Continuous Quality Improvement (CQI)

2015 Initial Assessment Case Record Review Report

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Division of Management Services
Bureau of Performance Management
Quality Review and Performance Analysis Section

2015 Initial Assessment Case Record Review Report Tracking Sheet

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2015 Initial Assessment Review Executive Summary

In 2015, the Wisconsin Department of Children and Families (DCF) reviewed a representative sample of 271 Initial Assessments (IAs) conducted throughout the state to determine the overall quality of IA practice statewide. Initial Assessment is a central function of child protective services in which child welfare agencies conduct a comprehensive evaluation of the child and family in response to a screened-in report of alleged maltreatment. Information related to individual and family conditions, functioning, and dynamics is gathered and analyzed, and the Initial Assessment concludes with a maltreatment determination about the allegations of abuse and/or neglect and determines whether the family is in need of ongoing services to keep the child safe.

The 2015 Initial Assessment case record review focused on three main goals and a fourth long-term goal:

> Goal 1: Establish a statewide baseline for CPS Initial Assessment practice as measured by adherence to Access and Initial Assessment Standards and Safety Intervention Standards.

> Goal 2: Identify practice areas needing improvement that warrant further analysis and may be candidates for improvement projects.

> Goal 3: Test the new case record review process.

> Goal 4 (long-term): Use the review findings to identify practices that result in positive outcomes for children and families and update Standards where necessary.

This report focuses primarily on the first and second goals and provides information about the third goal in Appendix A. The fourth goal is a long-term goal for all continuous quality improvement initiatives and will be evaluated in future reports.

Key Findings

Interview Contacts

When all victims were met face-to-face within the response time assigned at Access, all three IA conclusions (safety determination, maltreatment determination, and case disposition) were more likely to be consistent with Standards. Timely face-to-face contact with *all* alleged victims occurred in 66% of the IAs reviewed and with at least *some* of the alleged victims in an additional 12% of cases; in 22% of cases reviewed *none* of the alleged victims were met within the assigned timeframe. When all face-to-face contacts were made timely, the safety determination was consistent with Standards 83% of the time compared to 65% when contact was not made timely. (*See Figure 1 on page 13 and Table 4, page 14.*)

Making contact with all collaterals necessary for understanding safety in the specific case under review also significantly increased the likelihood of having a safety determination consistent with Standards. In the majority of Initial Assessments (72%) reviewed, all necessary collateral contacts were made; 28% of IAs were missing at least one necessary collateral contact. A contact was considered necessary when he or she was likely to have had information that would have been critical in understanding safety in the specific case under review. When all necessary collateral contacts were made, the safety determination was consistent with Standards 90% of the time compared to 43% of the time when the IA was missing one or more necessary collateral contacts. (*See Figure 3, page 15; Table 5, page 16*).

Adherence to interview protocols related to the Wisconsin Indian Child Welfare Act varied.
Screening for American Indian heritage for each child in the household was documented in two-thirds of
the cases reviewed. On the other hand, of the 21 cases where American Indian heritage was referenced,
only 3 (14%) included documentation that consultation with the tribal agency occurred (*Table 6, page 17*).

Information Gathering

**The average Initial Assessment comprehensively documented 34% of the applicable information
items measured in the review instrument.** The review instrument was designed using a broad, all-
inclusive approach to measure items of information outlined in Standards and appendices that define the
required areas of assessment. In total, 49 information items related to Primary Initial Assessments were
generated (though not all 49 items were applicable in all cases). While the average IA reviewed had
approximately one-third of applicable items comprehensively documented, the range was between 0%
and 93%. No IA reviewed had all applicable information items comprehensively documented, which is
likely a reflection of the methods used to create this section of the review instrument. This approach was
a necessary starting point for measuring a baseline of information gathering. However, DCF is reflecting
on ways to adjust the review instrument to better gauge documentation of specific items, as well as to
assess the totality of information gathering and the analytic process used to assess the information
gathered to make safety and substantiation decisions. (*See Figure 6, page 19; see also: Appendix A
regarding the methodology used to develop the review instrument and Appendix D, which provides a
copy of the instrument.*)

**When more than half of the information items were comprehensively documented during the
Initial Assessment, the resulting safety determination and case disposition were consistent with
Standards 98% of the time.** When examining aggregate levels of information gathering, the more
information items that were comprehensively documented, the more likely it was that the IA had
conclusions consistent with Standards. However, it is still relatively unknown how specific, individual items
of information (such as domestic violence, or discipline methods) relate to decisions that are consistent
with Standards. (*See Figures 4 and 5, page 18.*)

**The frequency with which specific information items were comprehensively documented varied
greatly, between 6% and 74% of IAs reviewed**. The information items most frequently documented
pertained to the areas of Maltreatment and Surrounding Circumstances. The items least frequently
documented were in the areas of Parenting Practices, Family Functioning, and Discipline, which relate
directly to parental protective capacities (*See Figures 7 through 13, starting on page 23.*)

**Initial Assessments that were approved timely were more likely to have more information
comprehensively documented.** IAs that were completed within 60 days had 36% of the applicable
information items comprehensively documented, on average, compared to 30% for those that took longer
than 60 days to complete. Additionally, there was more information comprehensively documented when
children were identified as unsafe and when allegations were substantiated. The level of documentation
also varied depending on the type of maltreatment allegation. (*See Tables 7 through 10, starting on page
20.*)

Present and Impending Danger

**When there was sufficient documentation, assessments of present and impending danger were
generally consistent with Standards.** The majority of IAs reviewed identified or ruled out present and/or
impending danger in a manner consistent with Standards. Less than 10% of IAs reviewed were

inconsistent with Standards when assessing for present and/or impending danger. (*See Table 11, page 28.*)

There were several cases, however, that lacked sufficient documentation needed for reviewers to determine if the assessment of present and/or impending danger was or was not consistent with Standards. At least 10% of IAs were missing key information necessary to determine if the identification (or lack thereof) of Present Danger Threats was consistent with Standards. For the assessment of impending danger the proportion was even higher—nearly 23% of all IAs reviewed were missing key information. In the majority of these cases, the local child welfare agency had not identified any Impending Danger Threats.

Protective Plans and Safety Plans

The overall quality and adequacy of protective and safety planning is relatively unknown. Part of the review focused on evaluating protective plans and safety plans, but few were captured in the random sample. Forty-five IAs contained a safety plan, only 9 of which were in-home. Fifty-five IAs had a protective plan or action documented in eWiSACWIS, 15 of which were Protective Plan documents scanned into the electronic case record. (*See Figures 14 and 15 on page 30.*)

Needed protective plans are not well documented in eWiSACWIS. There were 55 IAs that had a documented protective plan/action; 15 of these used a Protective Plan document. However, an additional 7 IAs referenced a Protective Plan document (or needed one based on local agency identification of Present Danger Threats) but did not have one documented in eWiSACWIS. This amounts to roughly one-third of needed Protective Plan documents missing from the electronic case record. It is worth noting that at the time of the review Standards did not explicitly require Protective Plan documents to be scanned into eWiSACWIS, though it is best practice.

Decision-Making

When there was sufficient information documented to assess decision-making, the Initial Assessments reviewed frequently (between 77% and 80%) included decisions that were consistent with Standards. Maltreatment determinations were found to be consistent with Standards in 80% of cases reviewed. Safety determinations were found to be consistent with Standards 77% of the time. IA case disposition was found to be consistent with Standards 80% of the time. There were very few cases (between 2% and 3%) where decisions made were inconsistent with Standards (e.g., a case was closed at the conclusion of the IA when it should have been opened for Ongoing Services). (*See Tables 14 through 17, pages 31-32.*)

However, there was a notable proportion of cases (between 16% and 21%) that lacked the supporting documentation necessary to determine the accuracy of IA conclusions. The lack of supporting documentation could relate to the fact the Initial Assessment template is set up in a way to encourage the collection of information related to specific areas of assessment with no explicit way to document the analysis of the information in reaching these conclusions. It is also possible that it is easier for reviewers to confirm a finding of unsafe and/or substantiated, and in the majority of cases, children are found to be safe and maltreatment allegations are unsubstantiated. While these are possible explanations for this finding, it also indicates that the system as whole may be missing opportunities to engage with families. A screened-in report of alleged maltreatment gives child welfare agencies an authorized opportunity to interview a family. If key information is not gathered and documented during the Initial Assessment, then the chance to interact with that family is lost until a community member makes another

referral to CPS. If sufficient information is gathered and analyzed to arrive at the right conclusions, however, it may help in ensuring positive outcomes for children and their families.

Procedural Lessons Learned

In addition to the case record review results, there were several important findings related to the review process itself, which was also being tested as part of the first IA review under the new CQI system.

Some results may be biased due to the design of the review instrument or procedures followed to review cases. For example, though reviewers were randomly assigned Initial Assessments to review, if a decision was found to be inconsistent with Standards, the case was sent to a secondary review panel for confirmation, which may have artificially inflated results. With respect to information gathering, results may be biased to a lower percentage because the review only gave credit for comprehensive documentation if the information item was in the corresponding section of the IA template. The review instrument itself may also have biased information gathering results to a lower percentage, as it was designed to measure documentation of specific information items outlined in Standards and appendices using a broad, all-inclusive approach. This approach was a starting point, but led to the realization that it requires a great deal from workers and expectations are often unclear. Therefore, the methods used to design this section of the review instrument may have unintentionally produced lower results, which are not necessarily a reflection of what is happening at the local level.

Enhancements to the Initial Assessment review instrument were identified. The review process identified questions that were not considered when the review instrument was being developed and tested. Updating the instrument will provide additional opportunities for analysis and a deeper understanding of case practice. Additionally, reviewers completed the review instrument on paper; converting the review instrument into an electronic database system will cut down on additional time needed for quality management activities in future reviews.

More time was needed to train new reviewers. The time invested supporting new reviewers was greater than their case review output, as the IA reviews were not their primary job responsibility, and there was a tight timeframe in which reviews were conducted. In the future, new reviewers will be offered more time to complete prerequisite training with additional coaching opportunities.

Recommendations

The baseline findings related to IA case practice brought forth the following recommendations:

Gather data from Initial Assessment workers and conduct additional analyses related to information gathering and interview contacts. More information is needed to better understand the variation in information documented. IA workers and supervisors could provide valuable insight into why certain items of information are documented more frequently than others, as well as the role of specific information items in decision-making. IA workers could also provide insight into Standards, practice, and workload when it comes to meeting timeline requirements for contact with alleged victims and contacting necessary collaterals.

Conduct an additional or separate review of protective plans and safety plans. A specialized review could be used to better assess the quality and adequacy of protective and safety planning across the state. Because there is a variety of protective plans and safety plans that can be used throughout the IA

process, and each plan has different requirements and protocols, a different approach is needed to extrapolate trends related to this area of IA case practice.

Collect information to better understand how the analytic process of assessing for present and impending danger is happening in practice. Wisconsin's safety model encourages the use of a rigorous analytic process in assessing for threats to child safety. More information is needed to understand how workers are utilizing and documenting this process. Focus groups and interviews with workers and supervisors, as well as improvements to the IA review instrument, could help provide insight into how workers are analyzing information gathered to arrive at child safety decisions. Depending on the information gleaned, enhanced safety-related training to support improvements in the assessment and decision-making analytic process could be provided to workers and supervisors.

Further examine the relationship between information gathering and positive outcomes for children and families. The ultimate goal of the CQI case record reviews is to use the results to identify areas of practice that are correlated with beneficial outcomes. Additional studies could examine the relationship between thorough information gathering and documentation and the long-term outcomes of child safety, permanency, and well-being.

Next Steps

This report provides case record review results about adherence to Standards in CPS case practice and decision-making during Initial Assessment. Moving forward, the CQI case record review results can be used in combination with other information sources to identify challenging areas of practice and inform improvement projects. Further case record reviews and analyses, as well as subsequent improvement projects based on review results, will provide opportunities to continue enhancing DCF services and promoting positive outcomes for children and families in Wisconsin.

Introduction and Goals of Review

A central function of child protective services (CPS) is Initial Assessment—where child welfare agencies conduct a comprehensive assessment of individual and family conditions, functioning, and dynamics in response to a screened-in report of alleged child maltreatment. Initial Assessment (IA) workers gather and analyze pertinent information through face-to-face contact with the children, their families, and through collaboration with other professionals (such as law enforcement agents, physicians, or treatment providers). In addition to making a maltreatment determination for all allegations, local child welfare agencies must also decide whether or not the family is in need of ongoing services to keep the child safe.

In early 2015, the Department of Children and Families (DCF) set out to assess the overall quality of Initial Assessment practice across the State of Wisconsin[1] as part of the newly revised Child Welfare Continuous Quality Improvement (CQI) System.[2] This is the first report on the review of Child Protective Services Initial Assessments (referred to as Initial Assessments, or IAs throughout this report) under the new CQI system.

Goals for the 2015 Review of CPS Initial Assessment

The 2015 IA review had three primary goals and a fourth long-term goal.

Goal 1: Establish a statewide baseline for CPS Initial Assessment practice. The first main goal was to establish a statewide baseline of adherence to Access and Initial Assessment Standards and consistency of decision-making at Initial Assessment. DCF determined this baseline by systematically examining statewide Initial Assessments, including the information documented, the safety analyses conducted, and decisions made. Goal 1 is the primary focus of this report.

Goal 2: Identify practice areas needing improvement that warrant further analysis and may be candidates for improvement projects. A second goal was to identify practice areas needing improvement. Through further "root cause" analysis the underlying reasons for weak performance can be identified, after which strategies can be developed that will effectively target the root causes identified to strengthen improvement in these areas.

Goal 3: Test the new case record review process. The third goal was to test the new case record review process to ensure that it provides the information needed to understand the strengths and challenges of the CPS Initial Assessment process. DCF used the 2015 review to refine the case record review process, establish data collection methods, and ensure that the review instrument gathered useful information. Necessary adjustments will be made to further improve the Initial Assessment case record review process in the future. Detailed information about this year's case record review process, methods, results and discussion can be found in Appendix A; suggestions for changes to future reviews can be found in the Recommendations section.

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[1] Wisconsin has a state-supervised, county-administered child welfare system. Local human services agencies (in 71 of the 72 counties) are responsible for child welfare service delivery with oversight from the Department of Children and Families. In Milwaukee County, DCF directly administers child welfare services through the Division of Milwaukee Child Protective Services (DMCPS), formerly the Bureau of Milwaukee Child Welfare (BMCW). (Effective October 2015, BMCW became DMCPS).

[2] The Bureau of Performance Management (BPM) has been tasked with developing and implementing the case record review instruments and processes as well as analyzing the resulting data and writing reports. BPM is part of the Division of Management Services, which works across the Department's program divisions. Throughout the process BPM has worked closely with the Division of Safety and Permanence, which has oversight authority for the state's child welfare system as well as the state's child welfare CQI system.

Goal 4: Use the review findings to identify practices that result in positive outcomes for children and families. A fourth, long-term goal was to use these and future case record review results along with additional information to understand how areas of practice are correlated with the outcomes that benefit children and families. As the first report on CPS Initial Assessment in Wisconsin, this document focuses primarily on correlations between key areas of CPS Initial Assessment practice and short-term outcomes such as the consistency of safety decisions based on Standards[3] to identify areas of strength and challenge in the Initial Assessment process statewide. After subsequent reviews, DCF will be able to collect and analyze case record review and other data against the long-term outcomes identified in the "crosswalk" of child welfare practice and outcome measures (see Appendix B: Practice Review and Outcomes Crosswalk). From there, DCF will partner with local child welfare agencies to engage in improvement projects that address the areas of challenge most correlated with positive outcomes for children and their families.

Background

Wisconsin's Redesigned CQI System

In 2014, Wisconsin began revising its CQI system to make it more robust and useful. DCF, in partnership with local child welfare agencies, the courts, and other partners have established the following mission for the state's child welfare CQI program:

> *Wisconsin is committed to a Continuous Quality Improvement (CQI) system that supports the assessment and improvement of child welfare practice, processes, and outcomes at the state and local level. Wisconsin Department of Children and Families fulfills this mission by providing resources, tools, and processes to build and sustain CQI at the state and local level.*

Wisconsin's child welfare CQI system targets the core outcomes of child safety, permanency, and well-being. It has two key components:

> **Component 1**: CQI performance data, reports and other analytic tools created by regularly compiling data from administrative systems, case record reviews, and other relevant sources.
> **Component 2**: Resourcing improvement projects based on recommendations through collaboration with key stakeholders.

In its redesign of the CQI system, Wisconsin incorporated relevant federal requirements. Federal regulations require all states to have a quality assurance system in place to regularly assess the quality of services under the Child and Family Services Plan (CFSP) and to ensure that there are established measures to address identified problems as part of the CFSP. Consistent with guidance from the Federal Administration for Children and Families' Children's Bureau, Wisconsin's CQI system is designed around these five functional elements:

1. Administrative oversight to ensure consistency
2. Quality data collection
3. Case review instruments
4. Sharing of data and analysis on all performance measures
5. Providing feedback to stakeholders and decision-makers

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[3] "Standards" is used as a general term throughout this report to refer to Wisconsin Child Protective Services Access and Initial Assessment Standards and/or Wisconsin Child Protective Services Safety Intervention Standards. The term "consistent with Standards" is used throughout this report to when specific items or conclusions in the Initial Assessment were completed in a manner that meets the requirements set forth in Standards.

The quality of a state's CQI system is also assessed during the federal Child and Family Service Review (CFSR), which occurs every five to seven years. Wisconsin's Round 3 CFSR is scheduled for federal fiscal year 2018. CFSRs are periodic reviews of state child welfare systems that focus on three goals:

1. Ensuring conformity with federal child welfare requirements
2. Determining what is happening to children and families engaged in state services
3. Assisting states in achieving positive outcomes for children and families

Beginning in 2015, the focus of the new CQI system was to create a deeper understanding of all child welfare practice areas (component 1). To this end, DCF developed new child welfare CQI case record review instruments and processes for each stage of interaction with Wisconsin's Child Protective Services (CPS) system: Access, Initial Assessment, and Ongoing Services. The revised CQI case record review process provides a robust understanding of the CPS aspect of child welfare practice in the state by examining a representative sample of cases. This is the second of three reports on 2015 statewide case record reviews. This report focuses on the Initial Assessment process: investigations and assessments of alleged child maltreatment.

The Role of Case Record Reviews in the New CQI Process

As part of the new CQI system, case record reviews play a different role. In the past, the results of the individual case review were the primary focus and identified areas in need of improvement. Based on the results of the case review, the county would develop an action plan for training and staff development. Under the new CQI system, case record review results are considered a data source rather than conclusion or a judgement upon which to act.

In the new CQI system, the case record review instruments (Access, Initial Assessment and Ongoing Services) assess decision-making and adherence to Wisconsin Standards, as well as federal expectations for Ongoing Services. The results are used to understand how adherence to Standards within key areas of practice is correlated[4] with the outcomes that benefit the children served in Wisconsin's Child Welfare System. While adherence to Standards is important, the goal of the CQI system is to improve outcomes. By understanding which areas of practice are correlated to the relevant outcomes and by combining case record review results with other key sources of information, DCF and its partners will be able to identify future improvement efforts.

In 2014, DCF began the process of establishing a practice and outcome review "crosswalk" for Wisconsin's Child Welfare System (see Appendix B), which identifies the following items for Access, Initial Assessment and Ongoing Services:

- Intended results for children and families
- Administrative/quantitative data
- Qualitative case practice review components
- Related CFSR performance item(s)
- Related organizational factors
- Outcome measures and CFSR national standards

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[4] Items are correlated when they occur together. Correlations are useful because they can indicate a predictive relationship that can be used to improve practice. For example, if DCF focuses its efforts on ensuring local child welfare agencies follow a policy correlated to the identification of present danger at initial contact, it is more likely that the number of quality protective plans will increase.

At Initial Assessment, the intended results are for children and their caregivers and families:

- To be well understood (including their strengths, concerns, and needs), with additional information gathered by the CPS agency from both the family and key collateral contacts
- To receive interventions from the CPS agency that are family-centered, reflect the strengths and needs of the family, and are provided in a timely and least intrusive manner possible to ensure child safety
- To experience CPS agency interaction and services in a respectful, culturally responsive, and trauma-informed manner that engages the family

The identified outcome measures are:

- Families whose cases are closed at the conclusion of the Initial Assessment do not have a subsequent maltreatment substantiation or an unsafe child finding.
- Children who are found to be substantiated victims are not re-victimized.
- Families for whom cases are opened for Ongoing Services at the conclusion of Initial Assessment remain intact whenever possible versus having one or more children placed in out-of-home care.
- Initial case contacts at the beginning of the Initial Assessment occur in a timely manner.
- Initial Assessments are approved in a timely manner.

This report and future reports will include key results (obtained through electronic case record reviews) on the adherence of case practice to Standards, with the intent of ultimately measuring the relationship between adherence to Standards and the long-term outcomes highlighted above. The results presented in this report are provided as context. While DCF may find that child welfare agencies are not consistently applying a particular standard at a high rate, this sole criterion is not intended to trigger a corrective action plan. DCF and its partners will use the results to establish a baseline for decision-making and adherence to Standards of CPS Initial Assessment practice statewide. In addition, the results will assist with identifying areas of strength and challenge in the Initial Assessment process, targeting the areas that are most correlated with positive outcomes for children and families. From there, DCF will collaborate with local child welfare agencies and other partners to engage in improvement projects to address the areas of challenge.

The Function of Initial Assessment in Child Protective Services

Child Protective Services is a specialized field of the child welfare system. CPS intervention is warranted whenever there is a report that a child may be unsafe, abused, or neglected. After a report of alleged maltreatment has been received and screened in by CPS Access, the next key decision-making point in the CPS case process is CPS Initial Assessment. The functions of CPS Initial Assessment are to:

- Conduct a comprehensive assessment in order to
  - Assess and analyze present and impending danger threats to child safety
  - Take action, when necessary, to control threats to child safety
  - Determine the need for CPS ongoing services (voluntary or court-ordered)
  - Determine whether maltreatment occurred
  - Assist families in identifying community resources
- Engage families in providing protection for their children
- Explain the Initial Assessment process to the family including the purpose of interviews and any needed collaboration with other agencies (e.g., law enforcement)

The process of carrying out investigations of alleged maltreatment and ensuring child safety is conducted by the local child welfare agency. In order to ensure that assessments are completed timely and children are safe, local agencies are required to document all Initial Assessments in the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS). An Initial Assessment is used to evaluate current and historical family information and to understand family conditions and dynamics that impact child safety. The IA worker does not passively receive and record information from an interview with the child and family. It is the IA worker's role to actively engage the family to understand strengths and needs and to seek out relevant information for CPS decision-making. This can be done by identifying which collateral contacts are necessary for determining child safety, skillfully contacting collaterals, and analyzing the information provided in terms of statutory definitions, Standards, and safety assessments (see Appendix C: IA Safety Decision-Making/CPS Flowchart).

Review Instrument Components

The Initial Assessment review instrument (see Appendix D) was developed to measure adherence to Standards in the main areas of CPS Initial Assessment practice using an all-inclusive approach that incorporated all IA elements outlined in CPS Access and Initial Assessment Standards and CPS Safety Intervention Standards and their respective appendices. It was designed in such a manner to create a starting point for measuring baseline performance. Reviewers used documented case information in eWiSACWIS only; the review did not collect or evaluate any paper files or interviews with caseworkers.

The review instrument contained the following seven sections:

1. **Present Danger Assessment and Protective Planning:** Questions in this section of the review instrument assessed adherence to Standards in identifying and addressing present danger over the course of the Initial Assessment. Reviewers indicated whether or not the local agency identified present danger at initial contact and again throughout the completion of the Initial Assessment. Based on information in the electronic case record, reviewers were asked to determine if the child welfare agency's decisions were consistent with Standards or to indicate if there was not enough information from the electronic case record to determine the presence or absence of present danger. When Present Danger Threats were identified, the review instrument assessed the protective plan(s) associated with the identified present danger, if the plan was available in the electronic case file.

2. **Information Gathering and Analysis:** The Initial Assessment is a standalone document and review questions evaluated whether or not the agency comprehensively documented information in the appropriate section of the IA template in eWiSACWIS for the required areas of assessment as defined by Standards: Maltreatment, Surrounding Circumstances, Child Functioning, Adult Functioning, Parenting Practices, and Family Functioning. Within each section, reviewers assessed specific items that comprise the different areas based on descriptions in Standards[5]. For example, in Adult Functioning, reviewers assessed if information specific to mental health, communication, and social relationships was adequately gathered and documented for all, some, or no adults in the household.

