

# Confirming Safe Environments

**Note:** In order to create a Confirming Safe Environments (CSE), an assignment to the case is needed.

**Note:** There are three different types of CSEs: Licensed Foster Homes, Unlicensed Placements, and Group Homes and Residential Care Centers (RCCs). In order to create a CSE, the following three steps are the same for each type of CSE.

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 Confirming Safe Environments (CSE) from the Safety drop-down. Select the appropriate Case Participant for the Case and click Create to open the Placement Selection page.

**eWiSACWIS**

Print

Help

Create Case Items

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Confirming Safe Environments (CSE)

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Cases

Kellogg, Kathy B. (9222251)

Kellogg, Kathy B. (9223113)

Kellogg, PermPlanCPC (9222461)

Kellogg, PermPlanSG (9222460)

Kid, Test (9222389)

King, Kitty (9222658)

Kinship, Vol (9222235)

Kiwi, Kristin (9223796)

Kiwi, Mom (9223314)

Kristina, Sandwich (9221586)

Lake, Lisa A. (20254)

Lamerica, Rita A. (9223897)

Langlade, CourtReport (9221101)

Larsson, Agnes J. (9221735)

Lee, Linda (20240)

Lemon, Edo V. (9222673)

Lemon, Emme (9222682)

Lemon, Emme (9222682)

Case Participants

Abby, Amy, Biological Child (9221780)

Abby, Andy Ann, Biological Child (9224770)

Adams, Cheryl A., Non-Relative (9221950)

Allen, Angie, Biological Child (9222356)

Allen, Erin, Biological Child (9222335)

Allen, Kelly R., Biological Child (9222029)

Allen, Michelle A., Biological Child (9222116)

Allen, Pat E., Present Spouse (9222031)

Allen, Sarah S., Staff (9222032)

Allen, Victor, Biological Child (9222280)

Brown, Jamie, Biological Child (9223454)

Brown, Julie, Other (9223401)

Brown, Kathy, Other Relative (9221754)

Gileagle, Lee, Other (21010)

Kellogg, Cale, Biological Child (9224635)

Create

Close

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3. On the Placement Selection page, select the placement to associate the Confirming Safe Environments to. Each record in the Placement Selection section indicates the Provider Name, Placement Begin Date, Placement End Date, and if the CSE has already been completed. Click the Create button to open the Confirming Safe Environments page.

Placement Selection - Internet Explorer

**eWiSACWIS** Print Help

**Placement Selection for: Cale Kellogg**

Select	Provider Name	Placement Begin Date	Placement End Date	CSE Completed
<input type="checkbox"/>	KimFour Raddison	01/01/2007		No

Create Close

**Note:** The Confirming Safe Environments Selection section will display when a selection is made in the Placement Selection section and an associated CSE for that provider has been made in error. Select the View hyperlink to view the CSE that has been made in error. Select the Copy hyperlink to create a copy of the made in error CSE or choose the Create button to create a new CSE record.

## Licensed Foster Home Placement and Unlicensed Placement

1. When the Confirming Safe Environments - Foster Home - Licensed (or Unlicensed) page opens, the General Information section displays pre-filled fields including Child and Provider. Click the child's name and Person ID hyperlink to open the Person Management page for the child. Click the provider's name and provider ID hyperlink to launch the related Home Provider page. The Type of Placement displays the Placement Setting, and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments - Foster Home - Licensed (or Unlicensed) page is the Confirming tab. This tab displays general information about the child's placement, and records information on contact and provider home visits, CANS, background checks, the provider's relationship to the child, and knowledge and skills of the placement provider. In the Confirming Safe Environments at the Initiation of Placement section, enter the appropriate Initial Placement Provider Contact, Initial Placement Home Visit, and Subsequent Placement Home Visit dates.
3. The Child & Adolescent Needs & Strengths (CANS) section will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

### General Information

Child: <a href="#">Kellogg, Cale (9224635)</a>	Provider: <a href="#">KimFour Raddison (9221244)</a>
Type of Placement: Fstr Fam Hm (Non-Rel)	Placement Begin Date: 01/01/2007 Placement End Date:

