

## Reconfirming Safe Environments

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

**Note:** There are three different types of RCSEs: Licensed Foster Homes, Unlicensed Placements, and Group Homes and Residential Care Centers (RCCs). In order to create an RCSE, the following 3 steps are the same for each type of RCSE.

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 and case participant. Click the Create button. This will open the Placement Selection page.

**eWiSACWIS**
Print Help

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### Create Case Items

Administration	<input type="text"/>	▼
Adoption	<input type="text"/>	▼
Agreements/Notices	<input type="text"/>	▼
Assessment	<input type="text"/>	▼
Case/Perm Plan	<input type="text"/>	▼
Education	<input type="text"/>	▼
Eligibility	<input type="text"/>	▼
ICPC	<input type="text"/>	▼
ICWA	<input type="text"/>	▼
Imaging	<input type="text"/>	▼
Legal	<input type="text"/>	▼
Narrative	<input type="text"/>	▼
Payment	<input type="text"/>	▼
Permanency Consult	<input type="text"/>	▼
Placement/Services	<input type="text"/>	▼
Planning	<input type="text"/>	▼
Safety	<input type="text" value="Confirming Safe Environments (CSE)"/>	▼
Safety Services	<input type="text"/>	▼
Strengths and Needs	<input type="text"/>	▼
Youth Justice	<input type="text"/>	▼

### Cases

**Abby, Anne A. (9221241)**

- Abby, Anne A. (9221335)
- Abby, Anne A. (9221757)
- Abby, Anne A. (9221886)
- Abby, Anne A. (9222722)
- Abby, Anne A. (9222723)
- Abby, Annie (9223153)
- Abby, Art J. (20273)
- Abby, Art J. (9221326)
- Abby, Art J. (9223376)
- Abby, Art (9221139)
- Abby, CopyEverything (9221271)
- Abby, Mom (9222547)
- Abelmann, Samantha (9222750)
- Ace, Willy (9222525)
- ACHild, AChild (9223976)
- Adams, CourtReport (9221180)

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### Case Participants

- Abby, Alice N., Adoptive Grandparent (700040)
- Abby, Amy, Biological Child (9224555)
- Abby, Andy Ann, Biological Child (9224770)
- Abby, Anne A., Reference Person (20999)
- Abby, Annie, Biological Child (9225444)
- Abby, baby, Birth Sibling (9224536)
- Abby, BoyOne, Biological Child (9224993)
- Abby, GirlOne, Biological Child (9224994)
- Abby, ICWA, Biological Child (9225337)
- Abby, Simon, Significant Other (9218548)
- Abbyie, Amber's A., Biological Child (9221747)
- Abelman, Andrea, Cousin (9221703)
- Addison, Jean, Aunt (9222741)
- Akoya, Father, Present Spouse (9222343)
- Akoya, Mother M., Other Relative (9222346)

Create Close

3. On the Placement Selection page, select the placement to associate the Reconfirming 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 Reconfirming Safe Environments page.

**Note:** In order to create a RCSE, an approved Confirming Safe Environment (CSE) must exist. The CSE Completed column indicates whether an approved CSE exists.

Placement Selection - Internet Explorer

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**Placement Selection for: Abigail A. Aardvark, III**

Select	Provider Name	Placement Begin Date	Placement End Date	CSE Completed
<input type="radio"/>	Arlene Apple	02/13/2015	10/22/2015	Yes
<input type="radio"/>	Andrew Aardvark	03/01/2014	06/02/2014	No

Create Close

## Licensed Foster Home Placement and Unlicensed Placement

1. When the Reconfirming 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 Reconfirming Safe Environments - Foster Home - Licensed (or Unlicensed) page is the Reconfirming tab. This tab displays general information about the child's placement, CANS, background checks, and Environment Evaluation. The Reconfirming Effective Date is required and cannot be prior to a previous Reconfirming Effective Date.
3. The Child & Adolescent Needs & Strengths (CANS) section will pre-fill from the CANS associated with the placement (if results are available).
4. In the Background Checks section, select the Yes or No radio button to indicate if an individual seventeen years of age or older moved into the current placement home. Then select the Yes or No radio button to the "An adult in the home has a criminal record (CCAP check)" question that displays and enter the appropriate date in the Date Completed field. If Yes is selected, enter narratives in the required Results and "Describe and justify why this caregiver is able to provide safe, stable care for this child" fields.