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[5] See Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 2, Chapter 14, XIV.E. Information that Must be Gathered and Analyzed, pp. 50; Appendix 3: Information to Be Gathered and Analyzed -Primary Assessment Cases, pp. 93-98.

3. **Safety Assessment/Safety Analysis and Plan:** Gathering and documenting relevant and sufficient information over the course of an Initial Assessment is necessary to assess the presence or absence of impending danger. Standards provide guidelines for determining family dynamics and/or parental behaviors that constitute likely Impending Danger Threats. Review questions assessed whether the agency used the information documented to assess for impending danger in a manner consistent with Standards, analyzing pertinent information to correctly identify or rule out impending danger. If the local agency identified Impending Danger Threats, review questions addressed whether all identified Impending Danger Threats were consistent with Standards, or if the child welfare agency missed, misidentified, and/or inaccurately identified any threats based on the unsafe condition.[6] If no Impending Danger Threats were identified, review questions addressed whether the local agency ruled out impending danger consistent with Standards, or if there was not enough documented information to confirm the absence of impending danger. There were opportunities for reviewers to provide comments in this section to be used in determining trends related to identification of Impending Danger Threats. This section also assessed the documentation of the Safety Analysis and Plan where applicable.

4. **Family Interaction:** Standards provide guidelines for family interaction when a child is placed in out-of-home care in instances of Temporary Physical Custody (TPC), a Voluntary Placement Agreement (VPA), or other court order. This section assessed whether or not the initial family interaction occurred within five business days of an out-of-home care placement for all applicable children as required by Standards.

5. **Timeframes and Interview Protocol:** This section assessed whether timeframes for initial face-to-face contacts with alleged victims and parents/caregivers were met[7] and whether or not interview protocols were followed. Standards provide guidelines for conducting interviews, including where they should occur, and who must be interviewed. Review questions also assessed if collateral contacts that were necessary to address potential threats to safety (specific to the case under review) were missed. Key groups of collaterals included educational staff, family members, mental health professionals, medical professionals, law enforcement, friends, neighbors, or other (indicated by additional comments) that were necessary for each unique case.

6. *American Indian Heritage:* Review questions in this section pertained to requirements of the Wisconsin Indian Child Welfare Act (WICWA) outlined in Standards. Reviewers assessed if the *Screening for the Child's Status as Indian* form was completed in all cases, as well as additional items related to WICWA requirements, where applicable. These questions included assessing for the completion of the *Child's Biological Family History* and *Request for Confirmation of Child's Indian Status* forms, and whether consultation with the tribal agency occurred.[8]

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[6] Reviewers indicated an Impending Danger Threat was missed when an additional Impending Danger Threat should have been identified for a different observable condition. A "misidentified" Impending Danger Threat meant the child welfare agency indicated a Specific Impending Danger Threat, but a different Impending Danger Threat was more appropriate based on the unsafe condition. An Impending Danger Threat that was "inaccurately identified" meant that the information did not support the Impending Danger Threat identified by the local agency, based on the impending danger threshold (Observable, Vulnerable Child, Out-of-control, Imminent, Severity). It is important to note that this section did not measure or track individual, specific Impending Danger Threats. For example, if the agency identified the Impending Danger Threat of *parent/caregiver lacks knowledge, skill, or motivation in parenting that affects child safety,* the review did not assess whether this specific threat was identified consistently with Standards.

[7] Review data was necessary to capture this information because current administrative data only captures the earliest face-to-face contact with any member of the household. The review questions separately addressed initial face-to-face contact with alleged victims and with parents/caregivers, including non-custodial parents/caregivers.

[8] Consultation with the tribe should have occurred for children who were identified as having American Indian heritage. The review assessed if the worker coordinated and collaborated with the tribal agency during the IA process for those children so identified.

7. **Conclusion of Initial Assessment.** The final section assessed all areas related to the conclusion of the Initial Assessment, with questions regarding Safety Determination, Maltreater Determination, Maltreatment Determination, Disposition, and Required Notifications and Feedback. Specifically, reviewers assessed if all victims, maltreaters, and allegations were identified consistent with Standards and whether or not the findings for each were consistent with Standards based on the information documented in the Initial Assessment.

Throughout the review instrument, options were often available for reviewers to indicate when "some" but not "all" information was comprehensively documented (in the information gathering section of the instrument). Reviewers also had the option on certain questions to select "not enough information" when specific, key information needed to assess consistency with Standards was not documented to the extent needed for evaluation (e.g., in the IA conclusion section of the instrument). Unless otherwise noted, the following discussion considers results of both "some" and "none" as not having comprehensive information documented, and answers of "not enough information" and "inconsistent with Standards" are considered together.

Methodology

Sample Selection

In order to examine Initial Assessment practice statewide, DCF sought to conduct electronic case record reviews on a large, representative sample of Initial Assessments completed throughout the state. Data from eWiSACWIS obtained through the *SM06A109-IA Report* was used to compile a random sample of CPS Primary Initial Assessments.[9] The report included all IAs approved during 2014 and up until the date the report was run (in March 2015) to capture approved Initial Assessments associated with Access Reports that were received during the 2014 calendar year. Special considerations were given for dividing the sample appropriately between IAs from the Division of Milwaukee Child Protective Services (formerly known as the Bureau of Milwaukee Child Welfare, or BMCW) and the Balance of State, given the high volume of child welfare cases pertaining to Milwaukee County. Additionally, any IAs pertaining to the Milwaukee case closure process[10] were excluded.

Quantitative Data Analysis

Quantitative methods were employed to calculate and analyze the results of the case record review and corresponding administrative data. It is important to note that this report does not attempt to establish the impact of Wisconsin's child welfare policies. As such, this report cannot say that adherence to Standards in the application of a certain policy *caused* an outcome. Rather, this report provides a baseline for understanding how adherence to Standards in CPS practice at Initial Assessment is *correlated* with or related to certain Initial Assessment conclusions.

In order to measure adherence to Standards, the review instrument attempted to operationalize concepts defined in Standards and appendices in an all-inclusive manner. These concepts were the basis for the seven sections of the case record review instrument outlined above. (See Appendix A on how the instrument was developed; see Appendix D for a copy of the review instrument.) In general, each section of the review instrument contains multiple questions that reflect the elements outlined in Standards, with each question representing one construct (e.g., one information item or one finding). Each answer is categorized as "positive" (meaning that the reviewer identified the finding as consistent with Standards) or "negative" (inconsistent with Standards or missing key information to assess consistency with Standards).

The review instrument was completed by reviewers on paper and two trained data entry workers entered the data into an Excel spreadsheet. Validation rules were added to ensure that only specific answers found in the review instrument were allowed. The data from the Excel spreadsheet was imported into SAS[11] and variables were coded (1 for "positive" and 0 for "negative") to enable more complex analyses. Case record review data were then merged with administrative data pertaining to the Initial Assessments in the sample to address questions surrounding IA case practice and conclusions. Variables for statistical testing were chosen based on hypotheses formulated by experts in child protective services from the DCF in collaboration with the University of Wisconsin-Madison School of Social Work. The variables were tested to determine if they have any influence on adherence to Standards in case practice (e.g.,

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[9] The sample included both Traditional Responses (TR) and Alternative Responses (AR) Initial Assessments. Secondary Assessments were not reviewed.

[10] In 2014, BMCW followed an alternate staffing and documentation process to close Initial Assessments that were overdue. Because of the nature of information gathered and other amended protocols, there would have been a lack of corresponding content to review using the CQI IA review instrument.

[11] SAS refers to Statistical Analysis System, a software suite for advanced analytics.

comprehensive documentation of information items[12]) or on conclusions (e.g., consistency with Standards of safety determination or maltreatment determination).

The data were analyzed using SAS version 9.4. A p-value[13] of less than 0.05 was used as criteria for all statistical significance testing. Several chi-square tests[14] of association were conducted to determine the relationship between adherence to Standards, select Initial Assessment characteristics, and review outcomes. Similarly, logistic regression[15] was used to calculate crude odds ratios[16] to compute the relative odds of an occurrence of interest given certain review outcomes or other factors. For example, these analyses examined the relationship between having conclusions (safety determination, maltreatment determination, and case disposition) consistent with Standards and following interview protocols (e.g., timely face-to-face contact with all victims consistent with Standards). Two-sample t-tests[17] were also conducted to evaluate differences in review outcomes based on IA characteristics, such as the local agency's decisions (e.g., a finding of safe versus unsafe).

The answers to most questions in the information gathering portion (and some other sections, such as interview protocols and American Indian heritage) of the review instrument provided three options:

1. "All" – meaning that the item was documented or completed for *all* relevant individuals
2. "Some" – meaning that the item was documented or completed for *some* of the relevant individuals
3. "None" – meaning that the item was not comprehensively documented for any relevant individual or not addressed/completed.

Likewise, the possible answers to review questions related to IA conclusions (safety determination, maltreatment determination, and case disposition) had three options:

1. "Yes" – meaning that the IA conclusion was consistent with Standards based on the information documented
2. "No" – meaning that the IA conclusion was inconsistent with Standards based on the information documented
3. "Not enough information" – meaning that the IA was lacking key pieces of documented information needed to assess the item in question

Unless otherwise noted, analysis of these items only counted answers of "all" as consistent with Standards. Those items marked as "some" or "none" were considered inconsistent with Standards. In addition, both "no" and "not enough information" answers were counted as inconsistent with Standards, unless otherwise noted. The reason for considering both the "some/none" and the "no/not enough information" answers together is that Standards require comprehensive documentation; therefore, without enough information in the IA to assess consistency with Standards, the Standards were not met.

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[12] Documentation was considered comprehensive when the item was thoroughly and adequately described as outlined in Standards.

[13] In statistical hypothesis testing, the p-value describes the probability of obtaining the observed results on the basis of chance alone; the smaller the calculated p-value, the lower the likelihood of chance as an explanation for the observed results.

[14] Chi-square tests are used to determine whether there is a significant association between variables.

[15] Logistic regression is statistical technique for estimating the relationship among variables.

[16] The results of regression analysis give the odds ratio (OR), which is another measure of association between two variables. The OR represents the odds that outcome A will occur, given the presence of B.

[17] T-tests are used to determine if there is a significant difference between two sets of data (i.e., two groups).

Results

Case Record Review Sample

The Initial Assessment sample was compiled using statewide data from eWiSACWIS. The population from which the sample was drawn included Primary Initial Assessments that were tied to Access Reports received in 2014 and that were approved between January 2014 and March 2015. Preliminary data show that there were a total of 34,716 Initial Assessments approved throughout the state during this period, with 25,116 meeting the remaining criteria for review. A sample size of 271 Initial Assessments was necessary in order to achieve results that were representative of the total population with a 90% confidence level.[18] However, this sample size does not have adequate power to detect changes in specific geographical areas or in subsets of cases (for example, Milwaukee County or looking only at cases with allegations of physical abuse).

Within the sample selected, there were 460 alleged victims and 585 allegations. Table 1 provides additional details of the demographics within the sample.

Table 1. Basic Characteristics of the 2015 IA Case Record Review Sample.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	N	(%)
Overall Sample Characteristics		
Number of IAs	271	-
Number of Victims	460	-
Number of Allegations	585	-
Race/Ethnicity of Alleged Victim(s)[‡]		
White, Non-Hispanic	235	(51.1%)
Black, Non-Hispanic	98	(21.3%)
Hispanic/Latino	39	(8.5%)
American Indian	25	(5.4%)
Asian	5	(1.1%)
Other	44	(9.6%)
Unknown[§]	14	(3.0%)

[‡]Although there were 460 victims associated with 271 Initial Assessments, all children contained within a single report were documented as having the same race.
[§] Unknown race comprises multiple categories: unable to determine, declined, or left blank.

Of the total number of Initial Assessments completed throughout Wisconsin in 2014, 29.6% came from Milwaukee County. Consequently, 75 IAs (27.7% of 271) were randomly selected from the Initial Assessments completed by the Division of Milwaukee Child Protective Services, and the remaining 196 IAs were randomly selected from the Balance of State. (A distribution of counties in the sample can be found in Appendix E). Additional Initial Assessments were also included in an oversample where special

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[18] This sample size was chosen to have the power to detect changes in results measured by the review instrument that are larger than 5%, with a 90% confidence level, 80% of the time ($\alpha=0.05$, $\beta=0.20$). This same power and confidence level is also a Federal CFSR Round 3 requirement for ongoing case review. In Wisconsin, a review sample of 271 Initial Assessments will have adequate power to detect a 5% change in adherence to Standards based on statewide results. A sample of this size, however, is not large enough to detect similar changes at a county-specific level.

circumstances made it impossible to review the original Initial Assessment. In total, 37 Initial Assessments were replaced with Initial Assessments from the oversample.[19]

Table 2 provides an overview of the basic characteristics of the sample used. The sample of Initial Assessments used in this case review appears to be representative of the population. For example, there were 215 IAs (79.3%) in the sample that were unsubstantiated and 46 IAs (17.0%) that were substantiated. Of the population of 34,716 Initial Assessments from 2014, there were 26,636 (76.7%) unsubstantiated and 4,794 (13.8%) substantiated. There were three areas, however, where the review sample differed slightly from the population. First, there was a difference in the number of IAs completed timely. In the review sample, 67.5% were completed within 60 days compared to 59.2% in the population. This discrepancy can partially be explained by the fact that all IAs completed as part of the BMCW case closure project were excluded from the sample. Second, there were fewer IAs in the sample with a finding of "Not Able to Locate" (0.7% compared to 2.2%). This difference is likely due to the fact that most of these cases captured in the random sample were swapped out during the review because they could not be reviewed with the instrument. Lastly, there were fewer Alternative Response (AR) assessments captured in the review sample (3.0% compared to 7.3%). Because the sample was randomly selected, and no exclusion criteria were applied to AR cases, this discrepancy is likely due to chance. It is improbable that these differences have a significant effect on the baseline results that follow.

Table 2. Comparison of the 2015 IA Case Review Sample and Population.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Population∞		IA Review Sample	
	N	(%)	N	(%)
Initial Assessment Finding[‡]				
Unsubstantiated	26,636	(76.7%)	215	(79.3%)
Substantiated	4,794	(13.8%)	46	(17.0%)
Services Needed[§]	299	(0.9%)	0	(0.0%)
Services Not Needed[§]	2,209	(6.4%)	8	(3.0%)
Not Able to Locate	778	(2.2%)	2	(0.7%)
Approved Timely				
Completed Within 60 Days	20,538	(59.2%)	183	(67.5%)
Not Completed Within 60 Days	14,178	(41.5%)	88	(32.5%)

∞Based on preliminary 2014 data for the defined population during the period under review (See the *2014 Wisconsin Child Abuse and Neglect Report* for official numbers.)
[‡] Substantiation of allegations at the case level (not individual allegations)
[§] Pertains to Alternative Response (AR) cases only

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[19] Prior to the review, 21 of the 75 cases in the Milwaukee sample were swapped out for different Milwaukee cases in the oversample because they were approved during the case closure process, which relied on an amended assessment protocol. Over the course of the review, 2 additional Milwaukee cases were swapped for the same reason. Statewide, an additional 14 cases were swapped out for other reasons: 1) cases with a disposition of *Case Closed – Clients unavailable or cannot be located* where the reviewer found that information contained in the electronic record supported that reasonable efforts were made by the child welfare agency to locate the family (occurred in 7 instances); 2) cases in which it was determined that the agency assessed the wrong household (occurred in 6 instances); and 3) cases in which a Primary assessment was conducted but Standards required a Secondary assessment (in 1 instance).

Baseline Results of Adherence to Standards in IA Case Practice

This section highlights key results related to CPS case practice at Initial Assessment and consistency with Standards. The results of each question contained in the review instrument are shown in Appendix G. A discussion of these findings and related recommendations are found in the Discussion and Recommendations sections.

Interview Contacts

Timeliness of Face-to-Face Contacts

The review examined whether or not Initial Assessments met response times assigned at Access through timely completion of face-to-face contacts.

The Department of Children and Families routinely reviews the timeliness of initial contacts using administrative data through KidStat. Local child welfare agencies meet this timeliness measure when face-to-face contact with any household member is documented within the assigned response time (same-day, 24-48 hours, or within 5 business days). Table 3 shows the timeliness of initial contacts statewide based on the population of approved Initial Assessments from which the IA review sample was drawn. For example, of the IAs that had a same-day response assigned at Access, a total of 84.6% documented an initial case contact that occurred timely or was attempted timely (83.0% and 1.6%, respectively). The remaining IAs either had a contact that occurred after the assigned timeframe (Occurred- Not Timely, 14.7%), or attempted to contact a household member after the assigned timeframe but was unsuccessful in that attempt (Attempted- Not Timely, 0.6%), or did not have a contact documented at all (Did Not Occur, 0.2%).

Table 3. Statewide Percent of Initial Contacts Attempted or Occurred Timely.
CQI 2015 Initial Assessment Case Record Review Population, DCF, Wisconsin 2015.

		Response Time		
Timeliness of Occurrence/Attempt		Same-Day (N=4,529)	Within 24-48 Hours (N=3,854)	Within 5 Business Days (N=15,316)
Timely	Occurred- Timely	83.0%	83.1%	81.8%
	Attempted- Timely	1.6%	2.2%	3.9%
	Subtotal	*84.6%*	*85.3%*	*85.8%*
Not Timely	Occurred- Not Timely	14.7%	14.2%	13.4%
	Attempted- Not Timely	0.6%	0.3%	0.5%
	Subtotal	*15.2%*	*14.5%*	*14.0%*
Did Not Occur	Not Documented	0.2%	0.2%	0.2%

Note: The population of Initial Assessments (compiled using the *SM06A109-IA Report*) included those that were approved between January 2014 and March 2015 and were tied to Access Reports received in 2014. Preliminary data show that there were a total of 34,716 IAs approved during this period, with 25,116 meeting the criteria for review. The above analysis eliminates IAs with a recorded response time of "N/A" (N=16) and face-to-face contact efforts of "Doc Error" (N=1,401), bringing the total number of IAs to 23,699.

Case review data allows for a better understanding of the quality of these contacts. The IA review examined the specific types of case participants in terms of their role of either identified victim or identified maltreater, and whether or not face-to-face contact occurred within the required timeframes. In order to assess for present danger threats as required by Standards, all alleged victims and the parents/caregivers must be contacted within the assigned response timeframe.

Figure 1 shows contacts with alleged victims by assigned response time. While performance varied by response time assigned at Access, 65.7% of all IAs reviewed had timely face-to-face contact with all alleged victims, while 22.1% did not have timely contact with any of the alleged victims. Of the Initial Assessments reviewed that had a same-day response time, a total of 85.5% demonstrated timely face-to-face contact with either all (79.7%) or some (5.8%) of the alleged victims.

Figure 1. Assessment of Present Danger and Assigned Response Time: All Alleged Victims. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
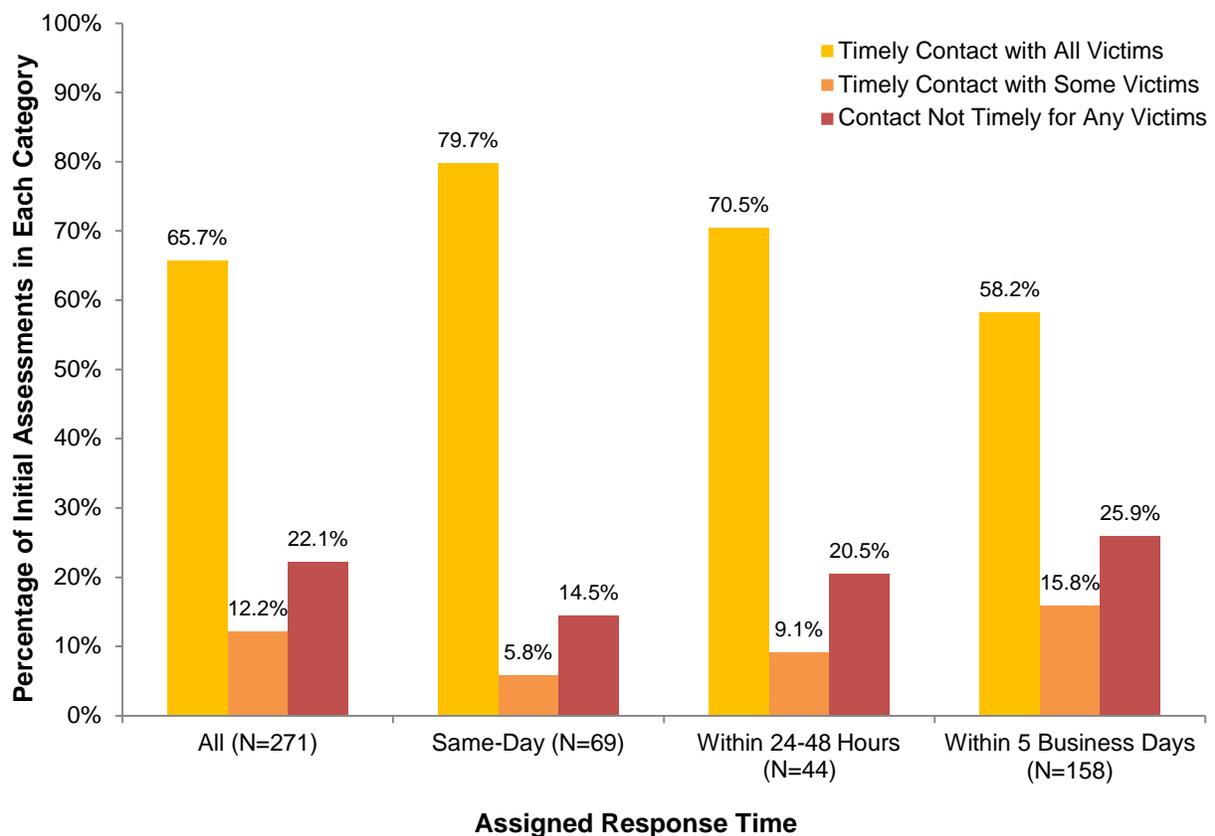
Figure 2 shows face-to-face contacts with parents/caregivers based on the assigned response time. Overall, 47.6% of IAs reviewed had timely contact with all parents/caregivers; in 52.4% one or more of the parents and/or caregivers was not seen within the required timeframe. In 55.1% of Initial Assessments that had a same-day response time, the local agency made contact with all parents/caregivers, whereas 44.9% did not make timely contact with all parents or caregivers. (The review instrument did not allow for the selection of "some" with respect to face-to-face contacts with parents/caregivers).

