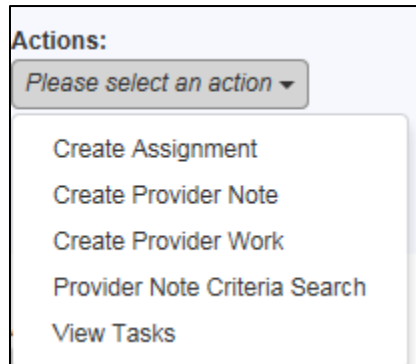


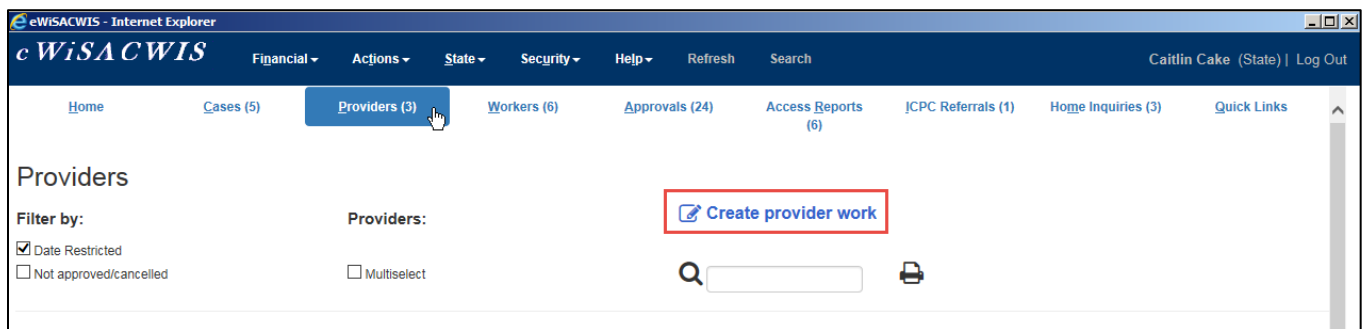
## Denied Foster Home License

**Note:** In order to document a denied license, an assignment to the provider is needed.

1. Once there has been a screened in Home Inquiry, make sure the provider is listed on your desktop under the Providers expando. If the provider is not on your desktop, see your supervisor for assignment.



2. From the desktop, go to the Provider tab and click the Create Provider Work hyperlink [Create provider work](#) or select Create Provider Work from the Actions drop-down next to the specific provider to open the Create Provider Work page..



3. On the Create Provider Work page, select Licensing Activity from the License drop-down and select the appropriate Provider. Click the Create button to open the Licensing page.

Create Provider Work - Internet Explorer

**eWiSACWIS** Print Help

### Create Provider Items

- Administrative
- Check
- Imaging
- License **Licensing Activity**
- Maintenance
- Narrative
- Payment
- Support Plans
- Unlicensed Complaint

### Providers

- Adesso, Anna (9221457)
- Ahrens, Rose (9221215)
- Amundson, Sherry-Lynn (9221463)
- Antoniewicz, Katie (9221596)
- Balderaz, Christina (9221351)
- Barry, Kathleen (9222605)
- Batzler, Lois (9221693)
- Bennin, Sarah (9221456)
- Bing, Barbarra (9221491)
- Bird, Larry (9221016)
- Boldt, Tammy (9221366)
- Bolin, James (9221425)
- Borud, Rebecca (9222205)
- Bowman, Joan (8011672)
- Brendel, Debbie (8058592)
- Bretz, Jennifer (8084793)
- Brian Schaefer (8042370)
- Brickner, Angela (8013468)
- Brooks, Rebecca (8044910)
- Brown, Krista (8047820)
- Brown, LeRoy (9221465)

Create Close

**Note:** The Birth Date, Race(s), and Ethnicity for Parent 1 and Parent 2 must be documented before a license can be created, otherwise the Validation Errors message will appear.

**Errors (1)**

- There is demographic information missing for Parent 1. Please check the Person Management record and update the Birth Date, Race, and/or Ethnicity field(s).