Confirming

Placement Danger Threats

Risk Assessment / Management

### Confirming Safe Environments at the Initiation of Placement

Initial Placement Provider Contact: 01/08/2021	Initial Placement Home Visit: 01/08/2021	Subsequent Placement Home Visit: 00/00/0000
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### Child & Adolescent Needs & Strengths (CANS) (if results are available)

Child's Assessed Level of Need (LON):	Provider Level of Care (LOC):
Date of CANS:	Child/Provider Match:

Options:  Go Save Close

4. In the Background Checks section, select the Yes or No radio button to indicate whether “An adult in the home has a criminal record (CCAP check)” and enter the appropriate date in the Date Completed field. If Yes is selected, enter a narrative in the required Results and “Describe and justify why this caregiver is able to provide safe, stable care for this child” text fields display.

**Note:** Click the [Consolidated Court Automation Programs \(CCAP\)](#) hyperlink to launch the associated website.

Select the Yes or No radio button to indicate if “An adult in the home has background check information.” If Yes is selected, then select the appropriate radio button to indicate whether there are concerns based on the background information.

Confirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

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**General Information**

Child: <a href="#">Kellogg, Cale (9224635)</a>	Provider: <a href="#">KimFour Raddison (9221244)</a>
Type of Placement: Fstr Fam Hm (Non-Rel)	Placement Begin Date: 01/01/2007 Placement End Date:

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**Confirming** Placement Danger Threats Risk Assessment / Management

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**Background Checks**

An adult in the home has a criminal record (CCAP check): ☒ Yes ☐ No Date Completed: 01/01/2021

Results:  
[Consolidated Court Automation Programs \(CCAP\)](#)

Describe and justify why this caregiver is able to provide safe, stable care for this child.

An adult in the home has background check information: ☒ Yes ☐ No

When an adult in the home has background check information in his/her history, does the agency have concerns regarding that information?

☐ Concerns based on background information. ☐ No concerns based on background information.

Options:  Go Save Close

5. In the Provider Relationship to the Child section, select the Yes or No radio button to the question. If Yes is selected, two drop-downs display to indicate the relative type. The first drop-down is not required, but the second drop-down is required.

Confirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Kellogg, Cale \(9224635\)](#) Provider: [KimFour Raddison \(9221244\)](#)  
Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/01/2007 Placement End Date:

**Confirming** [Placement Danger Threats](#) [Risk Assessment / Management](#)

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☒ Yes ☐ No

Relative Type:

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

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

If No is selected, then an additional question displays with Yes and No radio buttons.

**Provider Relationship to the Child**

This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. ☐ Yes ☒ No

If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family. ☐ Yes ☐ No

If the placement is a relative or has a previous existing relationship with the child, family or child and family, describe the relationship in terms of the caregiver's motivation to provide care, the caregiver's view of the child and the caregiver's understanding of the need for care (address all potential caregivers in the home).

Describe the child's response to this placement home and the caregiver (address all potential caregivers in the home).

6. In the Knowledge and Skills of Placement Provider section, select the Yes or No radio button.

**Knowledge and Skills of Placement Provider**

Does the placement provider need to acquire any special skills or knowledge to meet the needs of the child and handle the behaviors of the child in a safe manner? If "Yes", describe. ☒ Yes ☐ No

7. Enter appropriate narratives in the required text fields.

8. Click the Placement Danger Threats tab. Select the Yes or No radio button for each placement danger threat. If Yes is selected for any placement danger threat, provide a narrative in the required text field that displays.
9. Hover over the Details flare next to a placement danger threat to display the definition specific to the item.

Confirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Kellogg, Cale \(9224635\)](#) Provider: [KimFour Raddison \(9221244\)](#)  
 Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/01/2007 Placement End Date:

**Confirming** **Placement Danger Threats** **Risk Assessment / Management**

Out-of-home care provider or others in the home are violent or out of control (if "Yes", describe). [Details](#) ☐ Yes ☒ No

Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations (if "Yes", describe). [Details](#) ☐ Yes ☒ No

Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee (if "Yes", describe). [Details](#) ☐ Yes ☒ No