Figure 2. Assessment of Present Danger and Assigned Response Time: All Parents/Caregivers. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
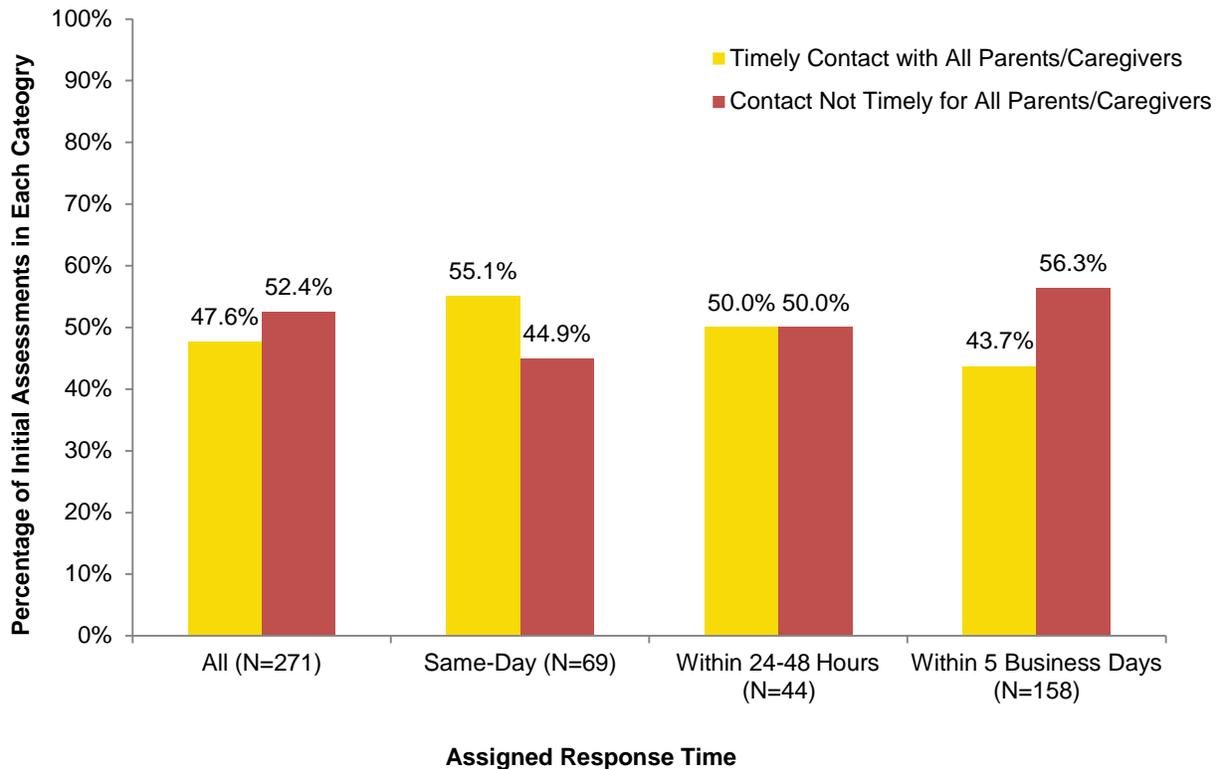
Table 4 shows the association between timely contact with all alleged victims and the consistency of IA conclusions with Standards. When face-to-face contact with all victims was made within the assigned response time the safety determination was consistent with Standards 83.2% of the time and inconsistent with Standards 16.9% of the time (statistically significant). However, when face-to-face contact was not made with all victims within the assigned response time, the safety determination was consistent with Standards 64.5% of the time. Similarly, when face-to-face contact was made with all victims within the assigned response time, the maltreatment determination was consistent with Standards 85.6% of the time (and inconsistent 14.5%) and case disposition was consistent with Standards 87.6% of the time (and inconsistent 12.3%). These differences were also statistically significant.

Table 4. Face-to-Face Contact with All Victims and Consistency of IA Conclusions with Standards. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

		Safety Determination***				Maltreatment Determination**				Case Disposition***			
		Consistent		*Inconsistent/ Not enough information*		*Consistent*		*Inconsistent/ Not enough information*		*Consistent*		*Inconsistent/ Not enough information*	
		N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Met Face-to-Face Contact With All Victims Within Assigned Response Time	*Yes*	148	(83.2%)	30	(16.9%)	148	(85.6%)	25	(14.5%)	156	(87.6%)	22	(12.3%)
	No	60	(64.5%)	33	(35.5%)	63	(70.0%)	27	(30.0%)	61	(65.6%)	32	(34.4%)

*** Relationship between timeliness and conclusion is statistically significant at p≤0.001 ** significant at p≤0.01

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In addition, the connection between making all required face-to-face contacts within the assigned timeframes and the presence or absence of Present Danger Threats was examined. There were 45 IAs in the sample where the local agency had identified present danger at initial contact. In 34 of those cases (75.6%), face-to-face contact with all victims was made within the assigned response time (results not shown).

Necessary Collateral Contacts

Of the Initial Assessments reviewed, 195 (72.0%) made contact with all collaterals necessary for understanding safety in the specific case under review, and 76 (28.0%) were found to be missing at least one necessary collateral contact, as shown in Figure 3. The missing collateral contacts were then categorized into eight categories.[20] The most common category of missed necessary collateral contacts was school professionals.

Figure 3. Initial Assessments Missing Necessary Collateral Contacts (by Category). CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
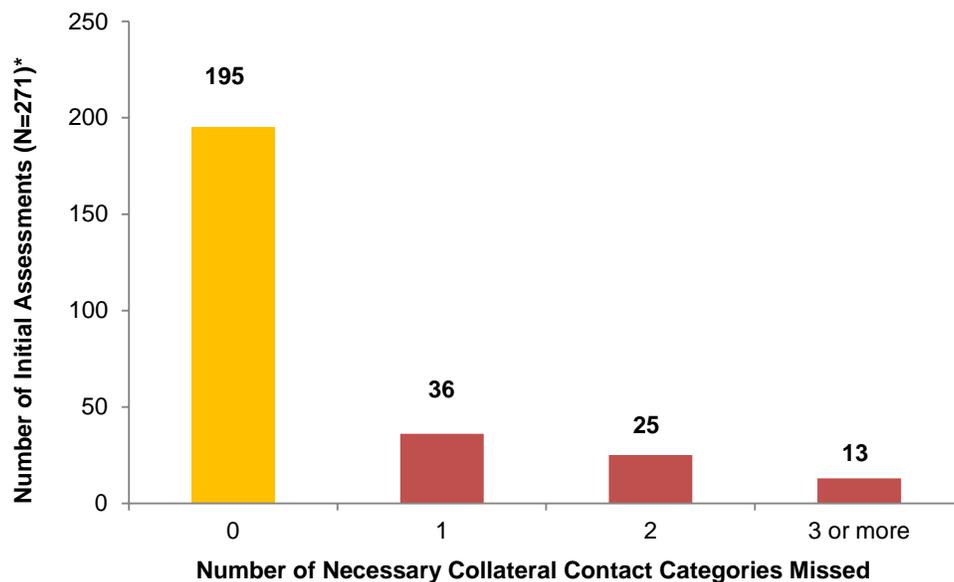
Note: The total number of IAs missing necessary collateral contacts shown on this graph is 74. There were two additional instances where the reviewer indicated that a necessary collateral contact was missed, but did not specify to which category the collateral contact(s) belonged.

Table 5 shows the association between contacts and the consistency of the safety determination with Standards. When contact with all necessary collaterals was made, the safety determination was consistent with Standards more often than when one or more necessary collateral contact was missed (89.7% of the time, compared to 43.4%, a statistically significant difference).

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[20] The eight collateral contact categories were: (1) physician/other medical professional, (2) police/probation officer/other law enforcement, (3) therapist/other mental health professional, (4) teacher/school social worker/other educational staff, (5) family member, (6) neighbor, (7) friend, (8) other.

Table 5. Thorough and Timely Contact Increases the Likelihood of Safety Determinations that Are Consistent with Standards.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	IA Safety Determination			
	Consistent with Standards		*Inconsistent with Standards/ not enough information*	
	N	(%)	N	(%)
Necessary Collateral Contacts				
Made all	175	(89.7%)***	20	(10.3%)***
Did not make all	33	(43.4%)***	43	(56.6%)***
Contact with Non-Custodial Parents				
Occurred[‡]	86	(80.4%)	21	(19.6%)
Did not occur	72	(71.3%)	29	(28.7%)
Timely Face-to-Face Contact with *Any* Household Member				
Yes	178	(78.8%)	48	(21.24%)
No	30	(66.7%)	15	(33.3%)
Timely Face-to-Face Contact with *All* Alleged Victims[§]				
Yes	148	(83.2%)***	30	(16.9%)***
No	60	(64.5%)***	33	(35.5%)***

[‡]The IA comprehensively documented that contact occurred and/or included supporting documentation for acceptable reason(s) why no contact occurred; not applicable for all cases (i.e., only when there are non-custodial parents).

[§]Note that this is the same result shown in Table 4 (included for comparison).

*** Statistically significant at p≤0.001

Another way of stating the relationship between collateral contacts and safety determination is when contact with all necessary collaterals was made, the safety determination was 9.7 times more likely to be consistent with Standards (statistically significant). This is also accounting for contact with non-custodial parents and timely contact with victims (see Appendix F: Additional Analyses, Table F-1).

Finally, making interview contacts in accordance with Standards appears to be related to information gathering in a statistically significant way (see Table F-2 in Appendix F: Additional Analyses). Making all necessary collateral contacts was associated with an average increase of 8.7% in the proportion of information items with comprehensive documentation. Meeting all victims face-to-face within the assigned response time was associated with an average increase of 5.7%. Contact with non-custodial parents (and/or supporting documentation for why contact was not made), was associated with an average increase of 7.4% in the proportion of information items with comprehensive documentation.

American Indian Heritage

Table 6 shows the review results of requirements related to the Indian Child Welfare Act (ICWA). During the course of the Initial Assessment, inquiry into American Indian heritage for each child in the household should be completed and an ICWA Record should be created for each child in eWiSACWIS. The first requirement is to complete the *Screening for the Child's Status as Indian* form (DCF-F-CFS2322). Of the IAs reviewed, 185 of 271 (68.3%) met this requirement for all children in the household. There were a total of 51 children in 21 cases for whom American Indian heritage was indicated, and in 18 (85.7%) of those cases the required *Child Biological Family History* form (DCF-F-CFS2323) was completed for all

applicable children, while the required *Request for Confirmation of Child's Indian Status* form (DCF-F-CFS2016) was created and sent to the tribe or Bureau of Indian Affairs in 12 cases (57.1%). In only 3 out of 21 (14.3%) cases was there documentation that a request to the tribal agency was made for assistance in evaluating the case, a part of engaging in active efforts.[21]

Table 6. Compliance with the Wisconsin Indian Child Welfare Act (WICWA) in Initial Assessments Reviewed.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Documented for *All* Applicable Children N (%)	Documented for *Some* Applicable Children N (%)	Not Documented N (%)
Screening for Child's Status As Indian[‡]	185 (68.3%)	27 (10.0%)	59 (21.8%)
Child's Biological Family History[§]	18 (85.7%)	1 (4.8%)	2 (9.5%)
Request for Confirmation of Child's Indian Status[§]	12 (57.1%)	2 (9.5%)	7 (33.3%)
Consultation with Tribal Agency[§]	3 (14.3%)	--	18 (85.7%)

[‡]Required in all Initial Assessments (N=271)

[§]Required when child's Indian screening status is positive (N=21Initial Assessments)

Information Gathering

Relationship Between Information Gathering and IA Conclusions Consistent with Standards

Thorough information gathering and analysis is necessary to make decisions about safety and case opening. The review instrument measured the level of information gathered through the documentation of 49 information items (see Appendix A on the methodology used to develop the review instrument and Appendix D for a copy of the review instrument). Statistical analyses related to this section examined the relationship between the level of information documented and the likelihood of reaching decisions (safety determination, IA case disposition, and maltreatment determination) consistent with Standards.

As shown in Figure 4, 98.3% of the Initial Assessments reviewed that had comprehensively documented more than half of the information items also had a safety determination that was consistent with Standards. Of the Initial Assessments with fewer than 20% of the information items comprehensively documented, safety determinations were consistent with Standards only 50% of the time. Similarly, as shown in Figure 5, 98.3% of Initial Assessments reviewed that had more than half of the information items comprehensively documented also had a case disposition consistent with Standards. When fewer than 20% of the information items were comprehensively documented, the case disposition was consistent with Standards 54.4% of the time. The association between higher levels of documented information gathering and IA conclusions consistent with Standards was statistically significant (p<.0001) for both safety determination and IA case disposition.

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[21] Active efforts as defined by Wis Stat.48.028(4)(g)1 is "an ongoing, vigorous and concerted level of case work…made in a manner that takes into account the prevailing social and cultural values, conditions, and way of life of the Indian child's tribe and that utilizes the available resources of the Indian child's tribe, tribal and other Indian child welfare agencies, extended family members of the Indian child, other individual Indian caregivers and other culturally appropriate service providers."

Figure 4. Comprehensive Information Gathering Increases the Likelihood of Safety Determination Consistent with Standards.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
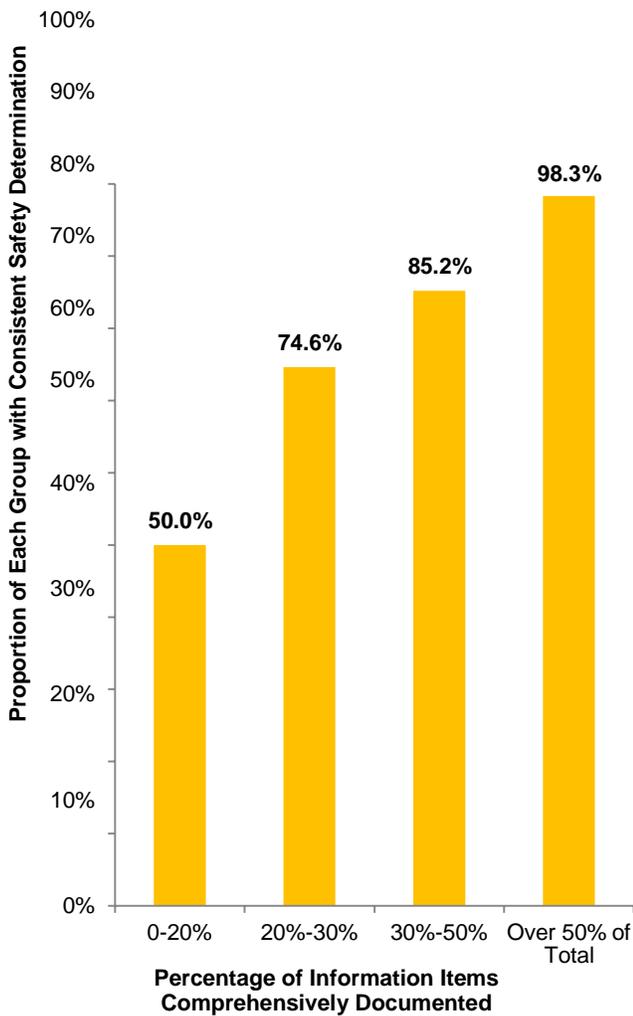
Figure 5. Comprehensive Information Gathering Increases the Likelihood of Case Disposition Consistent with Standards.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
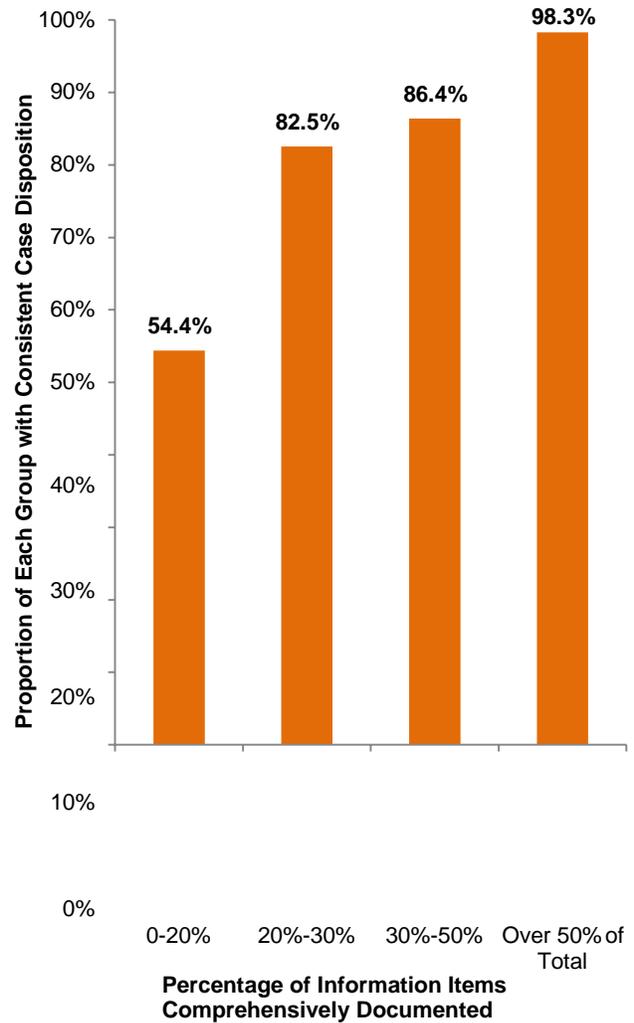
Furthermore, Initial Assessments with more than 50% of the information items comprehensively documented were 58.0 times more likely to be consistent with Standards for the safety determination when compared to the IAs with only 0-20% of the information items comprehensively documented. These IAs were also 48.6 times more likely to be consistent with Standards for the case disposition (see Appendix F: Additional Analyses, Table F-3). Both of the calculated odds ratios were statistically significant.

The relationship between maltreatment determination (substantiation decision) and comprehensive

documentation (for the Maltreatment and Surrounding Circumstances sections of the Initial Assessment only) was also explored and a similar pattern was observed. In Initial Assessments that comprehensively documented the most required information items from the Maltreatment and Surrounding Circumstances sections (6 or more out of a possible 7 total), 92.5% had a maltreatment determination that was found to be consistent with Standards. However, when one or none of the Surrounding Circumstances and Maltreatment items was comprehensively documented, the maltreatment determination was consistent with Standards only 43.1% of the time (results shown in Appendix F: Additional Analyses, Figure F-1).

Levels of Information Gathering: Overall and by IA Characteristics

With respect to the overall level of the documentation, the average percentage of applicable information items documented throughout Initial Assessments was 33.9% (when counting answers of "all"), with a median value of 30.8% and a range of 0% to 92.7%. When documentation was included for "some" required individuals, the average increased to 46.9%, with a median value of 47.7% (and the same range). Figure 6 demonstrates the change in the distribution of information gathering (by percent) for when "all" items were adequately documented compared to when both "all" and "some" were included. (See Appendix F: Additional Analyses, Figures F-2 and F-3 for the individual distributions of information gathering for both "all" and "all + some").

Figure 6. Comparison of the Distributions of Documentation of Information Items Outlined in Standards: Documented for "All" Versus Documented for "All" and "Some".
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
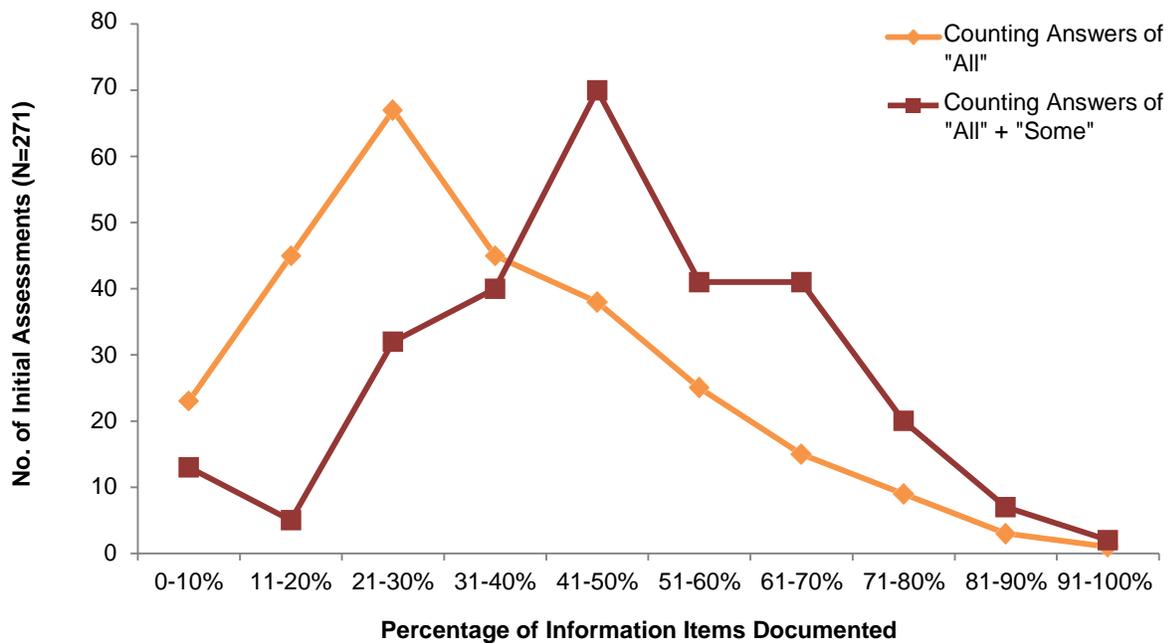
Note: The average proportion of information items comprehensively documented was 33.9% for all IAs reviewed. When accounting for "some" documentation, the average increased to 46.9%.

Analyses were also aimed at determining if the level of documentation varied by certain IA characteristics, such as timeliness of approval. Table 7 shows the documentation of information items by timely completion (within 60 days). IAs that were completed late had less information documented than those that were completed on time. Overall, the average percentage of information items with comprehensive documentation was 35.6% for IAs approved within 60 days and 30.4% for IAs approved after 60 days. This difference is statistically significant.

Table 7. Documentation Decreases When IAs Are Not Completed Timely (Within 60 days).
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	IA Completion		
	Timely (N=183)	**Not Timely** (N=88)	**Difference**[*]
Average Percentage of Information Items Comprehensively Documented	35.6%	30.4%	-5.2

[*] Results are statistically significant at p≤0.05.
Note: The average proportion of information items comprehensively documented was 33.9% for all IAs reviewed.

Further analyses examined how IA conclusions (i.e., the decisions reached by the local agency with respect to child safety and substantiation) influenced information gathering and documentation. The results are shown in Table 8. By safety determination, the average percentage of information items comprehensively documented was 33.4% for IAs that had a finding of safe versus 36.7% for unsafe. By maltreatment determination, the average was 34.0% when allegations were unsubstantiated and 36.2% when allegations were substantiated. While slight differences do exist, they are not statistically significant.

Table 8. Differences in Average Amount of Information Documented by IA Safety and Maltreatment Determinations.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	IA Safety Determination			IA Maltreatment Determination		
	Safe (N=229)	**Unsafe** (N=42)	**Difference**	**Unsubstantiated** (N=215)	**Substantiated** (N=46)	**Difference**
Average Percentage of Information Items Comprehensively Documented	33.4%	36.7%	+3.3	34.0%	36.2%	+2.2

Note: The average proportion of information items comprehensively documented was 33.9% for all IAs reviewed.

There was also a difference in the average percentage of required items with comprehensive documentation depending on IA case disposition, as shown in Table 9. For example, when the case was closed after the completion of IA because the child was found to be safe, 35.5% of required information items were comprehensively documented, on average, compared to 24.9% when the case was closed because the family refused services.

**Table 9. Differences in Average Amount of Information Documented by IA Case Disposition.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.**

IA Case Disposition	N	Average Percentage of Information Items Comprehensively Documented
Case Closed: Child Safe	186	35.5%
Case Closed: Family Refuses Services	11	24.9%
Case Closed: Unable to Locate	6	2.7%
Case Opened for Ongoing Services	53	34.4%
Already Open	10	28.6%
Opened for Non-CPS	5	37.9%

Note: The average proportion of information items comprehensively documented was 33.9% for all IAs reviewed.

Additional analyses looked at the differences in information gathering and documentation by allegation type. As shown in Table 10, when the assessment did not contain allegations of neglect, the average percentage of required information items with comprehensive documentation was 35.3%, while assessments that did have neglect allegations had an average of 32.3% of required information items documented (a difference of 3 percentage points). Overall, cases with allegations of physical abuse or sexual abuse had higher levels of documented information gathering than other allegation types.

**Table 10. Variation in the Level of Information Gathering by Allegation Type.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.**

Specific Allegation Type:	N	Average Percentage of Information Items Comprehensively Documented:		
		When IAs *Did Not* Contain the Specific Allegation Type	When IAs *Did* Contain the Specific Allegation Type	Percentage Point Difference
Multiple Allegation Types	55	34.3%	32.3%	-2.0
Neglect	125	35.3%	32.3%	-3.0
Physical Abuse	69	32.7%	37.6%	4.9
Sexual Abuse	18	33.7%	37.4%	3.7
Emotional Abuse	3	34.0%	28.0%	-6.0
Unborn Child Abuse	1	34.0%	22.5%	-11.5

Note: The average proportion of information items comprehensively documented was 33.9% for all IAs reviewed.

Information Gathering and Documentation of Specific Items

When examining the level of documentation in specific areas of Initial Assessment, the review instrument used an all-inclusive approach by measuring specific items for each area of information gathering as outlined by Standards and corresponding appendices. [22] The results demonstrate a wide variability in documentation depending on the area and/or information item in question. Figures 7-13 show the frequency with which specific information items pertaining to the different areas are documented. For example, the area of Adult Functioning consists of specific information items such as employment and education, home management, and decision-making skills. Information was considered to be comprehensively documented when it was collected according to Standards for *all* relevant individuals (bold percentages in figures) and contained in the section of the IA template corresponding to each area of assessment.

The shaded regions of the graphs in Figures 7-13 depict how the results change when accounting for documentation of items for *some* applicable case participants/household members, as many of the information items required gathering information from multiple people in the case (increased percentages when including both "all" and "some" are italicized in figures). In these instances, reviewers assessed whether the information item was gathered and documented for *all* applicable household members, *some* household members or *none* of the household members (see Appendix D: Initial Assessment Review Instrument).