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

5. 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.

Reconfirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

### General Information

Child: <a href="#">Aardvark, Abigail A., III (9226560)</a>	Provider: <a href="#">Arlene Apple (9221925)</a>
Type of Initial Placement: Fstr Fam Hm (Non-Rel)	Placement Begin Date: 02/13/2015 Placement End Date: 10/22/2015

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

Reconfirming Effective Date: 10/20/2015 Current Placement Type: Fstr Fam Hm (Non-Rel)

### 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:

### Background Checks

When reconfirming a safe environment in a placement, background checks must be conducted on any adult that has moved into the identified placement home since the previous confirmation or reconfirmation of safety in the placement environment. Has an individual seventeen years of age or older moved into the current placement home? ☐ Yes ☒ No

An adult in the home has a criminal record (CCAP check): ☐ Yes ☒ No

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

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

Date Completed: 10/28/2015

Options:  Go Save Close

6. In the Environment Evaluation section, enter appropriate narratives in the required text fields.

Reconfirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

### General Information

Child: [Aardvark, Abigail A., III \(9226560\)](#) Provider: [Arlene Apple \(9221925\)](#)  
Type of Initial Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 02/13/2015 Placement End Date: 10/22/2015

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

### Environment Evaluation

Describe the caregiver's ability to meet the combined demand of all children and any other individuals requiring care who are currently living in the home.

Describe any changes in the child's assessed LON and the implications for the current caregiver's ability to meet those needs and for the stability of the placement.

Describe any changes in the current caregiver's CANS assessment and the implications of this for his/her ability to meet the child's needs.

Describe the child's adjustment to this placement, attitude about this placement and overall integration of this child into the family.

Describe the current caregiver's ability to support the permanency goal for this child, including the relationship with the identified permanent resource (unless the current caregiver is also the identified permanent resource) and the current caregiver's relationship with Child Protective Services.

Options:  Go Save Close

- 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.
- Hover over the Details flare next to a placement danger threat to display the definition specific to the item.

Reconfirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Aardvark, Abigail A., III \(9226560\)](#) Provider: [Arlene Apple \(9221925\)](#)  
 Type of Initial Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 02/13/2015 Placement End Date: 10/22/2015

**Reconfirming** **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 placement (if "Yes", describe). [Details](#) ☐ Yes ☐ No

Out-of-home care provider justifies the parent's behavior; believes parent is responsible for the placement (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:

- 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.

10. 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

11. 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.

Reconfirming Safe Environments - Foster Home - Licensed - Internet Explorer

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TM  Print  Help 

### General Information

Child: [Aardvark, Abigail A., III \(9226560\)](#)

Provider: [Arlene Apple \(9221925\)](#)

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

Placement Begin Date: 02/13/2015

Placement End Date: 10/22/2015

[Reconfirming](#)

[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

Describe below.

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

Options:

12. 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:

☐ Rearrange living environment:

☐ Closer supervision of children by caregivers:

☐ Additional house rules:

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

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

14. Launch the associated RCSE template by selecting Reconfirming Safe Environments from the Options drop-down (from any tab). Click the Go button.

Reconfirming Safe Environments - Foster Home - Licensed - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Aardvark, Abigail A., III \(9226560\)](#) Provider: [Arlene Apple \(9221925\)](#)  
Type of Initial Placement: Fstr Fam Hm (Non-Rel) Placement Begin Date: 02/13/2015 Placement End Date: 10/22/2015

**Reconfirming** **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**  
Reconfirming Safe Environments

**Go** **Save** **Close**



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

BIRT PDF Document - Internet Explorer

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Close

Reconfirming Safe Environments  
Unlicensed Placements and Foster Care Placements

Name - Child (Last, First Middle)  
Aardvark, Abigail A., III

Placement Information  
Arlene Apple, Fstr Fam Hm (Non-Rel), 02/13/2015 - 10/22/2015

**A. Reconfirming Safe Environments**

1. Child and Adolescent Needs and Strengths (CANS)  
Date of CANS

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

Describe below.