Out-of-home care provider communicates or behaves in ways that suggest that she / he may fail to protect the child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect the child from potentially serious harm (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Child has exceptional needs or behaviors which the out-of-home care provider cannot or will not meet or manage (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Child is profoundly fearful or anxious of the home situation (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider's drug or alcohol use appears to or could seriously affect his / her ability to supervise, protect or care for the child (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his / her ability to supervise, protect or care for the child (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider's physical health or physical condition appears to or could seriously affect his / her ability to supervise, protect or care for the child (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider sees the child as responsible for the problem (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider justifies the parent's behavior; believes the parent is responsible for the problem (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider indicates the child deserved what happened (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan (if "Yes", describe). [Details](#) ☒ Yes ☐ No

**A Placement Danger Threat has been selected above; please answer the following question.**  
 The court continued placement despite an identified Placement Danger Threat. If "Yes", describe the plan to ensure a safe environment for the child. ☐ Yes ☐ No

Options:

10. A message displays the first time a Yes is selected for a placement danger threat. Click the Close button.

**Confirmation**

You have selected "Yes" to one or more placement danger threats. The child is unsafe in the environment and another placement should be pursued.

11. When one or more placement danger threat has been selected on the page, select either Yes or No for “The court continued placement despite an identified Placement Danger Threat. If ‘Yes’, describe the plan to ensure a safe environment for the child” question. If Yes is selected, enter a narrative in the related text box.

A Placement Danger Threat has been selected above; please answer the following question.

The court continued placement despite an identified Placement Danger Threat. If “Yes”, describe the plan to ensure a safe environment for the child.

☒ Yes ☐ No

12. Click the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors in the Other Minors in Out-of-Home Placement section. If Yes is selected for any of the behaviors, enter a narrative in the required field that displays.

Confirming Safe Environments - Foster Home - Licensed - Internet Explorer

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eWiSACWIS

TM Print Help

### General Information

Child: [Kellogg, Cale \(9224635\)](#)

Provider: [KimFour Raddison \(9221244\)](#)

Type of Placement: Fstr Fam Hm (Non-Rel)

Placement Begin Date: 01/01/2007

Placement End Date:

Confirming

Placement Danger Threats

Risk Assessment / Management

### Other Minors in Out-of-Home Placement

Note: “Minors” include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.

Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If “Yes” to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: Children are known to have a history of violence: ☐ Yes ☐ No

Sexually abusive behaviors: Children within the placement home are known to victimize other children physically or sexually: ☐ Yes ☐ No

Other behaviors: Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.): ☐ Yes ☐ No

Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If “Yes” to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☐ Yes ☐ No

Sexually abusive behaviors: ☐ Yes ☐ No

Other behaviors (mental health or AODA issues, fire settings, etc.): ☐ Yes ☐ No

### Risk Management Plan

Check all that will be provided or will occur to manage risk.

☐ Additional or special training for placement providers:

☐ Additional contact by agency or other providers:

☐ Rearrange living environment:

☐ Closer supervision of children by caregivers:

☐ Additional house rules:

☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

Options:

13. In the Risk Management Plan section, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field that displays.

**Risk Management Plan**

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:  
Describe below.

☒ Additional contact by agency or other providers:  
Describe below.

☐ Rearrange living environment:  
☐ Closer supervision of children by caregivers:  
☐ Additional house rules:  
☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

14. Click the Save button to save the information entered on the page.

15. Launch the associated CSE template by selecting Confirming Safe Environments from the Options drop-down (from any tab). Click the Go button.

Confirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Kellogg, Cale \(9224635\)](#) Provider: [KimFour Raddison \(9221244\)](#)  
Type of Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 01/01/2007 Placement End Date:

**Confirming** **Placement Danger Threats** **Risk Assessment / Management**

**Other Minors in Out-of-Home Placement**

Note: "Minors" include but are not limited to birth or adoptive children of the placement providers, other children in placement and children receiving day care services.  
Do behaviors of other minors in the Out-of-Home Placement present a concern for this placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)  
Aggressive behaviors: Children are known to have a history of violence: ☐ Yes ☐ No  
Sexually abusive behaviors: Children within the placement home are known to victimize other children physically or sexually: ☐ Yes ☐ No  
Other behaviors: Children within the placement home have mental health, AODA or other behaviors (fire setting, etc.): ☐ Yes ☐ No  
Do behaviors of this child present a concern for other minors in the Out-of-Home Placement? (If "Yes" to any of the following proceed to the Risk Management Plan section.)  
Aggressive behaviors: ☐ Yes ☐ No  
Sexually abusive behaviors: ☐ Yes ☐ No  
Other behaviors (mental health or AODA issues, fire settings, etc.): ☐ Yes ☐ No

**Risk Management Plan**

Check all that will be provided or will occur to manage risk.