The addition of the "some" answers alters results in certain sections (such as the Child and Adult Functioning sections) more than in others. It is also worth noting that even when counting partial information there remained a wide range in documentation both among and within sections. Most sections had one or two items that were well documented, while the remaining items were documented less than 50% of the time, even when including answers of both "all" and "some". On the other hand, information items in the Maltreatment and Surrounding Circumstances sections were comprehensively documented more frequently (between 61.4% and 73.5%). (See Appendix F: Additional Analyses, Figure F-4 for an overview of documentation of each individual item).

Figure 7 shows the average frequency of documentation for the items measured in the Surrounding Circumstances section of the IA template. For example, there was comprehensive documentation of the parent/caregiver's explanation for the alleged maltreatment in 73.5% of the IAs reviewed. For this section, the option to indicate that information was gathered for some individuals was not available because the area was not applicable to multiple individuals.

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[22] See Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 2, Chapter 14, XIV.E. Information that Must be Gathered and Analyzed, pp. 50; Appendix 3: Information to Be Gathered and Analyzed -Primary Assessment Cases, pp. 93-98.

Figure 7. Comprehensive Documentation of Information Items by Section: Surrounding Circumstances. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Surrounding Circumstances∞

Parent/Caregiver Explanation: **73.5%**

Circumstances Surrounding Alleged Maltreatment: **72.3%**

■ Comprehensive documentation

0%　20%　40%　60%　80%　100%
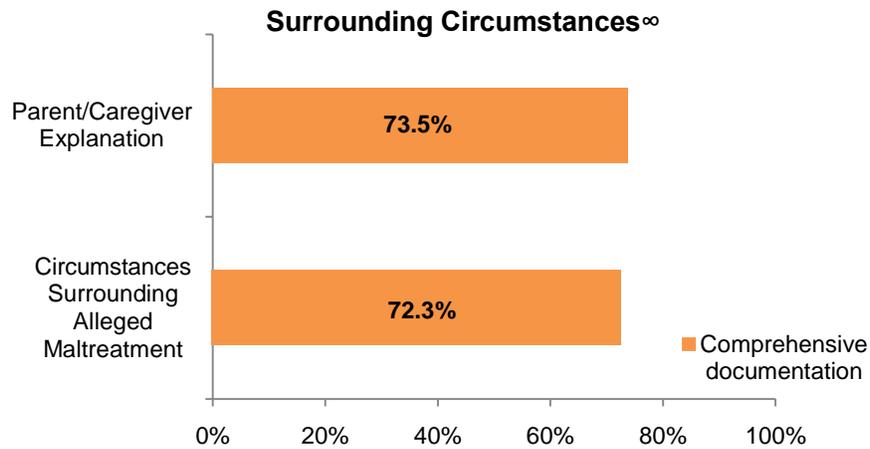
∞The option to select "some" was not available for these questions as item is not applicable to multiple individuals.

Figure 8 shows the average frequency of documentation for the items measured in the Maltreatment section of the IA. For example, comprehensive documentation of all types of maltreatment was found in 66.7% of Initial Assessments reviewed. When answers of "some" were included, the percentage increased to 78.0%.

Figure 8. Comprehensive Documentation of Information Items by Section: Maltreatment. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Maltreatment

Description of All Types of Maltreatment: **66.7%** _78.0%_

Supporting Documentation for Maltreatment Determinations: **67.8%** _76.5%_

Child Injury or Condition: **61.4%** _71.6%_

Description of Medical Findings: **69.2%** _71.2%_

Supporting Documentation for Court Intervention: **63.8%** _63.8%_

0%　20%　40%　60%　80%　100%

■ Comprehensive documentation　▨ Some documentation

24
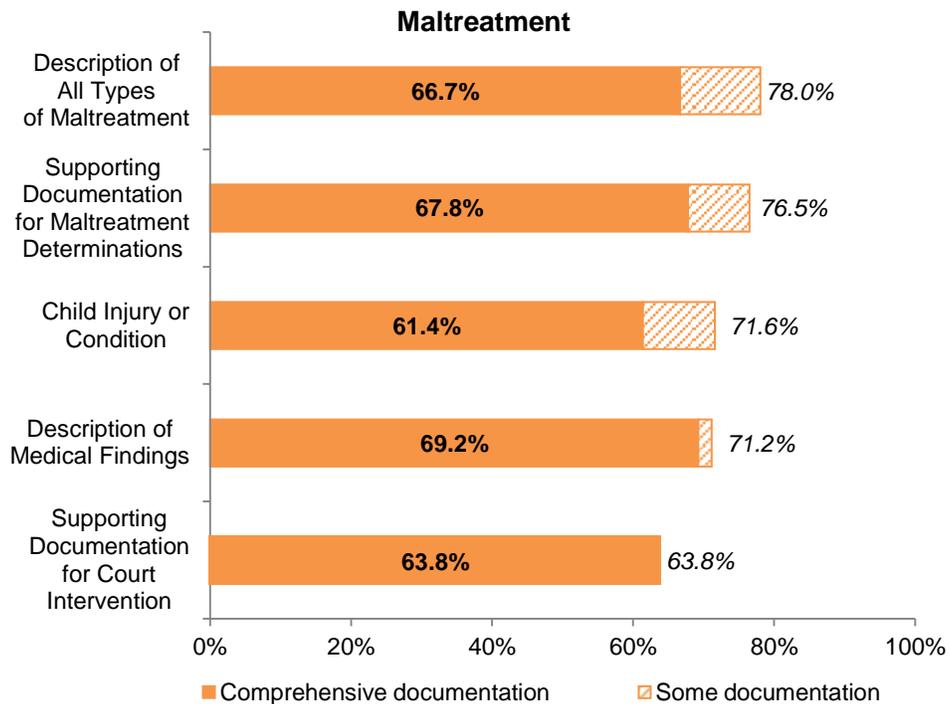
Figure 9 shows the average frequency of documentation for the items measured in the Adult Functioning section. For example, there was comprehensive documentation of education and/or employment 68.6% of the time. When answers of "some" adults were included, the description was documented in 89.3% of Initial Assessments.

Figure 9. Comprehensive Documentation of Information Items by Section: Adult Functioning. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Adult Functioning

Item	Comprehensive documentation	Some documentation
Education/Employment	68.6%	89.3%
Mental Health	51.7%	69.4%
Criminal Behavior	50.9%	64.9%
AODA	45.0%	59.4%
Home Management	35.4%	50.6%
Information From Past Assessments	26.6%	39.9%
Basic Life Skills	20.7%	33.9%
Domestic Violence Behavior	21.4%	30.6%
Communication	18.1%	29.5%
Coping/Stress Management	16.2%	26.9%
Impulse Control/Judgement	12.9%	18.8%
Decision-Making Skills	9.6%	15.1%

■ Comprehensive documentation   ▨ Some documentation

Figure 10 shows the average frequency of documentation for the items measured in the Child Functioning section. For example, there was comprehensive documentation of school performance 70% of the time. When answers of "some" children were included, documentation of school performance was identified in 88.7% of Initial Assessments.

Figure 10.Comprehensive Documentation of Information Items by Section: Child Functioning. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Child Functioning

- School Performance: 70.0% / 88.7%
- General Temperament: 39.1% / 64.6%
- Typical Behaviors: 35.1% / 60.5%
- Mental Health Disorders: 35.9% / 59.6%
- Independence/Dependence: 33.9% / 57.2%
- Motor Skills: 25.5% / 52.8%
- Expression of Emotions: 21.0% / 47.6%
- Effects of Maltreatment: 29.3% / 42.6%
- Peer Relationships: 16.7% / 40.1%
- Capacity for Attachment: 13.3% / 30.3%

Comprehensive documentation ▪ Some documentation
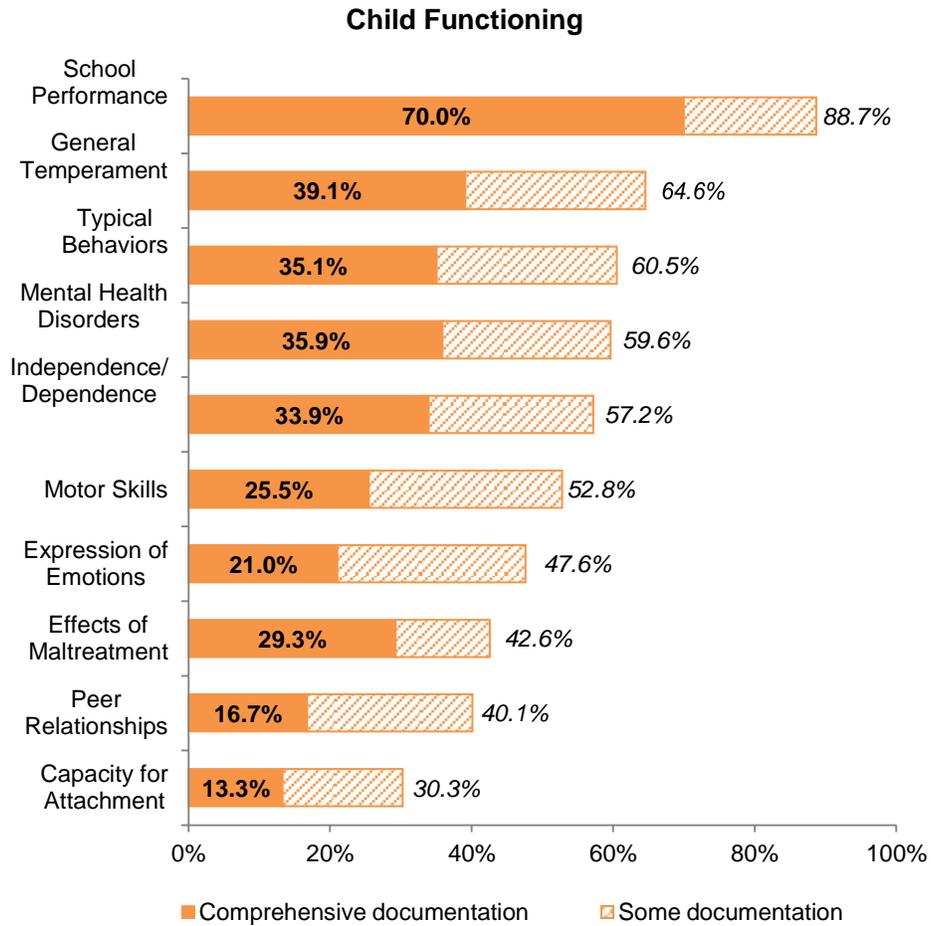
Figure 11 shows the average frequency of documentation for the items measured in the Discipline section. For example, there was comprehensive documentation of disciplinary methods used 57.6% of the time. When answers of "some" were included, the documentation rate increased to 82.7% of Initial Assessments.

Figure 11. Comprehensive Documentation of Information Items by Section: Discipline. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
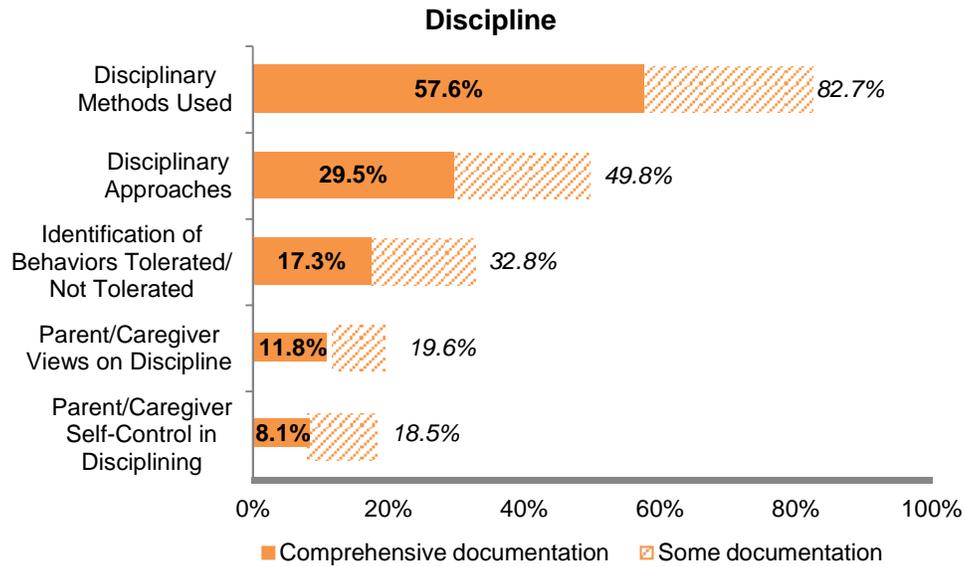
Figure 12 shows the average frequency of documentation for the items measured in the Parenting Practices section. For example, there was comprehensive documentation of nurturance/parenting style 33.9% of the time. When the addition of "some" parents/caregivers was included, the frequency of documentation increased to 57.6% of Initial Assessments.

Figure 12. Comprehensive Documentation of Information Items by Section: Parenting Practices. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Parenting Practices

Category	Comprehensive documentation	Some documentation (total)
Nurturance/Parenting Style	33.9%	57.6%
General Skill/Basic Care	31.7%	53.1%
Feelings About Being a Parent	25.5%	40.2%
Parent Perception of Child	23.2%	38.7%
Expectations for Child	16.6%	32.1%
Reasons for Being a Parent	6.3%	10.3%

■ Comprehensive documentation   ▨ Some documentation
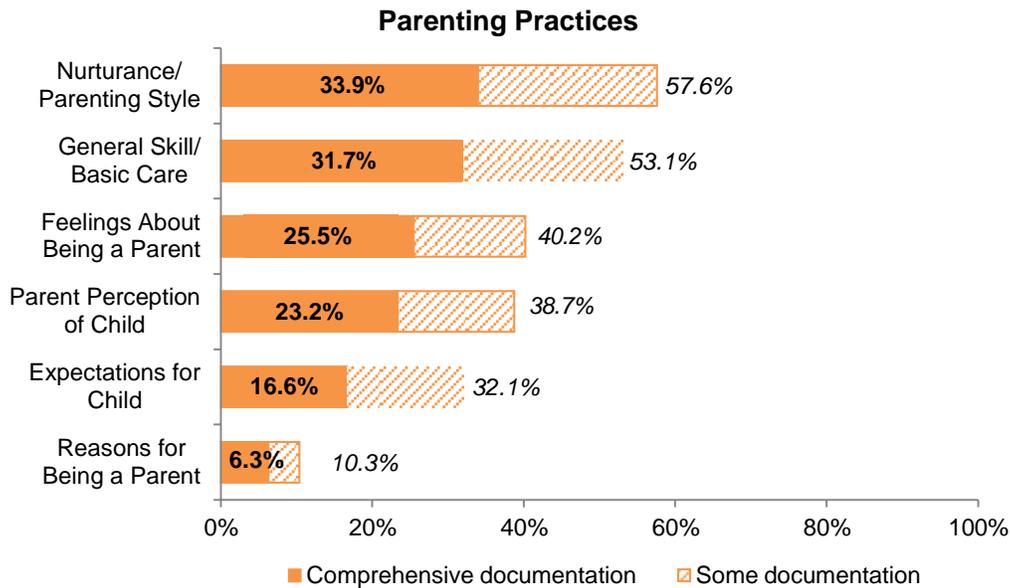
Figure 13 shows the average frequency of documentation for the items measured in the Family Functioning section. For example, there was comprehensive documentation of access to economic resources in 40.6% of Initial Assessments. The option to indicate that information was gathered for some individuals was not available because the area was not applicable to multiple individuals, but was assessed based on the family unit as a whole.

Figure 13. Comprehensive Documentation of Information Items by Section: Family Functioning. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Family Functioning∞

Category	Comprehensive documentation
Access to Economic Resources	40.6%
General Climate in the Family	37.3%
Roles/Boundaries in the Family	33.9%
Marital Concerns/Domestic Violence	29.9%
Level and Type of Communication	24.4%
Family Relationship to Community	22.5%

■ Comprehensive documentation
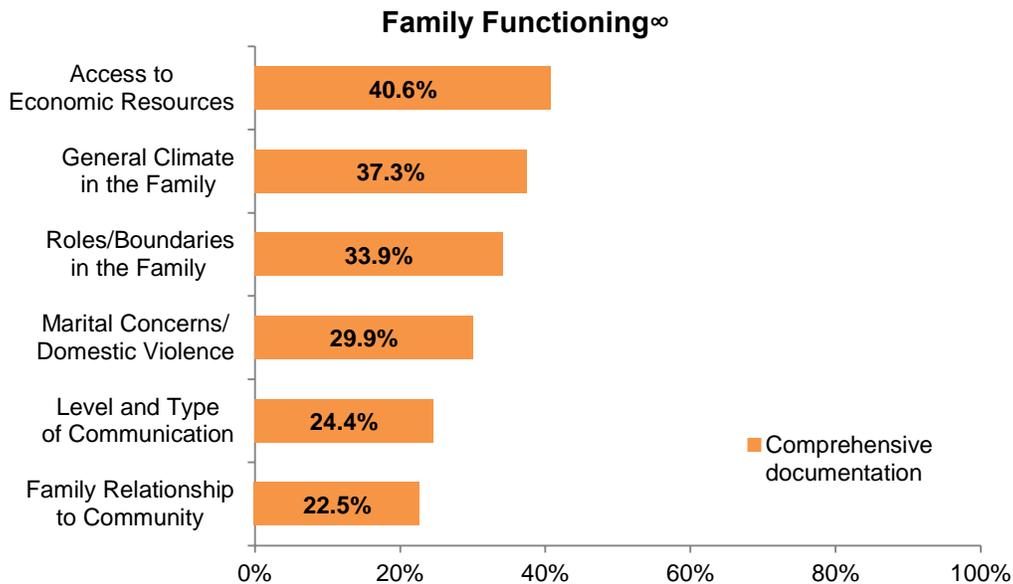
∞The option to select "some" was not available for these questions as item is not applicable to multiple individuals.

Present and Impending Danger

The review also evaluated the assessment of present and impending danger according to Standards. Table 11 shows results for the assessment of present danger (both at initial face-to-face contact and throughout the IA) and impending danger. Assessment of present danger at initial face-to-face contact was consistent with Standards 81.5% of the time. The assessment of present danger throughout the IA was consistent with Standards 86.3% of the time, and the assessment of impending danger was consistent 74.9% of the time. Assessment of impending danger was less consistent with Standards than present danger; however, many of these (22.5%) were the result of the reviewer not having enough information within the IA to adequately determine if the assessment of impending danger was or was not consistent with Standards.

Table 11. Consistency with Standards in Assessing for Present and Impending Danger Threats. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Identification of Present Danger (Initial Face-to-Face)		Identification of Present Danger (Throughout IA)		Identification of Impending Danger (Conclusion of IA)	
	N	(%)	N	(%)	N	(%)
Consistent with Standards	221	(81.5%)	234	(86.3%)	203	(74.9%)
Inconsistent with Standards	23	(8.5%)	4	(1.5%)	7	(2.6%)
Not enough information documented to support assessment	27	(10.0%)	33	(12.2%)	61	(22.5%)

Table 12 shows the relationship between assessment of impending danger and the consistency of safety determinations and case dispositions with Standards. When impending danger was assessed in a manner consistent with Standards, the safety determination was found to be consistent with Standards 98.0% of the time and inconsistent 2.0% of the time; case disposition was consistent with Standards 99.0% of the time and inconsistent 1.0% of the time. All of the results are statistically significant. When the assessment of impending danger was not consistent with Standards, the safety determination was consistent with Standards only 13.2% of the time and case disposition only 23.5% of the time.

Table 12. Assessing for Impending Danger and IA Conclusions Consistent with Standards. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Safety Determination***				Case Disposition***			
	Consistent		Inconsistent/ Not enough information		Consistent		Inconsistent/ Not enough information	
	N	(%)	N	(%)	N	(%)	N	(%)
Assessment of Impending Danger								
Consistent with Standards	199	(98.0%)	4	(2.0%)	201	(99.0%)	2	(1.0%)
Inconsistent with Standards/ Not enough information	9	(13.2%)	59	(86.8%)	16	(23.5%)	52	(76.5%)

*** Relationship between conclusion and assessment of impending danger is statistically significant at p≤0.001

Protective Plans and Safety Plans

Part of the IA review involved assessing for required protective planning and safety planning when Present Danger Threats and/or Impending Danger Threats existed. When plans were present, the case review was also intended to assess their quality. If the local agency identified Present Danger Threats and/or Impending Danger Threats (or if information documented supported the presence of Present Danger Threats and/or Impending Danger Threats) and there was no corresponding protective plan or safety plan documented in the electronic case record, then the plan was qualified as "plan needed but not documented".

Table 13 shows the documentation of protective plans and safety plans in the IAs reviewed. In total, 55 Initial Assessments had documented evidence of protective actions taken and 216 did not. Of the IAs that did not contain or reference a protective plan or action, 170 did not need one, as no present danger existed. However, 24 of the IAs that did not have a protective plan documented did need one due to the existence of present danger based on documentation in the case file. In 7 of those 24 cases, the local agency identified present danger, and a plan was necessary to control for the Present Danger Threat(s) named, but none was contained in the case record. In the remaining 17 cases, information in the IA supported the existence of present danger and thus a protective plan was needed to control for the Present Danger Threat(s). There were 22 cases in which there was not enough information to determine if a protective plan was needed.

With respect to safety plans, 45 IAs contained a documented safety plan in eWiSACWIS and 226 did not. Of the IAs that did not have a safety plan, 171 did not need one, as no impending danger existed. In 7 instances, however, information in the Initial Assessment supported the existence of impending danger. Therefore, a safety plan was necessary to control for the Impending Danger Threat(s). Finally, there were 48 IAs in which there was not enough information to determine if a safety plan was needed.

Table 13. Documented Protective Actions/Plans and Safety Plans in Initial Assessments Reviewed. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Protective Plan		Safety Plan	
Plan documented	55		45	
No plan documented	216		226	
Plan not needed		170		171
Plan needed but none documented[§]		24		7
Not enough information to determine if plan needed		22		48

[§] Based on local agency and/or reviewer identification of present and/or impending danger.

Figures 14 and 15 show the types of plans used. Of the 55 IAs that documented protective planning, 15 contained a Protective Plan document, 33 relied on Temporary Physical Custody (TPC), 2 had a Voluntary Placement Agreement (VPA), and 5 employed multiple types of protective plans (for example, combined use of Protective Plan, TPC and/or VPA). Of 45 IAs in the review sample that contained a safety plan, 36 were out-of-home and 9 were in-home.

Figure 14. Protective Planning in Initial Assessments Reviewed.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
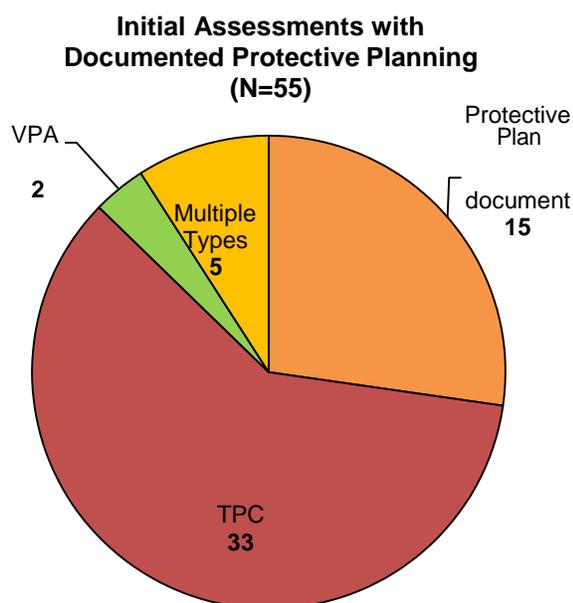
Figure 15. Safety Planning in Initial Assessments Reviewed.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Initial Assessments with Documented Protective Planning (N=55)

Initial Assessments with Documented Safety Planning (N=45)
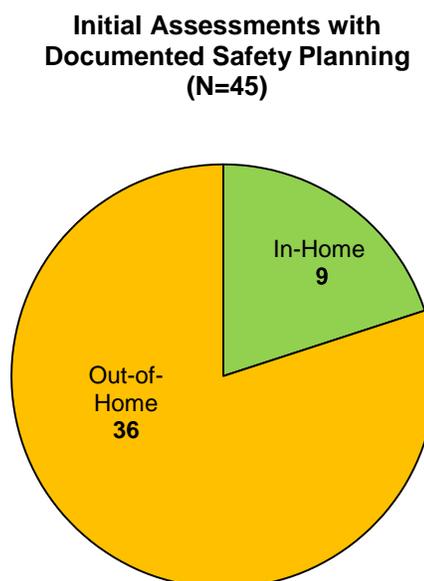
When protective plans and safety plans were present, the review also assessed their quality. Of the protective plans reviewed, 89.1% were immediately implemented as required by Standards, while 10.9% were not; 80.8% of plans contained a sufficient description of how all identified Present Danger Threats would be controlled for all children, while 19.2% did not (see Appendix F: Additional Analyses, Table F-4).

