00/0000

Birth to Three Referral Information

Alleged Victim: DOB: Referred

Initial Face-to-Face Contact Information

Initial Face-to-Face Must Occur By: 06/06/2024 11:59 PM [CPS Report 10056350](#) [Create Initial Face-to-Face Contact Note](#)

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

The Summary tab contains information that allows the user to Describe the agency's efforts to respond to any safety concerns, including in-home planning, out of home placements, or collaboration with community partners, such as law enforcement or medical professionals. Describe any interventions put in place, service referrals made, and recommendations for future services.

The CPS Response group box should include information that outlines and describes the agency's response to safety concerns. This can include but not limited to:

- Collaborative efforts with law enforcement, medical providers, or other formal service providers
- working with the family, such as CLTS, CCS, etc.
- A brief description of the protective plan(s) and/or safety plans that were implemented during the IA process
- If TPC was taken, and why a voluntary plan was not possible
- Indicate if the child(ren) is in OHC placement at the conclusion of the initial assessment
- If no action was taken by the agency, what factors were in place that led the agency to that conclusion

This section should also include a description of services that were discussed with the family, referrals that were made, and services that family engaged in.

Reporter Feedback

Mandated Reporter	Relative Reporter
<input type="checkbox"/> Not applicable Date mandated reporter given feedback: <input type="text" value="00/00/0000"/> Create Mandated Reporter Letter	<input type="checkbox"/> Not applicable <input type="checkbox"/> Documented request for information received from relative reporter: <input type="text" value="00/00/0000"/> <input type="checkbox"/> Date Letter Sent: <input type="text" value="00/00/0000"/> OR Date of Court Order Barring Disclosure: <input type="text" value="00/00/0000"/>

The Mandated Reporter and Relative Reporter group box allows the user do document the date and create a Mandated Reporter Letter and the user can track relative reporter request including date of court order barring disclosure if applicable.

Birth to Three Referral

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 to the Birth to Three program. 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.

Initial Face-to-Face Contact Information

Initial Face-to-Face Contact Information			
Initial Face-to-Face Must Occur By:	06/20/2024 11:00 AM	CPS Report 9249518	Create Initial Face-to-Face Contact Note
Initial Face-to-Face Documented:			
Contact History			

Initial Face-to-Face Contact Information					
Initial Face-to-Face Must Occur By:	06/17/2024 11:59 PM	CPS Report 9249498	Create Initial Face-to-Face Contact Note		
Initial Face-to-Face Documented:	06/17/2024 10:00 AM	Case Note ID 9229819			
Contact History					
Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
9229819	Green, Apple			06/17/2024	06/17/2024 10:00 AM
9229819	Green, Pear			06/17/2024	06/17/2024 10:00 AM
9229819	Green, Peach			06/17/2024	06/17/2024 10:00 AM

This group box allows the user to toggle the Contact History expando which will display case notes associated with the assessment.

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

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

Case Notes Print Help

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: **Category:** View Inactive Participants

Begin Time: **Type:** **Participants:**

End Time: **Type Detail:**

Duration: **Face-to-Face Location:** **Face-to-Face Result:**

Billable Hold down the 'Ctrl' key for multi-selection
[Add Contacts](#)

Narrative [Details](#) [Create Structured Case Note](#)

Assessment Contact Information

Assessment Contact Information

Begin Date:

Name	Affiliation	Title	Contact Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Review (after approval)

Assessment	Report
Name: [Redacted] Assessment ID: [Redacted] Status: Result: Substantiated Type: IA Secondary or Non-Caregivers	Date: 05/23/2024 Response Time: Within 5 business days

Participants ICWA/WICWA Determinations Summary Reviews

Name	Gender	DOB	Age	Race	ICWA Record	Roles	Edit Roles	Child/Youth	Adult/Parent	N/A
[Redacted]	Female					HM-PR-RN		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[Redacted]	Male	12/12/1985	38	Asian		AM-HM-PR		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[Redacted]						RP		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
[Redacted]	Female	01/01/2008	16	American Indian/Alaska Native	View	AV-HM		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Redacted]	Male	03/12/2024	0	White	View	AV-HM		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Options: Approval Go Save Close Insert

The Reviews tab is used to document the Substantiated findings which allows the Substantiated Maltreater the right to Appeals process. This page allows the worker to create a text notification that is tracked and sent to the Substantiated Maltreater. Response due date is auto calculated and displayed. Please see the Notice of Initial Determination of Child Abuse and/or Neglect and Right to Request a Review user guide for additional information.

Documenting a Serious Incident Notification

- 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.

eWiSACWIS WAS9 Screenshot Print

Basic

Case: [Green_Apple_9226959](#) Tracking No: 8002239 Status: Pending

County

Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Name - County or State Agency: Portage County Health and Human Services Department

Name - Agency Contact Person:

Title: Phone: Ext:

Case Name (Last, First, MI): Green, Apple Case ID: 9226859

Date of Incident: 00/00/0000 Number of Children Involved in This Incident: 2

Check all that apply:

Serious injury, as determined by a physician Death / Alleged maltreatment

Egregious incident Death / Alleged suicide in out-of-home care

Child Information

Name	Gender	DOB	Age	Race
Green_Apple_9235502	Male	01/18/1975		White
Green_Pear_9235504	Female	01/14/2015		White

Case Status at Time of Incident

Check one to describe:

Sending the Completed Assessment for Approval

Approval History

Document Information

Case: Apple Green

Type: Assessment

Date: 06/18/2024

Approval Decision

Approve Reroute Recall/Return Not Approve