☐ Additional or special training for placement providers:  
☐ Additional contact by agency or other providers:  
☐ Rearrange living environment:  
☐ Closer supervision of children by caregivers:  
☐ Additional house rules:  
☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

Options: **Actions**  
Approval  
Text  
Confirming Safe Environments **Go**

**Save** **Close**








16. Hover the cursor near the top of the page to make the Print icon visible. Click the Print icon to print the CSE template. Click the Close button to close the CSE template and return to the CSE page.

BIRT PDF Document - Internet Explorer

**eWiSACWIS**

Close

### Confirming Safe Environments Unlicensed Placements and Foster Care Placements

Name - Child (Last, First Middle)  
Kellogg, Cale

Placement Information  
KimFour Raddison, Fstr Fam Hm (Non-Rel), 01/01/2007

A. Confirming Safe Environments at the Initiation of Placement		
Date - Initial Placement Provider Contact 01/08/2021	Date - Initial Placement Home Visit 01/08/2021	Date - Subsequent Placement Home Visit
1. Child and Adolescent Needs and Strengths (CANS) (if results are available) Date of CANS		
Child's Assessed Level of Need (LON)		Provider Level of Care (LOC)
Child / Provider Match		
Describe below.		
2. Background Checks		
<input checked="" type="checkbox"/> No adult in the home has background check information. <input type="checkbox"/> An adult in the home has background check information.		
When an adult in the home has background check information in his / her history, does the agency have concerns regarding that information?		
<input type="checkbox"/> No concerns based on background information. <input type="checkbox"/> Concerns based on background information.		
3. Provider Relationship to the Child		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No This placement is the child's relative as defined by 48.02(15) or 938.02(15), Wis. Stats. Relative type		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If not a relative, does the caregiver have a previous existing relationship with the child, family or child and family? If "Yes", describe the previous existing relationship with the child, family or child and family.		

17. To approve the CSE, select Approval from the Options drop-down (from any tab) and click the Go button. On the Approval History page, select the Approve radio button in the Approval Decision section and click the Continue button to return to the Confirming Safe Environments - Foster Home - Licensed page. On the Confirming Safe Environments - Foster Home - Licensed page, click the Save and then Close buttons.

Options:

Actions

Approval

Text

Confirming Safe Environments

Go

18. Once saved, the Confirming Safe Environments can be viewed and accessed via the outlier for the case.  
Click View case information, Safety, and the appropriate hyperlink to open the corresponding CSE.

**Kellogg, Kathy B. (9222251) Restricted Case**

**Case details:**  
CPS Family - Initial Assessment  
ERO-Bethany CS  
Open OHP exists for associated participant(s)

**Case address:**  
751 Corn Flakes Drive  
Abbotsford, WI 54405

**Primary worker:**  
Supervisor, Partnership  
[spoonm@dhfs.state.wi.us](mailto:spoonm@dhfs.state.wi.us)

**Actions:**  
[Please select an action ▼](#)

**View case information**

Access Reports

Assessments

Assets and Income

Assignments

Background Checks

Case/Permanency Plan

Eligibility

ICPC

ICWA

Legal

Narratives

Payments

Permanency Consultation

Placements

Planning

Related People

Safety

Serious Incident Notification

Services

**Safety**

Images (1)