The reviewers also evaluated the quality of the 9 in-home safety plans contained in the review sample (see Appendix F: Additional Analyses, Table F-5). Overall, one-third of the in-home safety plans reviewed comprehensively documented all required details of the safety plan. Specifically, 5 of the 9 in-home safety plans reviewed adequately described all identified Impending Danger Threats, and 4 out of 9 adequately described safety services used to manage those threats. Three out of 9 adequately documented the names of safety services providers, described roles and responsibilities of providers, and described frequency and duration of necessary services.

Decision-Making

Finally, the review assessed the decisions reached by the local child welfare agency at the conclusion of Initial Assessment. As shown in Table 14, the maltreatment determination was consistent with Standards in 219 (80.2%) of the cases reviewed. There were a total of 52 cases reviewed (19.8%) in which the reviewers could not confirm that the maltreatment determination was consistent with Standards, 43 (16.3%) of which did not have enough information to assess the substantiation (or unsubstantiation) of maltreatment allegations. In 9 (3.4%) cases total, there was enough information documented to determine that the maltreatment determination was inconsistent with Standards.

Table 14. Review Results for Maltreatment Determinations.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Maltreatment Determination	N[§]	(%)	
Consistent with Standards	211	(80.2%)	
Inconsistent with Standards	9	(3.4)%	
Unsubstantiated allegations should have been substantiated			*7 (2.7%)*
Substantiated allegations should have been unsubstantiated			*2 (0.8%)*
Not enough information to support maltreatment determination	43	(16.3%)	

[§]Total N= 263 (not included are Alternative Response cases)

As depicted in Table 15, the consistency of maltreatment determination with Standards varied by allegation type (though there was no statistically significant relationship). The maltreatment determination was found to be consistent with Standards in 76.0% of IAs containing only neglect allegations as compared to 88.2% for physical abuse allegations.

Table 15. Consistency of Maltreatment Determination with Standards by Allegation Type.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Maltreatment Determination[§]			
	Consistent with Standards		*Inconsistent with Standards/ not enough information*	
	N	%	N	%
Multiple allegation types	37	71.2%	15	28.9%
Neglect	92	76.0%	29	24.0%
Physical abuse	60	88.2%	8	11.8%
Sexual abuse	18	100.0%	0	0.0%
Emotional abuse	3	100.0%	0	0.0%
Unborn child abuse	1	100.0%	0	0.0%

[§]Total N= 263 (not included are Alternative Response cases)

Table 16 shows that the safety determination was consistent with Standards in 208 (76.8%) of the Initial Assessments reviewed. In 171 of those IAs, the children were deemed safe and in 37 IAs identified as unsafe.

Table 16. Review Results for IA Safety Determinations.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Safe (N=229)	Unsafe (N=42)	Total (N=271)
Reviewer found safety determination to be consistent with Standards	171	37	208 (76.8%)
Reviewer found safety determination to be inconsistent with Standards	4	1	5 (1.8%)
Not enough information to support safety determination	54	4	58 (21.4%)

Lastly, Table 17 shows that the case disposition was consistent with Standards in 217 (80.1%) of the Initial Assessments reviewed. IA case disposition was found to be inconsistent with Standards in 6 (2.2%) cases. A total of 48 IAs (17.7%) lacked necessary information to assess whether the case disposition was consistent with Standards.

Table 17. Review Results for IA Case Disposition.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Case Closed: Child Safe (N=186)	Case Closed: Other (N=17)	Case Opened: Ongoing Services (N=53)	Case Opened: Non CPS (N=5)	Case Already Open (N=10)	Total (N=271)
Reviewer found case disposition to be consistent with Standards	147	10	47	5	8	217 (80.1%)
Reviewer found case disposition to be inconsistent with Standards	4	1	1	0	0	6 (2.2%)
Not enough information to support IA case disposition	35	6	5	0	2	48 (17.7%)

Discussion

This section is intended to frame the main findings of the IA case record review and to provide context for the results presented above by offering possible explanations for the findings from different perspectives. While DCF has formulated theories around these results, other interpretations of the data are plausible.

As previously noted, the 2015 review of CPS Initial Assessments focused on three primary goals and a fourth, long-term goal:

Goal 1: Establish a statewide baseline for CPS Initial Assessment practice. The discussion of the results relating to this goal is detailed below.

Goal 2: Identify practice areas needing improvement that warrant further analysis and may be candidates for improvement projects. Using "root cause" analysis and other recommendations, the underlying reasons for weak performance can be identified and improvement strategies can be developed.

Goal 3: Test the new case record review process. The results and the discussion of results pertaining to the third goal can be found in Appendix A.

Goal 4 (long-term): Use the review findings to identify practices that result in positive outcomes for children and families. While this report includes results on how adherence to key policies are correlated with short-term outcomes in a manner consistent with Standards, the report does not include analysis on how the review results are correlated with future outcomes such as re-referrals. Such analyses will come in future reports as more data become available. These targeted analyses may be possible in the future with additional focus on data quality and related factors to the specific question of interest. Specific subgroup analysis (for example, relating to a specific county or region) will likely require additional sample size to be adequately powered. A combination of multiple years of data could enable these analyses.

Discussion of Statewide Baseline Results

Below is a discussion of the baseline results for statewide IA performance. The discussion is broken into the following sections: interviews, information gathering, present and impending danger assessment, protective and safety planning, and decision-making. Key findings are bolded; potential biases (italicized) are outlined at the end of each section where applicable.

Interview Contacts

Timeliness of Face-to-Face Contacts

Information gathering through timely face-to-face contact is critical to understanding and making decisions about child safety and is a continuation of the analysis started during the Access process when the CPS Report is screened in. Access workers are trained to take into account specific case dynamics and analyze reported information to determine the appropriate response time based on the identification of present and/or possible or likely impending danger.

Agencies are used to seeing face-to-face timeliness data through the DCF dashboard and KidStat (Table 3 on page 12), where measuring face-to-face contact relies solely on the initial contact with the first case participant, not necessarily all victims. To address and understand face-to-face contact more holistically, however, the review instrument measured initial contact with all alleged victims. As such, the results for timeliness were expected to be lower. Dialogue within and amongst counties will be necessary to understand the importance of how initial face-to-face contact is measured and practiced.

Across all response times, timely face-to-face contact with *all* alleged victims occurred in 66% of Initial Assessments and with at least *some* of the victims in an additional 12% of IAs; in 22% of IAs reviewed, *none* of the alleged victims were met within the assigned timeframe. Contact with *all* parents/caregivers within the assigned timeframe occurred in 48% of the IAs reviewed (Figure 2 on page 14). The review found that cases assigned a response time of five business days were the least likely to make timely face-to-face contact with all alleged victims and all parents/caregivers. It is possible that IA workers are time constrained and thus put more emphasis on more urgent cases—likely those with a same-day or 24-48-hour response time. However, in over 20% of the cases with a same-day response time, one or more alleged victims were not met face-to-face within the assigned response time (Figure 1 on page 13). Alleged victims in these cases have already been identified to be facing present danger for which CPS involvement is needed the same day. All relevant safety information must be gathered within the appropriate response time to ensure an understanding of child safety.

When all victims were met face-to-face within the response time assigned at Access, all three IA conclusions (safety determination, maltreatment determination, and case disposition) were more likely to be consistent with Standards. As shown in Table 4 (page 14) there was a significant difference between those IAs that were started on time (as measured by meeting face-to-face with all alleged victims within the assigned response time) and those that were not:

- Safety determinations were consistent with Standards 83% of the time, compared to 65% when the face-to-face contacts were not all made timely,
- Maltreatment determination was consistent 86% of the time (compared to 70%), and
- Case disposition was consistent 88% (compared to 66%).

The findings related to timely face-to-face contact and the relationship to safety determination, maltreatment determination, and case disposition speak to the importance of following interview protocols put forth in Standards. The conversation regarding response time is an important one, as the decisions made at Access determine the beginning of the Initial Assessment process. Revisions to the Access review instrument are underway to collect additional information on screened-in CPS Reports and the response times assigned. Future analyses will help determine if the issue of timely face-to-face contact with alleged victims pertains more to case practice at Access, at IA, or both.

Necessary Collateral Contacts

Information gathering and analysis is critical to understanding and making decisions related to child safety, occurrence of maltreatment, and the strengths and needs of the family. Collateral contacts become a necessary part of information gathering when they may have information that would corroborate, contradict, or clarify information needed.

In the majority of Initial Assessments (72%), contact was made with all collaterals necessary for understanding safety in the specific case under review; 28% of IAs were missing at least one necessary collateral contact. (See Figure 3 on page 15.) A contact was considered necessary when he or she was likely to have had information that would be critical to understanding safety in the specific case under review. If a necessary collateral contact was found to be missing, the IA review instrument instructed reviewers to classify each missing contact into categories.[23] The categories reflected types of

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[23] Missing contacts were classified into eight categories: (1) physician/other medical professional, (2) police/probation officer/other law enforcement, (3) therapist/other mental health professional, (4) teacher/school social worker/other educational staff, (5) family member, (6) neighbor, (7) friend, (8) other.

individuals who commonly provide insight into child functioning, family dynamics, and/or maltreatment allegations.

The review instrument did not identify what collaterals were contacted, but only collected the category of necessary collateral contacts missed. As such, trends cannot be extrapolated without further review and analysis. Identifying additional information about the number of collateral contacts needed for each case would also assist in understanding the workload of IA workers. Additionally, the review instrument should include the opportunity for the reviewer to indicate which (if any) of the collaterals contacted was the reporter. This would provide insight into whether the reporter at Access is a necessary collateral contact commonly missed, even though it is not necessary to follow up with the reporter in all cases.

When all necessary collateral contacts were made, the safety determination was consistent with Standards 90% of the time. As shown in Table 5 (page 16), however, when one or more necessary collateral contacts were not made, the safety finding was consistent with Standards only 43% of the time. Furthermore, making these contacts, in addition to making required contact with non-custodial parents, appears to lead to more thorough information gathering and documentation, as they are significantly associated with an increase in the proportion of information items comprehensively documented.

While it appears that IA workers are contacting all necessary collaterals the majority of the time, there were still over a quarter of IAs reviewed where one or more were missed. The type of case record review completed during this Initial Assessment review process did not allow for the analysis of reasons some collaterals were not contacted, which could include, but are not limited to: professional judgment, worker or family safety, absence or lack of availability of collateral contacts, systemic barriers, conflicting understanding of privacy laws, fear of losing family trust/misunderstanding of family engagement, agency policy, or the need for further clarification of Standards. Reviewers found that in some cases IA workers documented information obtained from parents at face value, often without completing further interviews with collateral contacts to confirm the information provided by the parent. In some instances IA workers may have used their professional judgement, which may not necessarily be documented in the case record. The limitations of an electronic case record review provide the opportunity for further dialogue within and among county agencies to better understand both the importance of collateral contacts and the barriers that must be addressed to ensure necessary collateral contacts occur.

American Indian Heritage

Creating an ICWA (Indian Child Welfare Act) Record in eWiSACWIS for all children in a household has been a requirement since 2010. The ICWA Record documents efforts on the part of the agency to identify American Indian children in order to ensure that children receive the legal protections offered in Chapter 48 through the Wisconsin Indian Child Welfare Act (WICWA), and, where eligible, the resources afforded to individuals who are enrolled as members of an Indian tribe.

Screening for American Indian heritage for each child in the household occurred in two-thirds of the cases reviewed. As shown in Table 6 (page 17), 68% of the IAs reviewed had documentation showing that a screening for the child's Indian status (form *CFS2322 Screening for Child's Status as Indian*) was completed for all children in the case; an additional 10% of IAs reviewed contained this documentation for at least some of the children in the case. Reviewers gave credit for any ICWA Record created. The creation of the ICWA Record (of which screening for the child's Indian status is the first step) may not have occurred during the time period for the individual IA reviewed, but could have been created at an earlier or subsequent stage in the life of the case. When American Indian heritage in the family was indicated, the required documents were created and sent to the Bureau of Indian Affairs or the indicated tribe in the majority of cases, as shown in Table 6.

The case record contained documentation indicating that there was American Indian heritage within the family in 21 cases (8% of the total review sample) involving 51 children (11% of children included in the IAs reviewed). Given the demographic makeup of the children in the sample based on administrative data, this proportion was higher than expected, as only 25 children (5%) of children in IAs reviewed had American Indian indicated for race/ethnicity (Table 1, page 10). Because administrative data on child race/ethnicity is dependent upon fields entered by the caseworker, this finding could merely reflect a judgement call on the part of the worker (i.e., the child may have had a positive screening for American Indian heritage, but the worker did not feel compelled to update race/ethnicity on the person management screen). On the other hand, although American Indian heritage does not equate to tribal membership or even eligibility for membership, the fact that administrative data are not capturing all children with American Indian heritage means that it is possible that the Wisconsin's child welfare system is not identifying potentially ICWA-eligible children.

Of the 21 cases where American Indian heritage was indicated, only 3 (14%) included documentation that consultation with the tribal agency occurred. The first step of active efforts is to request that the tribal agency assist in assessing and developing the case. The tribal agency is a valuable partner in working with Indian families, and involving ICWA workers helps to ensure tribal families receive culturally appropriate services when needed.

Overall, the findings related to American Indian heritage speak to the need for stronger adherence to the Wisconsin Indian Child Welfare Act. Additional research is necessary to address the barriers in adhering to WICWA requirements.

Information Gathering

It is important to note the IA review instrument was designed to measure adherence to Standards in information gathering and documentation using a broad, all-inclusive approach. This means that the review instrument: 1) measured a high number of individual information items that Standards detail in the appendices as components of the required areas of IA, and 2) followed the sections of the IA template in eWiSACWIS. Considerations for this design and their impact on the following outcomes are discussed at the end of this section.

Overall Levels of Information Gathering

Overall, the average amount of information comprehensively documented during an Initial Assessment was 34% of the applicable items. That is, the majority of Initial Assessments reviewed had approximately one-third of the information items applicable to the case comprehensively documented for *all* required individuals (Figure 6, page 19). When the analysis counted documentation for *some* required individuals as well, the average increased to 47%.

No IA reviewed had all applicable information items comprehensively documented, even when including answers of both "all" and "some." Only 1 Initial Assessment had more than 90% of all information items comprehensively documented (2 IAs has more than 90% when including answers of "some") and less than a quarter of the IAs reviewed had more than 50% of all information items thoroughly documented when counting answers of "all" (Appendix F: Additional Analyses, Figures F-2 and F-3 on page 77).

While including answers of "some" does increase the overall level of information gathering on average, it does not change the general pattern of the information gathering results (see Figure 6). That is, accounting for instances when information was documented for *some*, but not *all* of the required case

participants does not dramatically raise the baseline for information gathering and documentation nor does it change the distribution of overall results or the results for specific items, as shown in Figure 6 and Figures 7 through 13. In regard to the overall levels of information gathering and documentation (Figure 6), the distribution is still relatively the same (most IAs had between 20% and 50% of applicable items comprehensively documented, and few have the majority of items comprehensively documented). With respect to specific, individual items, the same holds true—counting answers of "some" does increase the percentage but not the general pattern of the results. For example, within the Adult Functioning section, employment/education is still the most frequently documented and decision-making skills is the least documented.

It is worth noting that the prevalence of the "some" answers does not seem to be explained by the fact that required parents/caregivers and children are being left out of Initial Assessments (as shown in Table F-6 of Appendix F: Additional Analyses, page 80). While it was hypothesized that documentation results may have been lower than expected due to required household members not being included in assessments, analyses show that this is not the case. Information is not being comprehensively documented on case participants to the extent measured by the IA review instrument.

When more than half of the information items were comprehensively documented during the Initial Assessment, the resulting safety determination and case disposition were consistent with Standards 98% of the time. As Figures 4 and 5 (page 18) show, having more information comprehensively documented was highly associated with both a safety determination and case disposition that were consistent with Standards. Similarly, when most of the Maltreatment and Surrounding Circumstances information items were comprehensively documented, the maltreatment determination was consistent with Standards 93% of the time (Appendix F: Additional Analyses, Figure F-1 on page 76).

Both answers of "no" (i.e., not consistent with Standards based on the information provided) and "not enough information" (i.e., information needed to determine consistency with Standards was not documented in the IA) were counted as inconsistent with Standards in the data analysis of questions pertaining to the safety determination, maltreatment determination, and case disposition. This means that the results do not distinguish between decisions that were inconsistent with Standards and decisions where there was not enough information contained in the Initial Assessment to support that the decisions made were consistent with Standards. Further analysis could provide insight into the barriers and appropriate strategies to improve decision-making or to provide comprehensive documentation in Initial Assessments, or both. Because the majority of IA conclusions were found to be consistent with Standards, a larger sample and/or more targeted review is necessary to inform trends around conclusions and practices that are found to be inconsistent with Standards.

Levels of Information Gathering by IA Characteristics

Initial Assessments approved timely had required information comprehensively documented at a higher rate. As shown in Table 7 (page 20) there is a statistically significant difference in the level of information gathering between Initial Assessments that were approved timely within 60 days (36%) and those that were not (30%). There is a common perception that Initial Assessments may be submitted late because more information is being gathered. While this may be true in some cases, Initial Assessments that take longer than 60 days to approve do not have more complete information overall, based on the documentation available. One possible explanation is that IAs are not approved timely due to the difficulty of gathering the required information in the first place.

To varying degrees, information was more comprehensively documented when children were found unsafe and when allegations were substantiated. There were slightly different levels of information gathering depending on the IA conclusions, that is, the decisions made by the local agency with respect to safety and maltreatment determinations (Table 8, page 20) and IA case disposition (Table 9, page 21). Though not statistically significant, there were small differences in the rates of documentation between Initial Assessments where:

- Children were found unsafe (37%) versus safe (33%),
- Maltreatment allegations were substantiated (36%) versus unsubstantiated (34%),
- The case was opened for Ongoing Services (34%), the case was closed because the children were found to be safe (35%), or the case closed because the family refused voluntary services (25%).

It is possible that workers document more information to support abuse and/or neglect findings in the event maltreatment allegations are substantiated during the IA. Likewise, when children are determined to be unsafe, more information may be gathered and documented for the purposes of safety planning. It could also be the case that when more information gathering and documentation takes place, workers are less likely to miss family conditions that could pose threats to child safety and are thus more likely to find that children are unsafe. With respect to case disposition, the biggest difference was in cases that were closed when the family refused voluntary services (25%), though there were much fewer (N=11). It is possible that information gathering presents a unique challenge in such cases, as it could be more difficult to engage these families in the assessment process.

The level of information documented also varied by allegation type. On average, the percentage of information items comprehensively documented was slightly higher for physical abuse and sexual abuse when compared to neglect (Table 10, page 21). This result could be due to the fact that certain items of information collection are more straightforward in these cases and are thus easier to gather and document.

Documentation of Specific Information Items

The frequency with which specific information items were comprehensively documented varied greatly. The item that appeared least frequently —"reasons for being a parent"—was documented in 6% of IAs, compared to the most frequent item— "parent/caregiver explanation for maltreatment"—which was comprehensively documented in 74% of IAs (Figure F-4 in Appendix F: Additional Analyses, page 78). There is also a large variation between the different areas of assessment, as shown in Figures 7-13. For example, none of the items related to Parenting Practices were comprehensively documented (for *all* required individuals) more than 34% of the time (Figure 12, page 27). In the areas of both Surrounding Circumstances and Maltreatment, on the other hand, all items were comprehensively documented over 60% of the time (Figures 7 and 8, page 23).

The range in documentation of specific items cannot be easily explained. The two items that were most frequently documented were both in the Surrounding Circumstances section— "parent/caregiver explanation for alleged maltreatment" (74% as noted above) and "circumstances surrounding alleged maltreatment" (72%). A higher level of documentation was expected, given that reviewers found this section was often completed with information recorded at Access. On the other hand, documentation of the "effects of maltreatment on child functioning" was found in only 43% of IAs (including both answers of "all" and "some"), which is notable, given that documented statements such as "the child shows no effects of maltreatment" were considered adequate for the purposes of the review.

The information items that were least comprehensively documented pertained to the areas of Parenting Practices, Family Functioning, and Discipline, which relate directly to parental protective capacities and a holistic understanding of family circumstances. It is possible that this information is discussed verbally, but not documented in eWiSACWIS. However, if the information is not being gathered, it may be indicative of incident-focused case practice, which may help determine if maltreatment did or did not occur, but will not result in an understanding of the family conditions, patterns of abuse/behavior, protective capacities, child safety, or the need for ongoing services.

The presence or absence of domestic violence was documented less than a quarter of the time. Standards address assessing for domestic violence in multiple required areas of the IA. The review instrument measured documentation of domestic violence issues in two areas: Adult Functioning (where domestic violence behavior must be assessed for all adult household members) and Family Functioning (where the impact of domestic violence on the family as a whole, as well as other concerns related to the caregiver's intimate partner, must be assessed). Only 21% of the IAs reviewed comprehensively documented the presence or absence of domestic violence behavior for all required adults (this increases to 31% when cases with information on "some" case participants are factored in), and 30% comprehensively documented the presence or absence of domestic violence/intimate partner concern. This finding may reveal a significant gap when it comes to determining the safety of children in the household, as children being subject to present/active domestic violence is considered a Present Danger Threat.

The role of specific items of information in reaching IA conclusions consistent with Standards remains largely unknown. There is general interest in determining if specific information items play a more crucial role when it comes to certain IA conclusions, such as safety or substantiation. The results of preliminary analyses (not shown) reveal that a larger number of IAs with a consistent conclusion had a specific item more frequently documented than the IAs that did not have a consistent conclusion. However, these calculations relied on simple counts, and more complex statistical analyses are necessary to determine if correlations exist. It is suspected that IA workers are more likely to document specific information when the item in question plays a prominent role in the case at hand (for example, child motor skills or parental substance abuse). This hypothesis leaves room for further analysis to determine why some items are more frequently documented than others, and what impact these information gathering practices have both on IA conclusions and more long-term outcomes.

Potential Biases for Information Gathering

It is important to note that the baseline performance for documentation of information gathering could be biased to a lower percentage for three reasons:

First, reviewers used a strict interpretation of comprehensive documentation for certain information items. For example, documentation of information gathering related to AODA may have been scored low due to the fact that reviewers were instructed to answer that the information was comprehensively documented only when both alcohol *and* drug use (or the lack thereof) were mentioned in the IA narrative and the information was verified by an additional contact (i.e., documentation of the individual's denial of drug/alcohol use was not considered adequate). Similarly, for neglect cases, workers may have written that "discipline was not an issue in this case." For the purposes of this review, such a statement about discipline was not considered comprehensive because specific information about the approach to discipline should be documented regardless of the allegation type. Further reviews, analysis, and conversation will be necessary to address when these documentation factors impact IA outcomes.

Secondly, as part of the review, documentation could only be considered comprehensive when the information item was documented in the corresponding section of the Initial Assessment template. It is possible that additional documentation of information items may have been included elsewhere in the IA or electronic case file, such as the closing summary of the Initial Assessment. The Initial Assessment document was created with the intention of assisting workers in their analysis of the substantial amount of information that must be gathered throughout the course of an IA for decision-making. For example, if a parent/caregiver disciplining a child with a belt is considered in the maltreatment section, and the discipline section does not include a description of the types of discipline being used, the reviewer would be unable to see how the analysis of discipline information and likelihood of future maltreatment was considered in the decision-making process. Therefore, reviewers were instructed to only identify information for each item that was documented in the IA and within the correct section of the Initial Assessment template.