- The Licensing page will open with the Application Activity tab. In the Basic group box, the Home field is a hyperlink to the provider's Home Provider page. Clicking the hyperlink allows you to update the Home Provider page. The Licensing page will then refresh to retrieve any updated information that may have been documented on the Home Provider page.

eWiSACWIS

TM

Print

Help

Basic

Home:Farmer, Sally (9221682)

Worker:Caitlin C. Cake

Designated County:Milwaukee

Completion Date:

Status:Pending

Licensing Agency:BMCW - CSSW

Application Activity

Application Activity

Application Status:

Application Type:

Date Application Provided to Family:

Date Signed Application Received:00/00/0000

Date Completed Application Received:00/00/0000

Decision:Pending

Decision Date:00/00/0000

Rehab Review

☐

Options:

Go

Save

Close

- Select the Application Status, Application Type, and then document the Date Application Provided to Family and the Date Completed Application Received.

**Note:** The Date Application Provided to Family refers to the date the paper application for foster care was provided to the family. The Date Completed Application Received refers to the date the licensing agency received the paper application, conducted interviews, completed background checks, and gathered all of the information from the applicant in order to make a licensing decision.

eWiSACWIS

TM

Print

Help

Basic

Home:Farmer, Sally (9221682)

Worker:Caitlin C. Cake

Designated County:Milwaukee

Completion Date:

Status:Pending

Licensing Agency:BMCW - CSSW

Application Activity

Application Activity

Application Status:Initial

Application Type:Foster Care

Date Application Provided to Family:12/01/2022

Date Signed Application Received:00/00/0000

Date Completed Application Received:00/00/0000

Decision:Pending




Decision Date:00/00/0000

Rehab Review☐

Options:Go

SaveClose

6. In the Decision drop-down, select Denied. Enter the Decision Date.

**eWiSACWIS** TM  Print  Help 

---

**Basic**

Home: [Farmer, Sally \(9221682\)](#) Worker: Caitlin C. Cake Designated County: Milwaukee  
 Completion Date: Status: Pending  
 Licensing Agency: BMCW - CSSW

---

**Application Activity**

---

**Application Activity**

Application Status: Initial Application Type: Foster Care  
 Date Application Provided to Family: 12/01/2022 Date Signed Application Received: 00/00/0000  
 Date Completed Application Received: 00/00/0000  
 Decision: Denied Decision Date: 02/03/2023  
 Rehab Review ☐

---

**Denial Reasons**

Denial Reason	Narrative	
<span>Criminal background</span>	<div>Enter data here...</div>	<a href="#">Delete</a> Row 1 of 1

Licensing Code Citation: 56.05 Licensee qualifications [Code Citation](#)

Licensing Subcode Citation: 56.05(1)(a) 1. PERSONAL REQUIREMENTS AND BACKGROUND.

[Insert](#)

---

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

- In the Denial Reasons group box, select the Denial Reason, enter Narrative for the denial reason, and select the Licensing Code Citation and licensing Subcode Citation. If you are unsure of the exact code citation, select the [Code Citation](#) hyperlink. This will bring you to the DCF 56 Administrative Code. If additional code citations exist, click the Insert button.
- Selecting the following combination of citations: "Licensing Code Citation: 56.05 Licensee Qualifications" and "Licensing Subcode Citation: 56.05(1)(c) 1. C. Personal Requirements and Background", will display a yes or no question above the "Denial Reasons" group box.

**Note:** The question, "Does the placement(s) in the home continue to be safe and appropriate?", displays when the "Is the decision to withdraw the license application due to license refusal or refusal to cooperate with the licensing agency, such as providing documents?" question is answered with "No" value and the child is in an open Kinship Care-Court ordered placement OR

the Decision dropdown value is “Denied” and the Licensing Code Citation and Licensing Sub code Citation values selected in the Denial Reasons are those noted above.

eWiSACWIS

TM Print Help

Basic

Home:Farmer, Sally (9221682)

Worker:Caitlin C. Cake

Designated County:Milwaukee

Completion Date:

Status:Pending

Licensing Agency:BMCW - CSSW

Application Activity

Application Activity

Application Status:Initial

Application Type:Foster Care

Date Application Provided to Family:12/01/2022

Date Signed Application Received:00/00/0000

Date Completed Application Received:00/00/0000

Decision:Denied

Decision Date:02/03/2023

Rehab Review☐

☐ Yes ☐ No

Does the placement(s) in the home continue to be safe and appropriate?