2. Background Checks

☒ No adult in the home has background check information.  
☐ 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?

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

3. Placement Danger Threats

☐ Yes ☒ No Out-of-home care provider or others in the home are violent or out of control. If "Yes", describe.

☐ 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.

☐ 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.

16. To approve the RCSE, 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 Reconfirming Safe Environments - Foster Home - Licensed (or Unlicensed) page. On the Reconfirming Safe Environments – Foster Home – Licensed (or Unlicensed) page, click the Save and then Close buttons.


Options:

Actions  
Approval  
Text  
Confirming Safe Environments

Go



17. Once saved, the Reconfirming Safe Environments can be viewed and accessed via the outlier for the case.

Click View case information, Safety, the plus icon  next to the appropriate Confirming Safe Environments, and the hyperlink to open the corresponding RCSE.

**Aardvark, Amy B., II (9222873) Restricted Case**

**Case details:**  
CPS Family - Ongoing  
BMCW-IA 2  
Intensive In-Home  
Open OHP exists for associated participant(s)

**Case address:**  
11 River RoadPO Box 491  
Adell, WI 53001  
(987) 888-7676



**Primary worker:**  
Deer, Doris  
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 Child/Youth Images Education  
Eligibility ICPC ICWA Legal  
Medical/Mental Health Missing Child Narratives Participant Documents  
Payments Permanency Consultation Placements Planning  
Related People **Safety** Serious Incident Notification Services  
Youth Justice

**Safety**

Confirming Safe Environments	Date	Case Name	Worker	Status
 Confirming Safe Environments	01/01/2020	Aardvark, Allies	Andrew Aardvark	Not Approved
Reconfirming Safe Environments	02/13/2015	Aardvark, Abigail A., III	Arlene Apple	Approved
Confirming Safe Environments	02/13/2015	Pending		
 Confirming Safe Environments	03/01/2015	Aardvark, Abigail A., III	Arlene Apple	Not Approved
Protective Plan	03/31/2015	Aardvark, Allie	Larry Bird	Approved
Protective Plan	03/12/2015			
Safety Assessment, Analysis and Plan	03/12/2015			
Safety Assessment, Analysis and Plan		Safe		
Safety Assessment, Analysis and Plan		Unsafe		
Safety Assessment, Analysis and Plan	10/10/2018	Unsafe		
Safety Assessment, Analysis and Plan	07/06/2018	Unsafe		
Safety Assessment, Analysis and Plan	07/06/2018	Unsafe		
Safety Assessment, Analysis and Plan	07/07/2016	Unsafe		

## Group Home, GH – Q RTP, Residential Care Center (RCC) or RCC - Q RTP Placements

1. When the Reconfirming Safe Environments - Group Home / RCC page opens, the General Information section displays a hyperlink with the child's name and person ID, which launches the Person Management page for the child, and a hyperlink with the provider's name and provider ID, which launches 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 Reconfirming Safe Environments - Group Home / RCC page is the Reconfirming tab, which displays general information about the placement contact and CANS. The Reconfirming Effective Date is required and cannot be prior to the Placement Date or the previous Reconfirming Effective Date.
3. The Child & Adolescent Needs & Strengths (CANS) section will pre-fill from the CANS associated with the placement (if results are available). Enter an appropriate narrative in the required text fields.

Reconfirming Safe Environments - Group Home / RCC - Internet Explorer

**eWiSACWIS** TM Print Help

### General Information

Child: <a href="#">Aardvark, Abigail A., III (9226560)</a>	Provider: <a href="#">Madison Group Home (9221220)</a>
Type of Initial Placement: Group Home	Placement Begin Date: 05/01/2017      Placement End Date: 11/23/2020

Reconfirming

Risk Assessment / Management

Reconfirming Effective Date: 00/00/0000      Current Placement Type: Group Home

### 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 how the facility has the continued capacity to meet the child's needs based on his/her assessed LON.

If there is a change in the child's assessed LON, are there implications for the current facility to meet the child's needs or the stability of placement?