<a href="#">Confirming Safe Environments</a>	11/01/2007	Kellogg, Kelly	KimFour Raddison	Approved
<a href="#">Confirming Safe Environments</a>	01/01/2007	Kellogg, Cale	KimFour Raddison	Pending
<a href="#">Protective Plan</a>	10/19/2015			
<a href="#">Safety Assessment, Analysis and Plan</a>		Unsafe		
<a href="#">Safety Assessment, Analysis and Plan</a>		Unsafe		
<a href="#">Safety Assessment, Analysis and Plan</a>	12/31/2012	Unsafe		
<a href="#">Safety Assessment, Analysis and Plan</a>	11/29/2010	Unsafe		
<a href="#">Safety Assessment, Analysis and Plan</a>	11/28/2010	Unsafe		

## Group Home, GH - QRTP, Residential Care Center (RCC), or RCC - QRTP Placements

1. When the Confirming Safe Environments - Group Home / RCC page opens, the General Information section displays pre-filled fields including Child and Provider. Click the child's name and Person ID hyperlink to open the Person Management page for the child. Click the provider's name and provider ID hyperlink to launch the related Private Provider page. The Type of Placement displays the Placement Setting, and the Placement Begin Date and Placement End Date display the related fields from the associated Out of Home Placement. If the placement is currently open, the Placement End Date field is blank.
2. The first tab of the Confirming Safe Environments - Group Home / RCC page is the Confirming tab, which displays general information about the placement contact and CANS. In the Confirming Safe Environments at the Initiation of the Placement section, enter the appropriate Initial Placement Provider Contact date. The Child & Adolescent Needs & Strengths (CANS) section will pre-fill from the CANS associated with the placement (if results are available).

Confirming Safe Environments - Group Home / RCC - Internet Explorer

**eWiSACWIS** TM Print Help

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**General Information**

Child: <a href="#">Jefferson, Lilly (9226194)</a>	Provider: <a href="#">Madison RCC (9221219)</a>	
Type of Placement: RCC	Placement Begin Date: 01/02/2012	Placement End Date: 12/31/2012

**Confirming** **Risk Assessment / Management**

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Provider Contact: 01/08/2021

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON):	Provider Level of Care (LOC):
Date of CANS:	Child/Provider Match:
<div></div>	
Describe the facility's capacity to meet the child's needs based on his/her assessed LON.	
<div></div>	

Options:

- Click the Risk Assessment/Management tab. Select the Yes or No radio button for each of the behaviors in the Other Minors in Out-of-Home Placement section. If Yes is selected for any of the behaviors, proceed to the Risk Management Plan section.
- In the Risk Management Plan section, check all the items that apply. If an item is checked, enter an appropriate description in the required narrative text field that displays.

### General Information

Child: [Jeffersson, Lilly \(9226194\)](#)

Provider: [Madison RCC \(9221219\)](#)

Type of Placement: RCC

Placement Begin Date: 01/02/2012

Placement End Date: 12/31/2012

Confirming

Risk Assessment / Management

### Other Minors in Out-of-Home Placement

Do behaviors of other minors in the Out-of-Home Placement present a concern for this child? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: Children are known to have a history of violence: ☒ Yes ☐ No

Sexually abusive behaviors: Children within the placement are known to victimize other children physically or sexually: ☐ Yes ☒ No

Other behaviors: Children within the placement have mental health, AODA or other behaviors (fire settings, etc.): ☐ Yes ☒ No

Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Aggressive behaviors: ☐ Yes ☒ No

Sexually abusive behaviors: ☐ Yes ☒ No

Other behaviors (mental health or AODA issues, fire settings, etc.): ☐ Yes ☒ No

### Risk Management Plan

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers:

Describe below.

☐ Additional contact by agency or other providers:

☐ Rearrange living environment:

☐ Closer supervision of children by caregivers:

☐ Additional house rules:

☐ Install special equipment (ramp, electrical generator, door alarm, etc.):

Options:

- Click the Save button to save the information entered on the page.

6. Launch the associated CSE template by selecting Confirming Safe Environments from the Options drop-down (from any tab). Click the Go button.