Denial Reasons

Denial ReasonCriminal background

NarrativeEnter data here...

Delete

Row 1 of 1

Licensing Code Citation56.05 Licensee qualifications

Code Citation

Licensing Subcode Citation56.05(1)(c) 1. c. PERSONAL REQUIREMENTS AND BACKGROUND.

Insert

Options:

Go

SaveClose

If “No” is selected for the question “Does the placement(s) in the home continue to be safe and appropriate?”, then the following alert message will appear:

## Confirmation

An agency caseworker has indicated that the placement(s) may no longer continue to be safe and appropriate. The agency with placement and care responsibility shall consider a change of placement, and must terminate the Court Ordered Kinship Care payments under Ch. 48.57(3m)(ap)3. Wi. Stat.

Close

9. Selecting certain Licensing Subcode Citations will require the documentation of a Negative Action. After selecting a Licensing Subcode Citation of 56.05(1)(a)3 and the Licensing page with Denied decision is saved, the Negative Action page will automatically be displayed.

**Negative Action** Print Help

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**Agency Taking Negative Action**

License / Certification Type:	Foster Home	Action Taken:	Denial
Agency Taking Negative Action:	BMCW - CSSW	Agency Type:	County
Name of Contact Person:	<input type="text" value="Caitlyn C. Cake"/>	Title:	<input type="text" value="Foster Care Licensing"/>
Email Address:	<input type="text"/>	Telephone:	<input type="text" value="(111)222-3333"/> Ext: <input type="text"/>

---

**Parent 1**

Name:	<a href="#">Farmer, Sally</a>	SSN:		Birthdate:	08/15/1972
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**Substantiated Finding of CAN**

Date:	<input type="text" value="02/10/2023"/>	Status Requested:	<input type="text" value="Add New Record"/>	<a href="#">Delete</a>	Row 1 of 1
<input type="button" value="Insert"/>					

---

**Criminal Conviction**

Date:	<input type="text" value="12/01/2022"/>	Status Requested:	<input type="text" value="Modify Previous Record"/>	<a href="#">Delete</a>	Row 1 of 1
Cite statute(s) indicating specific crime(s): <input type="text" value="123.4(5)"/> <a href="#">Foster Care Bars</a>					
<input type="button" value="DCF Review"/>					

---

Enter the Name, Title, Email Address, and Telephone number of the contact person for the Negative Action. For each person with a role of Parent 1, Parent 2, or Licensee click the Insert button in the applicable group box(es) to document the Substantiated Finding of CAN, Criminal Conviction, and/or the Misappropriation of Client's Property. Click Save and Close to return to the Licensing page.

After the Negative Action page has been completed and the Denial is approved, DCF will receive the Negative Action notice electronically.

**Note:** The Negative Action page can be updated at any time after the approval.

10. After Denial Reasons have been entered, select the License Denial Letter from the Options drop-down and click Go. This will open the License Notification page.

**Note:** There is a [Negative Action](#) hyperlink at the top right of the page. Clicking this hyperlink takes you to the Negative Action page.

The screenshot displays the eWiSACWIS application interface. At the top, the header includes the logo and navigation links (TM, Print, Help). The main form is divided into sections: Basic, Application Activity, and Denial Reasons. The Basic section contains fields for Home (Farmer, Sally (9221682)), Worker (Caitlin C. Cake), Designated County (Milwaukee), Completion Date, Status (Pending), and Licensing Agency (BMCW - CSSW). A red box highlights the 'Negative Action' link in the Status field. The Application Activity section shows a Decision of 'Denied' and a Decision Date of '02/03/2023'. The Denial Reasons section includes a table with one row containing 'Criminal background' as the Denial Reason and 'Enter data here...' as the Narrative. Below this, there are fields for Licensing Code Citation (56.05 Licensee qualifications) and Licensing Subcode Citation (56.05(1)(a) 3. PERSONAL REQUIREMENTS AND BACKGROUND.). A red box highlights the 'License Denial Letter' option in the Options dropdown menu at the bottom left. Other buttons like 'Go', 'Save', and 'Close' are also visible.