Evaluate and describe the child's adjustment to and attitude about the current placement.

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.

Reconfirming Safe Environments - Group Home / RCC - Internet Explorer

**eWiSACWIS** TM Print Help

**General Information**

Child: [Aardvark, Abigail A., III \(9226560\)](#) Provider: [Madison Group Home \(9221220\)](#)  
 Type of Initial Placement: Group Home Placement Begin Date: 05/01/2017 Placement End Date: 11/23/2020

[Reconfirming](#) **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.

7. Launch the associated RCSE template by selecting Reconfirming Safe Environments from the Options drop-down (from either tab). Click the Go button.

Reconfirming Safe Environments - Group Home / RCC - Internet Explorer

**eWiSACWIS** TM Print Help

### General Information

Child: [Aardvark, Abigail A., III \(9226560\)](#) Provider: [Madison Group Home \(9221220\)](#)  
Type of Initial Placement: Group Home Placement Begin Date: 05/01/2017 Placement End Date: 11/23/2020

**Reconfirming** **Risk Assessment / Management**

Reconfirming Effective Date: 00/00/0000 Current Placement Type: Group Home

### 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 how the facility has the continued capacity to meet the child's needs based on his/her assessed LON.

If there is a change in the child's assessed LON, are there implications for the current facility to meet the child's needs or the stability of placement?

Evaluate and describe the child's adjustment to and attitude about the current placement.

Options: **Actions**  
Approval  
Text  
Reconfirming Safe Environments

Go Save Close

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

Close



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

Name - Child (Last, First Middle)

Aardvark, Abigail A., III

Placement Information

Madison Group Home, Group Home, 05/01/2017 - 11/23/2020

#### A. Reconfirming Safe Environments

Child and Adolescent Needs and Strengths (CANS)

Date of CANS

Child's Assessed Level of Need (LON)

Provider Level of Care (LOC)

Child / Provider Match

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

If there is a change in the child's assessed LON, are there implications for the current facility to meet the child's needs or the stability of placement?

Evaluate and describe the child's adjustment to and attitude about the current placement.

#### 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.

9. To approve the RCSE, select Approval from the Options drop-down (from either 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 Reconfirming Safe Environments - Group Home / RCC page. On the Reconfirming Safe Environments - Group Home / RCC page, click the Save and then Close buttons.

Options:

Actions


Approval

Text

Confirming Safe Environments

Go

10. Once saved, Reconfirming Safe Environments can be viewed and accessed via the outliner for the case.

Click View case information, Safety, the plus icon  next to the appropriate Confirming Safe Environments, and then the hyperlink to open the corresponding RCSE.

## Aardvark, Amy B., II (9222933)

### Case details:

CPS Family - Ongoing  
BMCW-IA 2

Open OHP exists for associated participant(s)

### Case address:

C/O: WBLC  
5206 Forge dr  
Madison, WI 53701  
(888) 222-6666



### Primary worker:

Abby, Amy  
[test@test.com](mailto:test@test.com)

### Actions:

Please select an action ▼

### View case information

 Access Reports	 Adoption	 Agreements and Notices	 Assessments
 Assets and Income	 Assignments	 Background Checks	 Case/Permanency Plan
 Child/Youth Images	 Education	 Eligibility	 ICWA
 Legal	 Missing Child	 Narratives	 Participant Documents
 Payments	 Permanency Consultation	 Placements	 Planning
 Related People	 Safety	 Serious Incident Notification	 Services
 Youth Justice			

### Safety

 Images (6)

 [Confirming Safe Environments](#)

 [Confirming Safe Environments](#)

[Reconfirming Safe Environments](#)

[Reconfirming Safe Environments](#)

[Confirming Safe Environments](#)

[Present Danger Assessment and Protective Plan](#)

[Present Danger Assessment and Protective Plan](#)

[Protective Plan](#)

07/15/2015

05/01/2017

02/14/2018

09/21/2017

11/17/2020

11/16/2020

11/04/2015

Aardvark, Adam

Aardvark, Abigail A., III

Pending

Approved

jackson, jackson

Active

Pending

Sally McGwire

Madison Group Home

Kathy Kellogg

Approved

Approved

Made in Error