Third, adjusting calculations to account for answers of "some" does improve the amount of information items comprehensively documented based on Standards. As noted above, the majority of Initial Assessments reviewed only had one-third of the information items comprehensively documented (defined by answers of "all"), or an average of 34%. When considering answers of "some" (in addition to "all") the majority of IAs reviewed had about half of the items documented for an average of 47% of the applicable items. Additionally, although less than a quarter of the IAs reviewed had more than 50% of all information items thoroughly documented, when considering "all" answers, this proportion increases to nearly half when "some" answers are also included. However, as also noted above, the inclusion of "some" answers does not alter the general pattern of information gathering results.

Present and Impending Danger

Assessments of present and impending danger were generally consistent with Standards. As shown in Table 11 (page 28), consistency with Standards varied between 75% for assessing for impending danger and 86% for assessing present danger throughout the Initial Assessment. Less than 10% of IAs reviewed were inconsistent with Standards when assessing for present danger at initial face-to-face contact, and less than 3% were inconsistent with Standards when assessing for impending danger. However, the determination of consistency with Standards was based solely on documentation contained within the Initial Assessment. There were a significant number of cases, particularly for impending danger (23%), where there was not enough information for reviewers to determine if the assessment was or was not consistent with Standards. The fact that a larger proportion of IAs were found to be lacking information to support the assessment of impending danger compared to present danger was expected, given that identifying Impending Danger Threats requires more information than Present Danger Threats. This finding could also indicate that case practice is more focused on the incident reported, rather than a comprehensive assessment of family circumstances. Identifying Impending Danger Threats also requires a more in-depth analysis of information collected. It is possible that workers are reaching the appropriate conclusions with respect to impending danger, but reviewers are not seeing documentation of the associated analysis because the template in eWiSACWIS does not prompt workers to show their thought process. Additionally, in the majority of cases where information to support the assessment of impending danger was lacking, the local agency did not identify any Impending Danger Threats (58 of 61 IAs). This finding could indicate that IA workers are more likely to thoroughly record unsafe family conditions in order to support their identification of Impending Danger Threats rather than document a lack of unsafe conditions when ruling out such threats.

The assessment of Impending Danger Threats consistent with Standards was highly correlated with safety determinations and case dispositions that were also consistent with Standards. As shown in Table 12 (page 28), assessment of impending danger consistent with Standards was nearly always correlated with both safety determinations (98%) and case dispositions (99%) that were also consistent with Standards. When assessment of impending danger was not consistent with Standards, safety determination was consistent with Standards just 13% of the time and the case dispositions were consistent just 24% of the time.

As previously noted, for the purposes of data analysis both "no" and "not enough information" answers were counted as inconsistent with Standards for this analysis. Therefore, results do not distinguish between decisions that were inconsistent with Standards based on the information contained in the IA and decisions where key supporting information was lacking (and thus it was impossible to determine if the decisions made were consistent with Standards). With respect to impending danger assessment, missing information around Impending Danger Threats is directly related to missing information regarding safety determination and case disposition, so the results are unlikely to change drastically if a different approach were adopted. Nonetheless, additional analyses could provide insight into whether or not missing information corresponds to IA conclusions that are consistent or inconsistent with Standards.

Potential Biases for Present and Impending Danger Assessment

It is important to note that the baseline for present and impending danger assessments may be biased to a higher percentage because a secondary review was conducted only in cases in which the reviewer found the assessment to be inconsistent with Standards. This panel review was conducted as a double check on results that were inconsistent with Standards, but a similar process was not used for cases determined to have an assessment consistent with Standards (see Appendices A and H, on the review process and quality management, respectively). It is reasonable to believe that if reviewed by a similar panel, some cases may have been found to have assessments inconsistent with Standards. Furthermore, knowing they would have to face a review panel, reviewers may have been less likely to identify decisions as inconsistent with Standards.

Protective Plans and Safety Plans

Protective and safety planning are essential to controlling threats to child safety, and as such, their documentation in the case record is crucial. Whereas safety plans are, by default, part of the Initial Assessment in eWiSACWIS, protective plans may be initiated verbally or on paper and then transferred to the case record. Some counties may have separate tracking systems used to document protective plans, which were not included in this review. In addition, there were many IAs reviewed that did not have enough information documented to determine if protective plans (22 cases) and/or safety plans (48 cases) were needed, which directly relates to the fact that a relatively high number of cases lacked key information needed to confirm or rule out the existence of Present Danger Threats and/or Impending Danger Threats.

Needed protective plans are not well documented in eWiSACWIS. While it has always been best practice to scan into eWiSACWIS any paper documents pertaining to protective planning, at the time of the review it was not required by Standards. In January 2016, DCF implemented more rigorous documentation requirements for protective plans.[24] As shown in Table 13 (page 29) and Figure 14 (page

30), 55 IAs had a protective plan/action documented, and 15 of these 55 were a Protective Plan document. However, an additional 7 IAs referenced a Protective Plan document (or needed one based on agency identification of Present Danger Threats) but did not have one in eWiSACWIS. This amounts to roughly one-third of needed Protective Plan documents missing from the electronic case record.

The overall quality and adequacy of protective and safety planning is relatively unknown. The review attempted to assess protective and safety planning for quality in documenting required information and adequacy in controlling for danger threats, but due to the small number of plans captured in the review sample (Figures 14 and 15, page 30), it was challenging to extrapolate trends. In addition to the small subsample available for review, a large proportion of IAs were missing information needed to establish whether or not a protective plan/and or safety plan was necessary; in other cases needed plans were not included in the case file, as noted above. Furthermore, the few plans that were evaluated were missing key pieces of required information. This general lack of documented information is problematic in that children may be in unsafe situations and there is no formal plan established to control for Present Danger Threats and/or manage Impending Danger Threats (or there is nothing documented in the case record to show that threats are being controlled). Additionally, because agencies may rely on the same participant/provider for a negotiated arrangement in the future if a case is re-referred, comprehensive documentation is crucial for verifying the safety, quality, and appropriateness of past providers.

Decision-Making

There are three separate, critical decision points made at the conclusion of Initial Assessment: maltreatment determination, safety determination, and case disposition. The first decision centers on substantiation of maltreatment. While safety determination and case disposition often go hand-in-hand, substantiation should only influence these decisions to the extent that it is suspected that maltreatment will occur again.

It is important to note that although similar proportions of cases were found to have the same results for all three decisions, these percentages reflect different findings for different cases. For example, around 20% of the cases reviewed were found to be lacking supporting documentation for maltreatment determination, and for safety determination, and for case disposition, but it was not the same group of cases that constituted each finding. With respect to the review results for safety determination and case disposition, there was some overlap among cases reviewed, which is to be expected given that finding the child(ren) safe or unsafe influences what happens to the case going forward. For maltreatment determination, however, there was little overlap, which is also to be expected given that there is no connection between substantiation and safety determination.

When there was sufficient information documented to assess decision-making, the decisions reached at the conclusion of the Initial Assessment were largely consistent with Standards (between 77% and 80%). Safety determinations were found to be consistent with Standards 77% of the time (Table 16, page 32) and IA case disposition was found to be consistent with Standards 80% of the time (Table 17, page 32). Maltreatment determinations were found to be consistent with Standards in 80% of cases reviewed (Table 14, page 31), though consistency did vary by allegation type—IAs where allegations consisted of physical abuse or sexual abuse were more likely to have a maltreatment determination consistent with Standards than for neglect (Table 15, page 31). Overall, there were very few cases (between 2% and 3%) where decisions made were inconsistent with Standards (e.g., a case was closed when it should have been opened), meaning that when supporting information was well documented, the decisions were accurate most of the time.

However, a large proportion of cases (between 16% and 21%) lacked supporting documentation for IA conclusions. It is possible that this finding does not reflect a lack of information collection but rather a lack of documentation surrounding the use of the analytic process. The Initial Assessment template in eWiSACWIS encourages child welfare agencies to collect information regarding the seven areas of assessment (Maltreatment, Surrounding Circumstances, Child Functioning, Adult Functioning, Parenting Practices, Discipline Practices, and Family Functioning), but it is not explicit about how or where to document the worker's analysis of this information in decision-making. The analysis of information gathered, particularly with respect to how parental protective capacities may play a role in observable conditions within a family, is crucial for determining whether or not it is safe for the child(ren) to remain in the home.

Another possible explanation for the lack of supporting documentation could be the fact that in the majority of cases, children are found to be safe. It may be easier for reviewers to confirm that the child is unsafe as, in general, this conclusion requires a great deal of documentation. The same holds true for maltreatment determination. Most allegations are unsubstantiated. It may be easier for reviewers, based on key words, to confirm that maltreatment did occur but harder to definitively rule it out (given that it is likely that more documentation would be necessary to prove allegations were correctly unsubstantiated).

Furthermore, the fact that review results point to significant gaps in supporting documentation with respect to safety determination and maltreatment determination could indicate that case practice across the state may be too incident-focused. Nonetheless, the Standards lay out specific items of information to define the required areas of assessment, areas that are required to obtain a holistic picture of the family and necessary to reach these decisions. A screened-in CPS referral provides the chance for child welfare agencies to engage with families. While all elements of information gathering indicated in Standards and as measured by the IA review instrument may not be necessary to rule out maltreatment or determine child safety, the IA process presents an opportunity and responsibility to collect and document as much of this information as possible to help ensure positive outcomes for children and their families.

Potential Biases for Decision-Making

It is important to note that the baseline for decision-making may be biased to a higher percentage for two reasons:

The reviewers knew what conclusions were reached ahead of time. Case record reviewers knew the final safety determination, maltreatment determination, and IA case disposition before reviewing the Initial Assessment because there was no feasible way to "blind" the review. If the local agency chose to substantiate the maltreatment allegations, reviewers may have been subconsciously compelled to agree. The same holds true for finding the children unsafe or opening a case for Ongoing Services.

A secondary review was conducted only on IAs in which the initial reviewer found decisions to be inconsistent with Standards. The panel review was conducted as a double check on results that were inconsistent with Standards, but a similar process was not used for cases determined to have safety decisions consistent with Standards (see Appendices A and H). It is reasonable to believe that if reviewed by a similar panel, some of those cases may have been found to have decisions inconsistent with Standards. Furthermore, knowing that that they would have to go before a review panel, reviewers may have been less likely to identify decisions as inconsistent with Standards.

Recommendations

This review considered information gathering during Initial Assessment and Initial Assessment conclusions regarding child safety based on the Standards. The review was, by necessity, limited to consideration of only the conclusions reached and the information documented in the electronic case record. Nonetheless, the findings from the review presented in this report resulted in a number of recommendations, both for future reviews and for practice improvement. These recommendations center on garnering a deeper understanding of practice, determining the root cause of the findings identified in this report, and identifying improvement projects in an effort to strengthen Initial Assessment practice statewide.

Practice Improvement

Gather data from Initial Assessment workers and conduct additional analyses related to information gathering and interview contacts. More information is needed to better understand the variation in documented information gathering. Gaining perspective from IA workers throughout Wisconsin will provide additional understanding of the challenges involved in documenting all of the information items measured in this all-inclusive review. Valuable insights could be gleaned from focus groups or surveys of Initial Assessment workers to better understand what information is essential for decision-making in every case and what information may be relevant depending on specific circumstances (e.g., child's age, maltreatment type, etc.), as well as how eWiSACWIS functionality assists or hinders IA workers in documenting their work. IA workers could also provide insight into Standards, practice, and workload when it comes to meeting timeline requirements for contact with alleged victims, contacting necessary collaterals, and completion of Initial Assessments within 60 days. Workers and supervisors may also be able to identify barriers that make it more difficult to manage the workload and ideas that promote strong case practice that could be shared throughout the state.

DCF may also wish to consider options or situations where information gathered may have a degree in deviation between strict adherence to Standards (e.g., the information must be located in a specific section of the IA, or precise language must be used to indicate that certain required information items are not relevant to the IA in question) and allowing for more latitude (e.g., the information may be located elsewhere in the case file, or the assumption that if the information is not documented it is not an issue in the case). Recognizing the nuances of the Standards and the reasons for specific documentation policies, future reviews could conduct preliminary analyses using both approaches to measuring information gathering and documentation. Additional analyses could also examine the relationship between caseload and information documented.

After talking with IA workers and supervisors, it may also be helpful to conduct an assessment of current available training related to areas of challenge identified in this report: timely face-to-face contact; WICWA requirements; and documentation of domestic violence, alcohol and other drugs, parenting practices, discipline, and family functioning. The assessment could uncover whether current training materials help develop the skills workers need to implement the theories and policies discussed in training.

Conduct an additional or separate review of protective plans and safety plans. A specialized review or improvement project may be valuable in identifying types of plans and priorities for quality within each plan. The IA review instrument was limited in its ability to evaluate the adequacy of protective and safety planning. However, even with modifications to the review instrument, it would still be challenging to

accurately assess or extrapolate trends related to the quality of protective and safety planning given that there are various types of plans and only a small number were included in the random sample. Each type of protective plan has different requirements and protocols based on the formality of the action (e.g., a negotiated agreement in the home, a Voluntary Placement Agreement, or TPC). Furthermore, a single IA can involve multiple safety and/or protective plans and different protective actions. Different approaches are needed to assess quality in each scenario.

Collect information to better understand how the analytic process of assessing present and impending danger is happening in practice. Improvements to the IA review instrument could be made to help understand how workers utilize and document the analytic process the Wisconsin safety model encourages. Focus groups and interviews with workers and supervisors could also provide information regarding supervisor/worker consultation that may or may not be occurring. Depending on the information gleaned, DCF may find it helpful to revise Standards to more clearly describe and require an analytic process that relies on information about the unique family in order to arrive at child safety decisions. DCF may also wish to further explore options by which eWiSACWIS could be revised to support workers in the consistent use of this rigorous analytic process and allow supervisors to review and approve that process, as well as the conclusion. For example, eWiSACWIS could prompt workers to consider the danger threshold criteria before documenting any Impending Danger Threat; it could also prompt workers to document why present and impending danger were ruled out. Training to support this well-articulated analytic process could be provided to workers and supervisors.

Further examine the relationship between information gathering and positive outcomes for children and families. As the ultimate goal of the CQI case record reviews is to use the results to identify areas of practice that are correlated with beneficial outcomes, additional studies could shed light on the role that thorough information gathering and documentation play in achieving child safety, permanency, and well-being. For example, a future longitudinal study could be developed that examines the relationship between documentation in Initial Assessment and future CPS involvement. Other analyses could include administrative data to answer questions such as whether or not prior CPS involvement or demographic characteristics affect Initial Assessment conclusions.

Future CQI Initial Assessment Reviews

Continue the case record review process by program area (Access, Initial Assessment and Ongoing) and use an electronic review database. Focusing only on the Initial Assessment reviews over a defined period of time helped reviewers increase familiarity with the review instrument and increase efficiency in conducting reviews. Using an electronic review database for future IA reviews, similar to the one created for completing the 2015 Access review, will also increase efficiency. Due to time constraints, an electronic review instrument could not be created in time for the beginning of the 2015 IA review. Instead, reviewers used paper forms to complete the review and information was transferred to an Excel database. An electronic review instrument with a back-end database for data collection will enhance the review process and increase the accuracy of data entry, thereby helping to avoid potential data entry errors and reducing the time needed for quality management activities.

Revise the Initial Assessment review instrument to capture additional information or documentation that may have an effect on decision-making. Future development should focus on ways to incorporate and evaluate how the information that is gathered and documented during Initial Assessment is analyzed. A key part of Wisconsin's practice model is gathering information and knowledge concerning the family and then evaluating the relevance of that information and identifying family strengths. The current review instrument is able to measure if certain items of information gathered

are thoroughly documented but not how this knowledge of the family is synthesized into an understanding of functioning and parental protective capacities. Further work on the review instrument is needed to evaluate this important skill. Other specific revisions to the IA instrument are also needed, including:

- Modifications to more clearly differentiate between instances where comprehensive information is gathered for all case members, or some, or none of the case members, and/or when information is not comprehensively documented in general. This distinction will provide additional insight in future reviews and could identify potential training for IA workers.
- Enhancements to clearly identify the reporter, all necessary collateral contacts, and which contacts were made and missed. These updates will allow for a deeper understanding of necessary collateral contacts and why and how necessary collateral contacts are missed.

Refine the case review process to eliminate potential biases. The review panel should conduct a secondary review of a random sample of cases rather than only reviewing cases in which the primary reviewer found key decisions to be inconsistent with Standards. In the 2015 IA review process, cases where the reviewer identified an inconsistent decision— in the areas of present danger and/or impending danger assessment, safety determination, maltreatment determination and disposition— were discussed by a panel of secondary reviewers. Moving forward, a panel review of cases that did not meet Standards should be eliminated in order to avoid potential biases. The review panel should instead conduct a secondary review of a random sample of cases, or consider secondary review of difficult cases, regardless of the reviewer's determination.

Standardize the case reviewer certification process. Prerequisites and training that provide the knowledge base critical to conducting reviews should be formalized prior to the next Initial Assessment review, and lessons learned from reviewer check-in meetings should be incorporated into future reviews to provide further guidance to reviewers. Key elements of the check-in meeting process along with a means to disseminate information discussed to reviewers who are unable to attend should also be adopted for future reviews. DCF should work with the Wisconsin Child Welfare Professional Development System (PDS) to develop different training options for workers to move through the certification process at a pace that fits with their learning style and is considerate of their work schedule.

Refine the quality management plan. Recommended improvements to the quality management plan include modifying the double-blind process and the panel review process, and increased time for quality control. The double-blind process should be modified for subsequent reviews so that more double-blind cases are assigned at the front end of the review period, which would provide more opportunity to address inconsistencies among reviewers and to make improvements to the IA review instructions. It is also recommended that the review panel reviews a random selection of cases rather than cases in which the assigned reviewer indicated that a decision was inconsistent with Standards. (This would also help eliminate any potential biases, as noted above.) Finally, a more formalized plan for quality control that includes additional time for cross-referencing and cleaning data over the course of the review should be adopted.

Next Steps

This report is the beginning of the continuous quality improvement process for Initial Assessment. It explains what is happening in case practice in relation to adherence to Standards for Initial Assessments and establishes a baseline for adherence to Standards against which to measure in future reviews. On their own, measures of adherence to Standards cannot show if what is happening is important. Analyses such as the ones used in this report begin to shed light on how adherence to certain policies is correlated with short-term outcomes such as the effect of comprehensive information documentation on safety decisions consistent with Standards.

Future analysis that ties the results of this case record review to the long-term outcomes identified in the crosswalk (Appendix B) will explore whether the information found in this report is important in relation to the outcomes identified. In the meantime, DCF management and the CQI Advisory Committee can use this report in combination with other sources of information to identify challenging areas of practice that are important to pursue in an improvement project.

The improvement projects will further explore why something is happening through use of more in-depth case reviews, interviews, focus groups, and/or deeper data analyses. DCF will work with the CQI Advisory Committee to identify improvement projects. After understanding why an issue is occurring, DCF and the local child welfare agencies engaged in improvement projects will identify a strategy and test it. At that point, the CQI process loops back to the beginning with an explanation of what is happening to determine the effectiveness of improvement projects as they relate to targeted outcomes.

Future case record reviews and analyses, and subsequent improvement projects based on review results, will provide opportunities to continue enhancing DCF services and promoting positive outcomes for children and families in Wisconsin.

Appendix A: IA Review Process Methodology, Results, and Discussion

The 2015 Initial Assessment Case Record Review focused on three primary goals and a fourth long-term goal. This appendix provides details on the third goal: testing the new case record review process, including the methodology, the results, and the discussion of those results. The recommendations related to the case record review process are located in the Recommendations section of the full report.

To fully understand the case record review results and the corresponding recommendations, it is important to understand the case record review process. The Initial Assessment review instrument and review process were developed using a multi-step approach. The purpose of this approach was to ensure the review instrument and review procedures designed were able to capture information contained in Initial Assessments with fidelity. Findings from the first year of using the review instrument and following new protocols and procedures were also documented to understand any unintentional biases that may be inherent in the case review results. A full understanding of the process results is also important to identify necessary improvements to the review instrument and process for future reviews.

Methodology

Review Instrument Development

The CPS Initial Assessment case record review instrument was created in collaboration with local child welfare agency staff and researchers at the University of Wisconsin. The review instrument assesses case practice at Initial Assessment as outlined in the Wisconsin Child Protective Services Access and Initial Assessment Standards and the Wisconsin Child Protective Services Safety Intervention Standards (referred to throughout as "Standards").

An Initial Assessment workgroup comprising staff from the Bureau of Performance Management (BPM), the Bureau of Safety and Well-Being (BSWB), and the Division of Milwaukee Child Protective Services (formerly the Bureau of Milwaukee Child Welfare, or BMCW) was formed in 2014 to develop an Initial Assessment case record review instrument in accordance with Standards, Wisconsin's Public Child Welfare Practice Model, and Wisconsin's Child Welfare Safety Model. The intent was to develop an electronic review instrument and corresponding database, such as the one utilized for the 2015 Access case record review. However, due to time constraints, the electronic review instrument was not developed prior to the review period commencing. Instead, reviews were completed on paper and were manually entered into an Excel database.

The Initial Assessment workgroup designed the instrument using the same format as the Access review instrument. They also included improvements based on lessons learned from the Access review, such as identifying one construct per question and giving reviewers the opportunity to indicate when there was not enough information to assess IA conclusions (e.g., safety determination, maltreatment determination, and case disposition). The workgroup incorporated feedback from local child welfare agency staff identified by the Wisconsin County Human Services Association (WCHSA) in 2014. Reviewers also conducted inter-rater reliability studies of the Initial Assessment review instrument to assess question reliability and variation among reviewers.

Case Reviewer Training and Review Procedures

The 2015 CPS Initial Assessment case record review was conducted by state reviewers[25] who had prior child welfare case review experience and completed an eight-hour in-person training that introduced the review instrument, process, and protocols.

Reviewers were randomly assigned cases from the sample and were not allowed to review Initial Assessments that could pose a conflict of interest, such as previous assignment to the case or personal relationship with any of the case participants. Reviewers completed the case record review using only data in the eWiSACWIS system, and did not have access to the paper file nor did they conduct interviews with case workers or supervisors as part of the case record review. When protective plans were discussed in the electronic case file, but were not included, requests were made to counties for copies of the protective plans. If during the course of the review a reviewer found a child to be in present danger, a referral was made to the Bureau of Safety and Well-Being (BSWB) to immediately follow up with the county in question.

Quality Management Plan

A detailed quality management (QM) plan was followed to ensure that information collected through the case record review was consistent. The QM plan aims to guide the case review process, clarify questions about the review instruments, reconcile disagreements that affect case ratings, identify areas for further training and guidance, and track issues that need discussion or resolution. There are two components to quality management:

- ☐ **Quality assurance:** policies and procedures that are put in place to prevent potential errors prior to the case record review.
- ☐ **Quality control:** established processes used to identify and rectify errors after the case record review is completed.

For more on quality management activities, see Appendix H.

Results

Review Instrument

The Initial Assessment review instrument contained a total of 140 questions. Certain questions were only applicable in certain cases (e.g., if the IA involved a protective plan), so fewer than 140 questions were answered per report reviewed. In addition to 20 general information questions (such as eWiSACWIS case number), the final review instrument also contained the following sections and questions:

1. **Present Danger Assessment and Protective Planning:** 31 questions and 5 comment sections
2. **Information Gathering and Analysis:** 49 questions (for Primary Assessments;[26] 7 of the 49 were specific to Traditional Response only and 3 were only applicable to Alternative Response)

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[25] State reviewers were from the Bureau of Performance Management (BPM), the DCF unit with the lead for the case record review process. Additional reviewers were also trained from other units within DCF, including from the Bureau of Safety and Well-Being (BSWB), and Bureau of Regional Operations (BRO), and the Division of Milwaukee Child Protective Services (DMCPS).

[26] The focus of the 2015 Initial Assessment review was on Primary Initial Assessments (Traditional Response and Alternative Response), and there were no reviews of Secondary and Non-caregiver Initial Assessments. However, the review instrument was also designed to assess Secondary/Non-caregiver IAs. These pertain to reports of maltreatment by individuals outside the family. The CPS role in such cases is to collaborate with and support parents or caregivers in providing protection and services for the child, when necessary. There were 5 additional questions in the Information Gathering and Analysis section specific to Secondary/Non-caregiver IAs.

3. **Safety Assessment/Safety Analysis and Plan:** 18 questions and 4 comment sections
4. **Family Interaction:** One question in the review instrument was related to face-to-face family interaction, which must occur when children are placed in out-of-home care during the initial assessment process.
5. **Timeframes and Interview Protocol:** Six questions and one comment section
6. **American Indian Heritage:** Four questions relating to Wisconsin Indian Child Welfare Act requirements
7. **Conclusion of Initial Assessment:** 11 questions assessed safety determination, maltreater and maltreatment determinations, case disposition, and required notifications.