**eWiSACWIS** TM Print Help

**Basic**

Home: [Farmer, Sally \(9221682\)](#) Worker: Caitlin C. Cake Designated County: Milwaukee  
Completion Date: Status: Pending [Negative Action](#)  
Licensing Agency: BMCW - CSSW

**Application Activity**

Decision: Denied Decision Date: 02/03/2023  
Rehab Review ☐

**Denial Reasons**

Denial Reason	Narrative	
Criminal background	Enter data here...	Delete Row 1 of 1

Licensing Code Citation: 56.05 Licensee qualifications [Code Citation](#)



Licensing Subcode Citation: 56.05(1)(a) 3. PERSONAL REQUIREMENTS AND BACKGROUND.

Options: Actions Approval Letters [License Denial Letter](#) Go Save Close



11. On the License Notification page, click the Insert button. Then click the [Edit](#) hyperlink to open the letter.

**eWiSACWIS**

Print  Help 

Provider:  
License Type:  
Document Type:

Farmer, Sally  
Foster Care - DCF 56  
License Denial Letter

Provider Participants:

Sally Farmer  
George Farmer

Parent 1  
Parent 2

**History**

Date Created	Sent		
02/10/2023	<input type="checkbox"/>	<a href="#">View</a>	<a href="#">Delete</a>

Insert

Save

Close

Close

February 10, 2023

Sally Farmer and George Farmer  
800 West Chemistry Way  
Allouez, WI 54301

Dear Sally Farmer and George Farmer:

This letter shall serve as official notice that your application for a foster care license pursuant to Ch. DCF 56, Adm. Code, is **denied**.

The reason for the denial is:

56.05(1)(a) 3. Enter data here...  
PERSONAL  
REQUIREMENTS AND  
BACKGROUND.

Should you wish to appeal this denial decision, you must submit a written request for a fair hearing which must be received by the Division of Hearings and Appeals within fifteen (15) days of this notice as stated above, to:

A request for a hearing may be mailed to:  
Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

Faxed to (608) 264-9885; or

Delivered to:  
Division of Hearings and Appeals  
4822 Madison Yards Way  
Madison, WI 53705

Should you have any questions, please contact me at (123) 456-7890.

Sincerely,

Caitlin C. Cake, Program Manager

License Denial Letter  
DCF-F-CFS2326 (R. 04/2018)

**Note:** The Licensing page must first be saved before the reason for denial information will pre-fill.

12. Click Close. This will return you to the License Notification page. Check the Sent checkbox, if applicable. Click Save. Click Close to return to the Licensing page.

13. Select Approval from the Options drop-down and click Go. Select the Approve radio button on the Approval History page and click Continue. Back on the Licensing page, click Save and Close.

eWiSACWIS

TM ⓘ Print ⓘ Help ⓘ

Basic

Home:Farmer, Sally (9221682)

Worker:Caitlin C. Cake

Designated County:Milwaukee

Completion Date:

Status:Pending

Negative Action

Licensing Agency:BMCW - CSSW

Application Activity

Decision:Denied ▾

Decision Date:02/03/2023

Rehab Review☐

Denial Reasons

Denial ReasonCriminal background ▾

NarrativeEnter data here...

Delete

Row 1 of 1

Licensing Code Citation56.05 Licensee qualifications ▾

Code Citation

Licensing Subcode Citation56.05(1)(a) 3. PERSONAL REQUIREMENTS AND BACKGROUND. ▾

Insert

Options:

Actions

Approval

Letters

License Denial Letter

Go

Save

Close