Confirming Safe Environments - Group Home / RCC - Internet Explorer

**eWiSACWIS** TM Print Help

### General Information

Child: <a href="#">Jeffersson, Lilly (9226194)</a>	Provider: <a href="#">Madison RCC (9221219)</a>
Type of Placement: RCC	Placement Begin Date: 01/02/2012      Placement End Date: 12/31/2012

Confirming

Risk Assessment / Management

### Confirming Safe Environments at the Initiation of Placement

Initial Placement Provider Contact: 01/08/2021

### Child & Adolescent Needs & Strengths (CANS) (if results are available)

Child's Assessed Level of Need (LON):	Provider Level of Care (LOC):
Date of CANS:	Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: 

Actions  
Approval  
Text  
Confirming Safe Environments

Go

Save

Close

7. Hover the cursor near the top of the page to make the Print icon visible. Click the Print icon to print the CSE template. Click the Close button to close the CSE template and return to the CSE page.

Close



### Confirming Safe Environments Group Home and Residential Care Center

Name - Child (Last, First Middle)

Jeffersson, Lilly

Placement Information

Madison RCC, RCC, 01/02/2012 - 12/31/2012

#### A. Confirming Safe Environments at the Initiation of Placement

Initial Placement Contact Date

01/08/2021

Child and Adolescent Needs and Strengths (CANS) (if results are available)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

Describe the facility's capacity to meet the child's needs based on his / her assessed LON.

#### B. Other Minors in Out-of-Home Placement

- a. Do behaviors of other minors in the Out-of-Home Placement present a concern for this child? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

☒ ☐ Aggressive behaviors. Children are known to have a history of violence.

☐ ☒ Sexually abusive behaviors. Children within the placement are known to victimize other children physically or sexually.

☐ ☒ Other behaviors. Children within the placement have mental health, AODA or other behaviors (fire settings, etc.).

- b. Do behaviors of this child present a concern for other minors placed in this facility? (If "Yes" to any of the following proceed to the Risk Management Plan section.)

Yes No

☐ ☒ Aggressive behaviors.

☐ ☒ Sexually abusive behaviors.

☐ ☒ Other behaviors (mental health or AODA issues, fire settings, etc.).

#### C. Risk Management Plan

Check all that will be provided or will occur to manage risk.

☒ Additional or special training for placement providers. Describe below.

- To approve the CSE, select Approval from the Options drop-down (from any tab) and click the Go button. On the Approval History page, select the Approve radio button in the Approval Decision section and click the Continue button to return to the Confirming Safe Environments - Group Home / RCC page. On the Confirming Safe Environments - Group Home / RCC page, click the Save and then Close buttons.

Confirming Safe Environments - Group Home / RCC - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Jeffersson, Lilly \(9226194\)](#) Provider: [Madison RCC \(9221219\)](#)  
 Type of Placement: RCC Placement Begin Date: 01/02/2012 Placement End Date: 12/31/2012

**Confirming** Risk Assessment / Management

**Confirming Safe Environments at the Initiation of Placement**

Initial Placement Provider Contact: 01/08/2021

**Child & Adolescent Needs & Strengths (CANS) (if results are available)**

Child's Assessed Level of Need (LON): Provider Level of Care (LOC):  
 Date of CANS: Child/Provider Match:

Describe the facility's capacity to meet the child's needs based on his/her assessed LON.

Options: **Actions** Go Save Close  
 Approval  
 Text  
 Confirming Safe Environments

- Once saved, the Confirming Safe Environments can be viewed and accessed via the outlier for the case. Click View case information, Safety, and the appropriate hyperlink to open the corresponding CSE.

**Robert, Frye (9222238)**

Case details: CPS Family - Initial Assessment Milwaukee-Region 3 Case address: 3444 Forest Ridge Madison, WI 53704 Primary worker: Cake, Caitlin C. (Supervisor) (123) 456-7890 Ext. 1234 [ccake@wisconsin.gov](mailto:ccake@wisconsin.gov) Actions: Please select an action

**View case information**

Access Reports Assets and Income Assignments Case/Permanency Plan  
 Eligibility Legal Payments Placements  
 Planning Related People **Safety**

**Safety**

Link	Date	Child	Provider	Status
<a href="#">Confirming Safe Environments</a>	09/17/2012	Jeffersson, Inez	Zeus Auntie	Made in Error
<a href="#">Confirming Safe Environments</a>	01/02/2012	Jeffersson, Lilly	Madison RCC	Pending
<a href="#">Safety Assessment, Analysis and Plan</a>	02/10/2013	Unsafe		