One component of the Initial Assessment review instrument is that it provided the opportunity for reviewers to indicate "not enough information" in areas regarding present danger, protective planning, impending danger, safety analysis and planning, safety determination, maltreatment and maltreater determinations, and disposition. This option was included to allow reviewers to select an answer other than "Yes" or "No" when necessary information to determine consistency with Standards for these decisions was missing from the electronic case record. The intent was to improve validity of results around these review questions by not forcing a Yes/No answer when there could be instances where it may be impossible to do so (i.e., there is not enough information to know whether or not the outcome was consistent with Standards). The frequency of "not enough information" answers in the review data was greater than expected.

In a similar vein, comments sections were provided for reviewers to indicate what key pieces of missing information were needed to assess the areas noted above. While reviewers did offer comments where required, there was no established method for standardizing reviewer comments prior to the review. As such, it was difficult to identify meaningful trends based on comments received.

Case Record Reviewers and Review Procedures

Case record reviewers began reviewing cases in April 2015 and completed the review in July 2015. Reviewers indicated that they became proficient at the process after evaluating at least 10 Initial Assessments. Once proficient, it took reviewers 90 minutes on average to complete a review (instead of the anticipated 180 minutes per review). A total of 17 DCF staff members[27] conducted Initial Assessment reviews, including four reviewers from BPM and two from BSWB. Additionally, five staff members from BRO and six from DMCPS were also trained to conduct Initial Assessment reviews. The training included an eight-hour in-person meeting where information on the Initial Assessment review instrument was presented and participants completed one Initial Assessment review. After completion of the training and passing an additional test case, BRO and DMCPS reviewers were assigned cases to review, which were then checked for accuracy. Due to the compressed timeframe of the review period, the 12 non-core reviewers conducted a small number of case record reviews (between one and seven each). The five remaining core reviewers completed between 35 and 62 reviews each.

As noted above, one section of the Initial Assessment review instrument was dedicated protective plans. When the case record indicated that there were present danger threats and a protective plan was implemented, the Initial Assessment instrument assessed the quality of the protective plan. There are several types of protective plans that the IA review instrument assessed: Temporary Physical Custody, Voluntary Placement Orders, other court orders, and specific documents also known as Protective Plans (which are three-ply paper forms that are used in the field). There were IAs from 7 counties where a

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[27] The 17 case reviewers were all internal DCF staff. The four BPM staff plus one BSWB staff member were considered "core" reviewers; the remaining 12 reviewers were considered "non-core" reviewers.

corresponding protective plan document could not be found (either because it did not exist or because a hard copy of the document was not scanned into eWiSACWIS). At the time of the review, it was best practice to scan protective plans into the electronic case record, but it was not a requirement. Requests were made to the counties to scan the protective plans into eWiSACWIS; however, they were not scanned in time to be assessed for this report.

Finally, during the course of the review there was one instance where the reviewer suspected a child to be in present danger. A referral was made to BSWB to immediately follow up with the case county.

Quality Management

Reviewer meetings were established on a regular basis for quality assurance purposes and occurred on nine occasions over the course of the Initial Assessment review. Reviewers and managers attended the check-in meetings, which provided clarification to the Initial Assessment review instrument and instructions, as well as a forum to discuss unique cases, challenges, and findings from the reviews. Those who participated in the check-in meetings were also members of the review panel, composed of expert peer reviewers from BPM and BSWB. As part of the quality control plan, cases where it was determined that the child welfare agency was inconsistent with Standards in one of any of the five main decision areas (present danger, impending danger, safety, substantiation, and disposition) were flagged. In order to confirm these findings, the panel reassessed the Initial Assessment in which the original reviewer identified decisions inconsistent with Standards. There were 12 such cases. Upon secondary review, the panel affirmed the reviewer's finding in 11 out of the 12 cases, and reversed the finding in one case.

Another function of the review panel was to refine the Initial Assessment review instrument and instructions. Over the first several weeks of the review period the instrument and instructions went through a detailed editing and revision process, which concluded on June 10, 2015. Throughout this timeframe, minor revisions were completed, such as adding information to instructions and adding or removing questions. For example, revisions included the addition of a question about case disposition related to *unable to locate source*, removal of duplicative questions, and removing redundant items from the information gathering section. When changes to the instrument were finalized, all Initial Assessments previously reviewed were verified to ensure that reviewers' selections reflected the revisions, and answers were updated as needed. Any major revisions to the instrument identified during check-in meetings were tabled and will be implemented in 2016.

In addition to the review panel, a double-blind review of a sub-sample of Initial Assessments was conducted. The purpose of the double-blind review was to assess the reliability of the questions in the IA review instrument. Prior to the beginning of the review, 10% of cases in the sample (27 cases) were selected for double review and assigned to two reviewers who had no knowledge that another reviewer was assigned to review the same case. Upon the completion of the review, 24 double-blind reviews had been conducted, and double-blind results were randomly selected for data analysis.

The double-blind analysis provided information about the quality and reliability of the review instrument and identified questions that may need clarification in the updated review instrument. Table A-1 shows the results of the double-blind review; the questions below had 10 or more discrepancies. For example, there were 15 Initial Assessments in which the two reviewers rated "Adult AODA Issues" differently. The area with the most discrepancies was information gathering, which speaks to the difficult nature of defining comprehensive documentation for specific items, as well as the need to improve instructions around "some" answers and the need for clarification of expectations set forth by Standards.

Table A-1. Double-Blind Review Results: Questions with 10 or More Discrepancies.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Section:	Question:	No. of Initial Assessments Where Reviewers' Answers Differed:
Information Gathering – Adult Functioning	Adult AODA Issues	15
Information Gathering – Child Functioning	Effects of Maltreatment on Child Functioning	15
Information Gathering – Adult Functioning	Adult Independence/Home Management	12
Present Danger Assessment	Present Danger at Initial Face-to-face Contact	12
Information Gathering – Adult Functioning	Relevant Information from Past Assessments/ Childhood	11
Information Gathering – Child Functioning	Child Typical Behaviors	11
Information Gathering – Child Functioning	Child Injury or Condition	11
Information Gathering – Child Functioning	Child Independence/Dependence	10
Interview Contacts	Necessary Collaterals	10
Maltreatment	Supporting Documentation for Maltreatment Determinations	10
Discipline	Disciplinary Methods Used	10

Lastly, completing quality management activities—including sample preparation, data cleaning, and reviewer check-in meetings—took approximately 440 hours. This time was mainly dedicated to two required actions. The first was the initial data entry by two temporary employees, requiring approximately 320 hours. The data collection process took more time because the Initial Assessment review was conducted on paper, which required manual data entry into the database. Additional time for quality assurance and quality control was also required to ensure data was entered accurately. The second quality management action included time committed to checking the data for errors and completeness and addressing any errors and gaps in data that were discovered. By utilizing SAS, the time spent on this activity was minimized. (More details on quality management can be found in Appendix H: Quality Management.)

Discussion of Findings

The new CQI case record review process worked efficiently. Using a standardized approach to review Initial Assessments had a number of benefits. This new format and methodology allowed for the review of a large sample that is representative of Wisconsin and more systematic data collection. This, in turn, provided the opportunity for more advanced statistical analysis and robust results.

In addition, the approach of dividing case record reviews between Access, Initial Assessment, and Ongoing Services into distinct periods was beneficial to case reviewers, as it allowed reviewers the opportunity to become more proficient in one program area before moving on to the next. Prior to initiating Initial Assessment reviews, it was expected that each CPS Report would take 180 minutes to complete, but as reviewers conducted more than 10 reviews, the time to complete the review decreased to an average 90 minutes.

Reviewer check-in meetings were beneficial. Reviewers expressed that these meetings provided an important opportunity to discuss difficult cases and gather input from other team members. The consultative process provided clarity and helped reviewers acknowledge the complexity of the cases under review. Information from the check-in meetings was also incorporated into the Initial Assessment review instrument and instructions, as noted previously. However, check-in meetings may be difficult to replicate in future years as the number of trained Initial Assessment reviewers increases, particularly if those new reviewers are located across the state. A CQI SharePoint site was created in the effort to share information among reviewers. Additional ways to gather and share information from check-in meetings (e.g., through PDS training, frequently asked questions, selection of test cases) are also being considered for future reviews.

Quality management is important to ensure that review results are consistent and accurate. As the quality control process moved forward, it was time consuming, but necessary; there were more data sources that required vetting and cross comparison than originally considered, such as cross-checking the Initial Assessment review data with the administrative data sources, confirming that the reviewer instructions were correct, and reaffirming reviewer results where needed.

There were pros and cons of providing reviewers the option to indicate "not enough information" for some questions. The benefit of providing this option was that it did not force reviewers to choose a "Yes" or "No" answer when a lack of critical information made it difficult to do so. Additionally, this format provided opportunity for reviewers to describe what information was missing. It also encouraged reviewers to think critically about the information provided when they assessed areas pertaining to present danger, impending danger, protective planning and safety planning. On the other hand, reviewers may have selected this option instead of determining that a child welfare agency was inconsistent with Standards, especially knowing that indicating the latter would result in further review by a panel, which could have unintentionally biased the results. Reviewers may have marked "not enough information" instead of "no" in order to avoid having their case reviewed by the panel.

Conducting the review on paper was tedious. A paper review required additional time for quality management activities, as the electronic database system was not in place for reviewers to enter their results or to validate completed reviews and ensure that all required questions were answered. Reviewers experienced difficulty in completing reviews of 100 or more questions without the added benefit of an electronic review instrument with built-in logic, such as was used for the Access review. This resulted in unintended consequences, such as reviewers providing comments on sections when not prompted and missing applicable questions. When errors were identified or questions were missed, the

paper Initial Assessments were returned to the original reviewer, which was time consuming and inefficient.

More time was needed to train new reviewers, and reviews were more likely to be completed when conducting reviews was the core job function. The time invested supporting non-core reviewers was greater than their case review output, as the IA reviews were not their primary responsibility. There was a tight timeframe in which reviews were to be conducted and the process for certifying reviewers was not fully established when the Initial Assessment review was initiated. Therefore, some non-core reviewers spent significant time completing training prerequisites and were unable to review a high enough number of cases to become proficient, resulting in reviews being completed less timely by non-BPM staff.

Initial Assessment reviewers can be trained in a more efficient manner. In the future, potential reviewers will have all of the required prerequisites for training completed prior to the beginning of review period. DCF will work with the Wisconsin Child Welfare Professional Development System (PDS) to develop more flexible training modules, some of which may be available through distance learning. Future reviews will also be spread over a longer period of time, which will allow for more coaching of new reviewers.

The lack of standardized methods for documenting protective plans resulted in the inability to assess protective plan quality. Because at the time the review was conducted protective plans were not required to be included in the electronic case file, the reviewers were not always able to access the plans to assess their quality. Requests for copies of protective plans were made to counties for cases in which a protective plan was referenced but not included in the electronic case file. However, none of the protective plans requested were received prior to the end of the review. Until the new policies regarding protective plans are fully implemented, the process of requesting the paper protective plan for upcoming reviews should be refined.

Enhancements to the Initial Assessment case record review instrument were identified. The review process also identified questions that were not considered when the review instrument was being developed and tested. For example, the use of "some" as an answer should be further clarified to identify when comprehensive information is gathered for some case members and when information is not gathered comprehensively on all case members. This would provide additional capability to analyze the thoroughness of information gathering and documentation at Initial Assessment. Updating the IA review instrument will also allow for a deeper understanding of necessary collateral contacts. The current instrument only identified the category of the necessary collateral contacts that were missed, but did not identify which necessary collateral contact categories were contacted or who the reporter was. The instrument will also be updated to allow for a standardized method of collecting reviewer comments.

Appendix B: Practice Review and Outcome Crosswalk

Wisconsin's Child Welfare System Practice and Outcome Review Crosswalk (Initial Assessment)

	Intended Result(s) for Children and Families	Administrative/ Quantitative Data	Qualitative Practice Review Component(s)	CFSR Item	Organizational Factors	Outcome Measure(s) and CFSR National Standards
Initial Assessment (IA)	• Children and their care-givers and families, including their strengths, concerns and needs, are well understood by the CPS agency, which gathers information from the family and key collateral contacts • Children and their care-givers and families receive intervention from the CPS agency that match concerns and needs and are provided in the least intrusive manner to ensure child safety. • Children and their caregivers and families experience CPS agency intervention and services in a culturally responsive and trauma informed manner.	• IA types (Caregiver vs. Non-caregiver and Traditional vs. Alternative Response) • IA by maltreatment allegation type • IA by maltreater relationship to alleged victim(s) • IA maltreatment allegation findings and IA disposition result (open vs. closed) • For IAs that result in open disposition: proportion of those cases and children served in the family home and those cases with one or more children placed in out of home • Public Disclosure records • BRO Incident / Complaint Report information by type	• Information gathering timeliness, quality and thoroughness to understand and address threats to child safety or risk of maltreatment • Effective and appropriate analysis and synthesis of information gathered support safety assessment, protective planning, and safety planning responsibilities and documentation • Effective application of analysis in decision-making regarding IA disposition and if opened, level of intervention • Family and collateral contacts key to the case are engaged and effectively transitioned when agency intervention is necessitated, including shared understanding of child safety, roles, responsibilities when applicable • Proper assignment of the timeframes for timing and types of contacts related to IA process • Timely resolution of initial assessment and notification to the family, including appeal rights • Proper notice and timely involvement tribal child welfare involvement is provided for a tribal child	2 & 3	• Agency responsiveness to and collaboration with community partners • Agency staff training and supervision • Staff recruitment and retention • Legal communities • Agency culture and policies • Service array • Information system	• X% of families closed at the conclusion of the IA do not have a subsequent maltreatment substantiation or unsafe child finding within X months (Re-referral) • X% of children who are found to be substantiated victims are not re-victimized within X months of the maltreatment finding (Re-maltreatment) • X% of families with a completed IA in which the case is opened for Ongoing Services have the children remain intact versus out-of-home placement • X% of IAs are completed (approved) in a timely manner • X% of initial case contacts for an IA occur in a timely manner

Appendix C: IA Safety Decision-Making/CPS Flowchart

CPS Access

CPS receives a report of alleged child abuse and/or neglect from a source.
- Gathering of information related to present and impending danger threats
- Screening, urgency and response time decisions

Screening Decision

If CPS has reason to believe that a child has been subjected to treatment which meets the definition of abuse or neglect or that threatens the child with abuse or neglect, and there is reason to believe that abuse or neglect will occur, the report in screened in.

Assignment of traditional response (TR) or alternative response (AR) pathway if applicable

CPS Initial Assessment

First Contacts
- Assessing for present danger threats
- Creation of protective plans (if needed)

Initial Assessment/Investigation
- Collection of information related to CPS Access/IA and Safety Intervention Standards and practice protocols
- Managing protective plans

Safety Assessment at Conclusion IA
- Determining presence/absence impending danger threats

Safety Analysis and Planning
- Determining how impending danger is manifested in the family
- Evaluation of parent/caregiver protective capacities
- Determining if child is safe or unsafe
- Creation of safety plan if needed

Maltreatment Finding

Did the alleged maltreatment occur?

TR: Substantiated or Unsubstantiated

AR: Services Needed or Services Not Needed

Safety Decision

Are services needed to ensure child safety?

Yes

No

CPS case opened
and family offered voluntary CPS services, or family assigned court-ordered CPS services

CPS case closed
and/or family referred to community services, or family offered voluntary CPS services

Can the child safely remain in the home?

No

Yes

Child remains in home; services provided to child and family

Child removed and placed in out-of-home care; services provided to child and family.

Ongoing CPS Services

Family Assessment and Case Plan
- Identifying caregiver protective capacities associated with impending danger threats
- Determining what must change
- Identifying and implementing interventions and ways to measure effectiveness of interventions

Case Progress Evaluation
- Measuring and evaluating progress related to decreasing impending danger threats and enhancing parent/caregiver protective capacities
- Revision of plans as necessary

Case Closure
- Confirming existence of a safe home

Permanence

Child achieves permanency through reunification, guardianship or adoption

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Appendix D: Initial Assessment Review Instrument

Case Name and eWiSACWIS Case Number	Assessment ID	County Reviewed

Name – Initial Assessment Worker	Name – Initial Assessment Supervisor

Date of Screened-in Report(s)	Name – Reviewer	Date of Review

Report Type: ☐ CPS Primary ☐ CPS Secondary/ Non-Caregiver | **Response Type**: ☐ Traditional ☐ Alternative

Reporter: ☐ Mandated ☐ Relative ☐ Other | **Did this case have a program assignment of In Home Safety Services?** ☐ Yes ☐ No

☐ **One child** included within the IA ☐ **Multiple children** included within the IA	**Were all required children included within the IA?** ☐ Yes ☐ No
☐ **One alleged victim** included within the IA ☐ **Multiple alleged victims** included within the IA	**Were all required alleged victims included within the IA?** ☐ Yes ☐ No
☐ **One parent/caregiver** included within the IA ☐ **Multiple parents/caregivers** included within the IA	**Were all required parents/caregivers included within the IA?** ☐ Yes ☐ No
Did this case have a case disposition of "unable to locate source?" ☐ Yes ☐ No	If the reviewer answered "Yes" to the previous case disposition question, then answer the following: **Were diligent efforts made to contact the parents/caregivers?** ☐ Yes ☐ No

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A. PRESENT DANGER ASSESSMENT (Primary Assessments)

Wisconsin Child Protective Services Safety Intervention Standards, Section II, II.A.-II.C., pp. 6-8.

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1. **Did the agency assess the correct household where safety threats presented?**
   - ☐ Yes, the agency assessed the correct household.
   - ☐ No (check all that apply):
     - ☐ The agency assessed the wrong household.
     - ☐ The agency should have also assessed an additional household separately.

2. **a. Did the worker identify present danger at initial face-to-face contact for the alleged victim(s)?**

☐ Yes	☐ No
Does the reviewer agree that there was present danger at initial face-to-face contact? ☐ Yes ☐ No ☐ Not enough **key** information documented in IA to accurately assess the presence or absence of present danger	**Does the reviewer agree that there was no present danger at initial face-to-face contact?** ☐ Yes ☐ No ☐ Not enough **key** information documented in IA to accurately assess the presence or absence of present danger
	Comments:

If the reviewer answered "Yes" to the first part of 2.a. ("Did the worker identify present danger at initial face-to-face contact?"), then answer 2.b. If the Reviewer answered "No" to the first part of 2.a., proceed to question 3.

b. Does the reviewer agree with the present danger threats identified at initial face-to-face contact for the alleged victim(s)?

☐ Yes, *all* present danger threats were accurately identified.

☐ No (check all that apply):

    ☐ One or more *additional* present danger threats should have been identified.

    ☐ One or more present danger threats were *misidentified.*

    ☐ One or more present danger threats were *inaccurately* identified.

    ☐ Not enough **key** information documented in IA to assess accuracy of one or more identified present danger threats.

Comments:

3. a. Did the worker identify additional present danger during the Initial Assessment process?

☐ Yes   ☐ No

Does the reviewer agree that there *was* present danger?	**Does the reviewer agree that there was *no* additional present danger?**
☐ Yes ☐ No	☐ Yes ☐ No
☐ Not enough **key** information documented in IA to accurately assess the presence or absence of present danger	☐ Not enough **key** information documented in IA to accurately assess the presence or absence of present danger
	Comments:

If the reviewer answered "Yes" to the first part of 3.a. ("Did the worker identify additional present danger during Initial Assessment?"), then answer 3.b. If the Reviewer answered "No" to the first part of 3.a., proceed to question 4.

b. Does the reviewer agree with the additional present danger threats identified for all other children in the household?

☐ Yes, *all* present danger threats were accurately identified.

☐ No (check all that apply):

    ☐ One or more *additional* present danger threats should have been identified.

    ☐ One or more *additional* present danger threats were *misidentified.*

    ☐ One or more *additional* present danger threats were *inaccurately* identified.

    ☐ Not enough **key** information documented in IA to assess accuracy of one or more identified present danger threats.

Comments:

4. Was a Protective Plan created?

☐ Yes (check all that apply):	☐ No
☐ Protective Plan document ☐ Temporary Physical Custody Order (TPC) ☐ Voluntary Placement Agreement (VPA) ☐ Other court order	☐ Protective Plan was needed and not developed ☐ Protective Plan was not needed and not developed ☐ Not enough **key** information documented to assess whether or not a Protective Plan was needed
	Comments:

If the reviewer answered "No" to question 4, skip the remainder of Section A and proceed to Section B on page 5.

5. Was the Protective Plan immediately implemented?

☐ Yes   ☐ No

6. Was protective planning sufficient to control for all present danger throughout the IA?

☐ Yes, Protective Plan was sufficient to control for *all* present danger threats for *all* children

☐ No (check all that apply):

☐ Protective Plan was sufficient to control for *some* present danger threats

☐ Protective Plan was sufficient to control for present danger threats for *some* children

☐ Protective Plan was sufficient to control for *none* of the present danger threats

If the reviewer selected "Protective Plan" in the second part of question 4 above, proceed to question 7 below. If the reviewer selected any other option (TPC, VPA or other), skip questions 7 through 11 and proceed to question 12 on page 5.

7. a. How many participants/providers were involved in the Protective Plan document?

☐ One participant/provider

☐ Multiple participants/providers

b. Does the Protective Plan document that the reliability, commitment, and availability of each participant/provider to control for safety was confirmed prior to implementation?

i. Reliability	**ii. Commitment**	**iii. Availability**
☐ Yes - *all*	☐ Yes - *all*	☐ Yes - *all*
☐ No - *some*	☐ No - *some*	☐ No - *some*
☐ No - *none*	☐ No - *none*	☐ No - *none*

8. Did the Protective Plan contain the following required information to control for present danger threats (PDTs) for *all* children in the household?

a. Identification of present danger threat(s)	**d. Name(s) of the responsible/protective adult related to each protective action and an explanation of his/her relationship to the family**
☐ Yes - *all*	☐ Yes - *all*
☐ No - *some*	☐ No - *some*
☐ No - *none*	☐ No - *none*

b. How the plan is intended to control identified threat(s) to each child

- ☐ Yes - *all*
- ☐ No - *some*
- ☐ No - *none*

c. Specific actions/services to control PDTs (with frequency and duration)

- ☐ Yes - *all*
- ☐ No - *some*
- ☐ No - *none*

e. Alleged maltreater access to the child(ren)

- ☐ Yes - *all*
- ☐ No - *some*
- ☐ No - *none*

f. How CPS will oversee/manage the Protective Plan, including communication with the family and providers

- ☐ Yes
- ☐ No

---

9. Were the required communications, actions, and supervisory consultation completed?

a. Explanation to parents/caregivers of the reason(s) present danger exists

- ☐ Yes   ☐ No

b. Consult with a supervisor or her/his designee by the next working day

- ☐ Yes   ☐ No

---

10. Was/were the child(ren) temporarily outside of the home as part of the Protective Plan?

☐ Yes	☐ No

If multiple children were temporarily outside the home, did they go to the same home or different homes?

- ☐ Children went to the same home
- ☐ Children went to different homes

Only answer question 11 if the reviewer selected "Yes" in question 10. Question 11 is only applicable when there was a negotiated arrangement. If there was no negotiated arrangement, proceed to question 12.

11. If a Protective Plan was implemented in which children were temporarily outside the home as part of a negotiated arrangement, was safety in the unlicensed home(s) confirmed?

a. Assessment of safety in the unlicensed home(s) through direct contact prior to implementation of the Protective Plan

- ☐ Yes - *all* homes/care providers
- ☐ No - *some homes/care providers*
- ☐ No - *none homes/care providers*

b. Discussion of expectations an provider's role *prior* to the child(ren) entering home

- ☐ Yes - *all homes/care providers*
- ☐ No - *some homes/care providers*
- ☐ No - *none homes/care providers*

c. Home visit conducted within 24 hours

- ☐ Yes - *all homes/care providers*
- ☐ No - *some homes/care providers*
- ☐ No – *none homes/care providers*

d. Check of law enforcement records on *all* required individuals residing in the home requested within 24 hours

- ☐ Yes - *all* required individuals
- ☐ No - *some required individuals*
- ☐ No - *none required individuals*

e. CPS records check conducted within 24 hours for *all* required individuals

- ☐ Yes - *all required individuals*
- ☐ No - *some required individuals*
- ☐ No - *none required individuals*

.

12. If a child was placed in an unlicensed or licensed home as part of a Temporary Physical Custody Order (TPC), Voluntary Placement Agreement (VPA), or other court order, were the requirements of Confirming Safe Environments (CSE) in met for all applicable children?

☐ Yes – *all applicable children*

☐ No – *some applicable children*

☐ No – *none applicable children*

B. INFORMATION GATHERING and ANALYSIS (All Assessments)
Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 2, Chapter 14, XIV.E., pp. 50; Appendix 3, pp. 93-98; Alternative Response Addendum; and Wis. Stat. §48.981(3m)

Maltreatment

Only applicable for Primary (Traditional Response) and Secondary Assessments

1. Does the assessment narrative contain a comprehensive description of the extent of the maltreatment and the supporting documentation for maltreatment determinations to accurately assess safety (and supporting documentation for court intervention, if applicable)?

a. Detailed description of all types of maltreatment

☐ Yes – *all* maltreatment types

☐ No – *some* maltreatment types

☐ No – *none* maltreatment types

d. Supporting documentation for maltreatment determinations

☐ Yes – *all* maltreatment types

☐ No – *some* maltreatment types

☐ No – *none m*altreatment types

b. Specific information about injury or condition(s) for all applicable children

☐ Yes – *all* injuries/conditions for *all* children

☐ No – *some* injuries/conditions

☐ No – *some* children

☐ No – *none* of the injuries/conditions and *none* of the children

e. Supporting documentation for court intervention

☐ Yes

☐ No

☐ Not applicable

c. Description of medical findings for all applicable children

☐ Yes – *all* findings for *all* children

☐ No – *some* findings

☐ No – *some* children

☐ No – *none* of the findings and *none* of the children

☐ Not applicable

Surrounding Circumstances

Only applicable for Primary (Traditional Response) and Secondary Assessments

2. Does the assessment narrative contain a comprehensive description of the surrounding circumstances to accurately assess safety?

a. Circumstances accompanying or leading up to the maltreatment

☐ Yes   ☐ No

b. Parents'/caregivers' explanation of maltreatment

☐ Yes   ☐ No

Child Functioning

Only applicable for Primary Assessments (both Traditional and Alternative Response)
(Skip Child Functioning if the assessment is for unborn child abuse and no other children reside in the home)

3. Does the assessment narrative contain a comprehensive description of functioning for all children in the household to accurately assess safety?

a. Capacity for attachment
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children

b. General temperament
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children

c. Expressions of emotions/feelings
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children

d. Typical behaviors
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children

e. Presence and level of peer relationships
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children
- ☐ Not applicable

f. School performance and behaviors
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children
- ☐ Not applicable

g. Known mental health disorders
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children
- ☐ Not applicable

h. Independence/dependence
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children

i. Motor skills and physical capacity
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children

j. Effects of maltreatment on the child(ren)'s functioning
- ☐ Yes – *all* children
- ☐ No – *some* children
- ☐ No – *none* children
- ☐ Not applicable
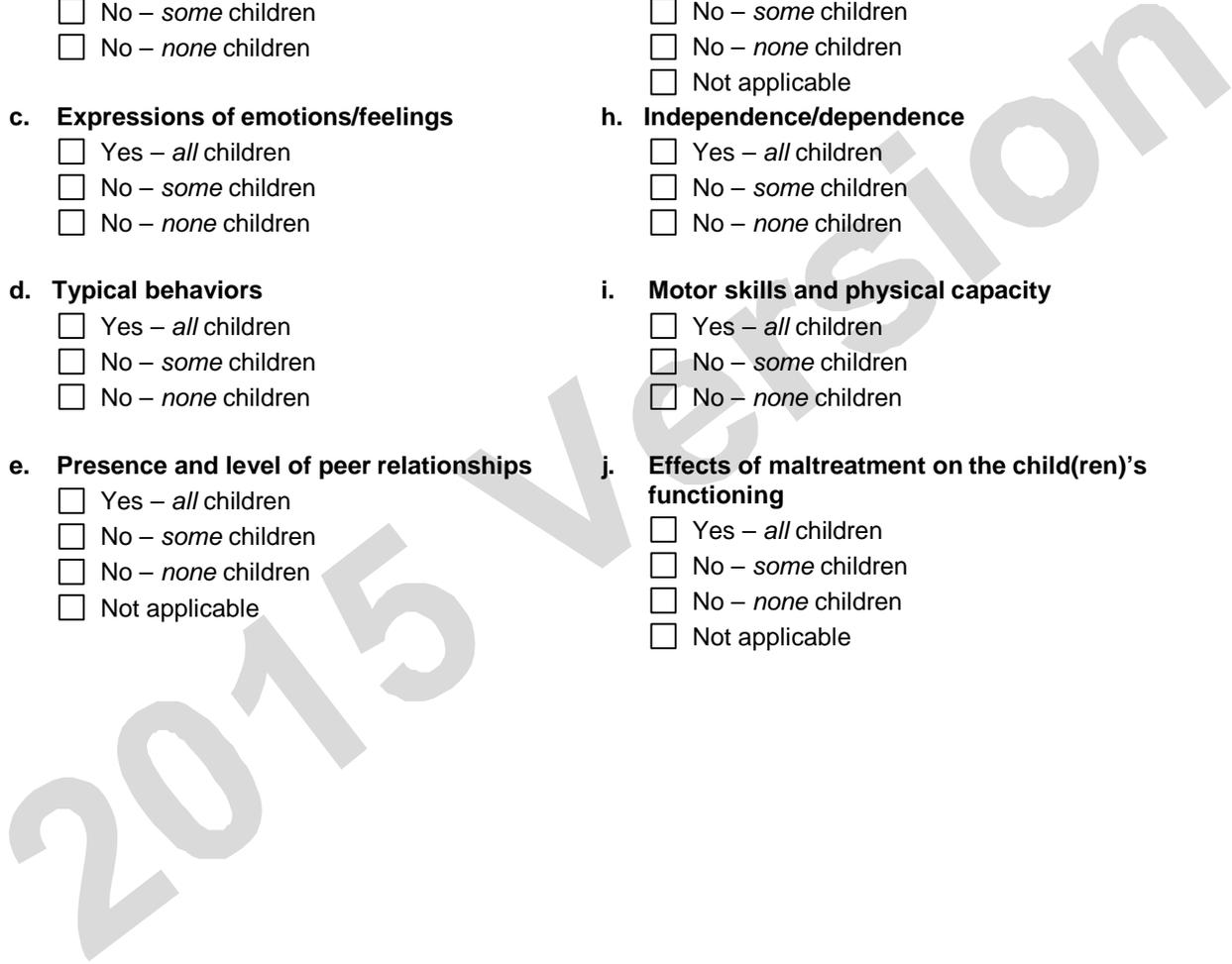
Adult Functioning

Only applicable for Primary Assessments (both Traditional and Alternative Response)

4. Does the assessment narrative contain a comprehensive description of functioning for all adults living in the household to accurately assess safety?

a. Communication
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

b. Coping/stress management
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

c. Impulse control/judgment
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

d. Problem solving/decision making skills
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none adults*

e. AODA
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

f. Mental health
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

g. Independence, money/home management
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

h. Employment/education
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

i. Social relationships, citizenship/community involvement, and other basic life skills
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

j. General criminal behavior
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

k. Domestic violence behavior
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

l. Relevant information from previous assessments/childhood
- ☐ Yes – *all* adults
- ☐ No – *some* adults
- ☐ No – *none* adults

Discipline

Only applicable for Primary Assessments (both Traditional and Alternative Response)

5. Does the assessment narrative contain a comprehensive description of the disciplinary practices used with all of the children in the household to accurately assess safety?

a. Disciplinary methods used
- ☐ Yes – *all* parents/caregivers and *all* children
- ☐ No – *some* parents/caregivers
- ☐ No – *some* children
- ☐ No – *none* of the parents/caregivers and *none* of the children

d. Identification of the extent to which the parent(s)/caregiver(s)' demonstrate self–control when disciplining
- ☐ Yes – *all* parents/caregivers and *all* children
- ☐ No – *some* parents/caregivers
- ☐ No – *some* children
- ☐ No – *none* of the parents/caregivers and *none* of the children

b. Identification of behaviors that are and are not tolerated

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

c. Information on the use of a variety of disciplinary approaches suited to the child(ren)'s age and needs

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

e. Identification of the parent(s)/caregiver(s)' views on discipline

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

Parenting Practices

Only applicable for Primary Assessments (both Traditional and Alternative Response)

6. Does the assessment narrative contain a comprehensive description of the parenting practices to accurately assess safety?

a. Parents' perception of child(ren)

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

b. Reasons for being a parent

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

c. Feelings about being a parent

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and of the children

d. Knowledge and general skill/basic care

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

e. Nurturance/parenting style

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

f. Expectations for child(ren)

☐ Yes – *all* parents/caregivers and *all* children

☐ No – *some* parents/caregivers

☐ No – *some* children

☐ No – *none* of the parents/caregivers and *none* of the children

Family Functioning

Only applicable for Primary Assessments (both Traditional and Alternative Response)

7. Does the assessment narrative contain a comprehensive description of family functioning?

a. Clarity around roles and boundaries in the family

☐ Yes
☐ No

b. Level and type of communication

☐ Yes
☐ No

c. Marital concerns/presence or absence of domestic violence

☐ Yes
☐ No

d. General climate within the family

☐ Yes
☐ No

e. Relationship to the community

☐ Yes
☐ No

f. Ability to meet the family's needs (access economic resources)

☐ Yes
☐ No

CPS Issues and Family Strengths and Needs

Only applicable for Primary Assessments (Alternative Response)

8. Does the assessment narrative contain a comprehensive description of the presenting CPS Issues and Family Strengths and Needs to accurately assess safety?

a. Description of presenting issue(s) leading up to CPS involvement

☐ Yes
☐ No

b. Information about family strengths

☐ Yes
☐ No

c. Information about family needs

☐ Yes
☐ No

Child and Family's Response to Maltreatment

Only applicable for Secondary Assessments

9. Does the assessment narrative contain a comprehensive description of the child and family response to the maltreatment?

a. Child(ren)'s response to maltreatment

☐ Yes – *all* children
☐ No – *some*
☐ No – *none*

b. Parental reaction to maltreatment

☐ Yes – *all* parents/caregivers
☐ No – *some*
☐ No – *none*

c. Actions to provide protection and services if needed

☐ Yes
☐ No
☐ Not applicable

d. Response of the part of facility staff or other responsible adults

☐ Yes
☐ No
☐ Not applicable

10. Based on the information contained in the Initial Assessment, was the assignment of Secondary/Non-Caregiver correct?

☐ Yes, Secondary/Non-Caregiver assessment was correct

☐ No, the agency should have conducted a Primary Assessment

☐ Not enough **key** information contained in the IA to determine

---

C. SAFETY ASSESSMENT and SAFETY ANALYSIS AND PLAN (Primary Assessments)

Wisconsin Child Protective Services Safety Intervention Standards, Section V, V.A-V.C.3., pp. 9-13; Safety Appendix 6, The Danger Threshold and Impending Danger Threats to Child Safety; Access and Initial Assessment Standards, Chapter 14, Section XIV.G, pp. 51; Appendix 3, pp. 93-98; and Safety Reference Guide pp. 18-20. Utilize SAP created at the end of the Initial Assessment.

---

1. a. Did the worker identify impending danger during Initial Assessment?

☐ Yes	☐ No
Does the reviewer agree that there was impending danger?	**Does the reviewer agree that there was no impending danger?**
☐ Yes ☐ No	☐ Yes ☐ No
☐ Not enough **key** information documented in IA to accurately assess the presence or absence of impending danger	☐ Not enough **key** information documented in IA to accurately assess the presence or absence of impending danger
	Comments:

If the reviewer answered "Yes" to the first part of 1.a. ("Did the worker identify impending danger during Initial Assessment?"), then answer 1.b. and 1.c. If the Reviewer answered "No" to the first part of 1.a., skip to question 2.

b. Does the reviewer agree with the impending danger threats documented in the Safety Assessment?

☐ Yes, *all* impending danger threats were accurately identified.

☐ No (check all that apply):

    ☐ One or more *additional* impending danger threats should have been identified for a different observable condition.

    ☐ One or more impending danger threats were *misidentified*.

    ☐ One or more impending danger threats were *inaccurately* identified.

    ☐ Not enough **key** information documented in IA to assess accuracy of one or more identified impending danger threats.

Comments:

c. Does the agency description of the unsafe condition(s) support the identified impending danger threat(s)?

☐ Yes ☐ Some ☐ No

☐ Multiple impending danger threats were incorrectly identified for the same family condition(s)

Comments:

2. Was a Safety Analysis and Plan (SAP) created?

☐ Yes	☐ No:
	☐ SAP was needed and not developed
	☐ SAP was not needed and not developed
	☐ Not enough **key** information documented to assess whether or not a SAP was needed
	Comments:

If the reviewer selected "No" for question 2, skip questions 3 through 6 and proceed to question 7.

3. Which choice did the agency select in the Safety Analysis and Plan for the question "Can and will the non-maltreating parent or another adult in the home protect the children?"

☐ Yes
☐ No
☐ N/A

If reviewer selected "Yes" for question 3, answer question 4. If the reviewer selected any other option, skip question 4 and proceed to question 5.

4. Does the documentation support the worker's assessment of that person's willingness, ability and capacity to provide protection?

☐ Yes, documentation comprehensively describes how the non-maltreating parent's/caregiver's or other adult's protective capacities can and will manage all of the identified impending danger threat(s) and justifies that the child(ren) is/are safe and no further safety intervention is needed.

☐ No, documentation does not comprehensively describe the non-maltreating parent's/caregiver's or other adult's willingness, ability, and capacity to protect the child(ren) from all of the identified impending danger threat(s).

If reviewer selected "Yes" for question 3 and question 4 above, proceed to question 7.

5. Does the assessment support the worker's analysis of the safety plan?

☐ Yes ☐ No

☐ Not enough **key** information documented in IA to make a determination

Reviewer should skip question 6 and proceed to question 7 below if there was no in-home safety plan

6. **Does the in-home safety plan sufficiently control the impending danger threats (IDTs) throughout the Initial Assessment?**

   a. **Description of the specific IDTs**
      - ☐ Yes – *all* IDTs
      - ☐ No – *some* IDT's
      - ☐ No – *none* IDT's

   e. **Frequency and duration of services/action**
      - ☐ Yes – *all* services/actions
      - ☐ No – *some* services/actions
      - ☐ No – *none* services/actions

   b. **Safety services used to managed IDTs**
      - ☐ Yes – *all* safety services
      - ☐ No – *some* safety services
      - ☐ No – *none* safety services

   f. **Necessary services/action/providers exist and are available at level/time required**
      - ☐ Yes- *all* services/actions/providers
      - ☐ No – *some* services/actions/providers
      - ☐ No – *none* services/actions/providers

   c. **Names of safety services providers**
      - ☐ Yes – *all* providers
      - ☐ No – *some* providers
      - ☐ No – *none* providers

   g. **How CPS will manage/oversee the safety plan**
      - ☐ Yes
      - ☐ No

   d. **Roles and responsibilities of providers**
      - ☐ Yes – *all* providers
      - ☐ No – *some* providers
      - ☐ No – *none* providers

7. **Was safety actively managed throughout the Initial Assessment process?**
   ☐ Yes   ☐ No

8. **Was safety actively managed throughout case transition?**
   ☐ Yes   ☐ No   Not applicable (case closed at Initial Assessment)

9. **Did a timely case transition meeting occur?** ☐
   ☐ Yes   ☐ No   Not applicable (case closed at Initial Assessment)

D. FAMILY INTERACTION (Primary Assessments, Traditional Response Only)

Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 2, Chapter 14, XIV.H., pp. 51

Reviewer only answers question 1 if there was a TPC, VPA, or other court order

1. **Did the initial family interaction occur within five business days of out-of-home-care placement?**
   ☐ Yes   ☐ No

1.   **Did the Initial Assessment worker make face-to-face contact with the alleged victim(s) within the assigned response time?**

☐ Yes – *all* victims

☐ No – *some* victims

☐ No – *none* victims

2.   **Did the Initial Assessment worker make face-to-face contact with the parent(s)/caregiver(s) within the assigned response time?**

☐   Yes   ☐   No

3.   **Did a home visit take place where the alleged maltreatment occurred or where threats to child(ren)'s safety existed?**

☐   Yes   ☐   No

4.   **Did a face-to-face interview/observation occur with all required household members?**

☐ Yes – *all* required household members

☐ No – *some*

☐ No – *none*

5.   **Did an interview occur with the non-custodial parent(s) OR is there documentation to support why the interview did not occur?**

☐ Yes – *all* required non-custodial parents   ☐ There is documentation to support reason(s) why interview(s) did not occur

☐ No – *some*

☐ No – *none*   ☐ Not applicable

6.   **Were necessary collateral contacts made?**

☐ Yes	☐ No
	What kind of key collateral contact was missed?
	☐ Doctor or other medical professional
	☐ Police, probation officer, or other law enforcement
	☐ Therapist or other mental health professional
	☐ Teacher, school social worker, or other educational staff
	☐ Family member(s) ☐ Friends(s)
	☐ Neighbor(s) ☐ Other:
	Comments:

F. AMERICAN INDIAN HERITAGE (All Assessments)

Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 2, Chapter 12, XII.B., Indian Child Welfare Act Requirements, pp. 37-39; DCFS Numbered Memo Series 2006-01, "Documentation of Certain Indian Child Welfare Act (ICWA) Requirements," pp. 2-8; and DSP Informational Memo 2010-08, "WICWA Statewide Implementation Initiatives"

1. a. Has the "Screening for the Child's Status as Indian" form (DCF-F-CFS2322) been completed in e-WiSACWIS for each child?

☐ Yes – *all* children

☐ No – *some*

☐ No – *none*

b. For how many children was American Indian Heritage indicated?

If reviewer answers "none" in 1.a. or "0" in 1.b., skip the remainder of Section F.

2. Has the "Child's Biological Family History" form (DCF-F-CFS2323) been completed in e-WiSACWIS for each American Indian child?

☐ Yes – *all* applicable children

☐ No – *some:*

☐ No – *none*

3. Has the "Request for Confirmation of Child's Indian Status" form been completed for each child with American Indian heritage?

☐ Yes – *all* applicable children

☐ No – *some:*

☐ No – *none*

4. Did a consultation with the tribal agency occur?

☐ Yes

☐ No

G. CONCLUSION (All Assessments)

Wisconsin Child Protective Services Access and Initial Assessment Standards, Section 2, Chapter 12, XII.J, Feedback to a Mandated Reporter, pp. 40; Chapter 12, XII.K., Feedback to a Relative Reporter, pp. 40; Chapter 14, XIV.G., Conclusion of the Initial Assessment, pp. 51; Chapter 20, XX.A., Determination of Maltreatment and Maltreaters, pp. 60; and Appendix 1, pp. 77; Appendix 2, pp. 84; and Appendix 7, pp. 118

1. a. What was the safety determination at the conclusion of the Initial Assessment?

☐ Safe   ☐ Unsafe

b. Does the reviewer agree with this safety determination?

☐ Yes   ☐ Not enough key information documented in IA to accurately assess safety determination

☐ No

For Alternative Response Assessments, skip question 2 and question; proceed to question 4.

2. Maltreater and Maltreatment Determinations

a.   Were all alleged victims accurately identified?

☐ Yes

☐ No (check all that apply):

☐ Other child(ren) in household should have also been alleged victim(s).

☐ Physical abuse	☐ Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	☐ Neglect	

☐ Not enough information contained in IA to assess the accuracy of alleged victim(s):

☐ Physical abuse	☐ Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	☐ Neglect	☐ Not enough information to assess any victims

b.   Were all alleged maltreaters accurately identified?

☐ Yes

☐ No (check all that apply):

☐ Other maltreater(s) in household should have also been identified:
☐ Unknown maltreater   ☐ Named maltreater

☐ An unknown maltreater should have been named:

☐ Physical abuse	☐ Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	☐ Neglect	

☐ A named maltreater should have been unknown:

☐ Physical abuse	Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	Neglect	

☐ There should have been an additional named maltreater:

☐ Physical abuse	☐ Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	☐ Neglect	

☐ There should have been a different named maltreater/relationship to victim was incorrect:

☐ Physical abuse	☐ Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	☐ Neglect	

☐ Not enough information contained in IA to assess the accuracy of alleged maltreater(s):

☐ Physical abuse	☐ Emotional abuse	☐ Unborn child abuse
☐ Sexual abuse	☐ Neglect	☐ Not enough information to assess any maltreaters

c. Were all allegations correct for all children?

☐ Yes

☐ No (check all that apply):

    ☐ Allegation(s) should have been of a different type:

☐ Physical abuse	→		☐ Neglect	→	
☐ Sexual abuse	→		☐ Unborn child abuse	→	
☐ Emotional abuse	→				

    ☐ Missed allegation(s):

        ☐ Children were missed

            ☐ Physical abuse   ☐ Emotional abuse   ☐ Unborn child abuse
            ☐ Sexual abuse   ☐ Neglect

        ☐ There should have been additional allegations:

            ☐ Physical abuse   ☐ Emotional abuse   ☐ Unborn child abuse
            ☐ Sexual abuse   ☐ Neglect

    ☐ Not enough information contained in IA to assess the accuracy of allegation(s)

        ☐ Physical abuse   ☐ Emotional abuse   ☐ Unborn child abuse
        ☐ Sexual abuse   ☐ Neglect   ☐ Not enough information to assess any allegations

d. Does the reviewer agree with the substantiation/unsubstantiation results?

☐ Yes

☐ No (check all that apply):

    ☐ There were unsubstantiated allegations that should have been substantiated:

        ☐ Physical abuse   ☐ Emotional abuse   ☐ Unborn child abuse
        ☐ Sexual abuse   ☐ Neglect

    ☐ There were substantiated allegations that should have been unsubstantiated:

        ☐ Physical abuse   ☐ Emotional abuse   ☐ Unborn child abuse
        ☐ Sexual abuse   ☐ Neglect

    ☐ Not enough information contained in IA to assess the subs/unsubs results

        ☐ Physical abuse   ☐ Emotional abuse   ☐ Unborn child abuse
        ☐ Sexual abuse   ☐ Neglect   ☐ Not enough information to assess any results

3. Did the agency notify person(s) against whom a substantiated finding of child maltreatment was made of the right to appeal the decision?

☐ Yes – *all*

☐ No – *some*

☐ No – *none*

☐ Not applicable (no substantiated findings)

4. Does the reviewer agree with the case disposition at which the agency arrived?

☐ Yes   ☐ No

☐ Not enough information contained in the IA to determine

Reviewers only answer question 5 if there was a mandated reporter.

5. Was feedback provided to the mandated reporter within 60 days of the report?

☐ Yes ☐ No

Reviewers only answer question 6 if there was a relative reporter.

6. Was feedback provided to the relative reporter within 20 days of receipt of the request?

☐ Yes ☐ No

☐ Not applicable (there is no indication the relative reporter requested feedback)

7. Does the Initial Assessment indicate a referral to the Birth-to-3 Program was made for all children under three years of age who were substantiated as having been maltreated?

☐ Yes ☐ No

☐ Not applicable (no children substantiated under three years of age or this is an Alternative Response Pathway)

Appendix E: Distribution of Counties in IA Review Sample

Table E-1. **Distribution of Counties in the Random Sample.**
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

County	No. IAs Reviewed	County	No. IAs Reviewed
Adams	3	Monroe	5
Barron	2	Oconto	2
Brown	17	Oneida	2
Buffalo	1	Outagamie	6
Burnett	3	Ozaukee	3
Chippewa	1	Pierce	1
Clark	2	Polk	3
Columbia	5	Portage	3
Dane	16	Price	1
Dodge	1	Racine	8
Door	1	Richland	1
Douglas	2	Rock	18
Eau Claire	3	Sauk	1
Fond Du Lac	5	Sawyer	4
Grant	2	Sheboygan	2
Green	2	St. Croix	2
Green Lake	1	Trempealeau	2
Iowa	1	Vernon	3
Jackson	1	Vilas	1
Jefferson	1	Walworth	3
Juneau	2	Washburn	1
Kenosha	7	Washington	4
La Crosse	1	Waukesha	5
Lincoln	2	Waupaca	4
Manitowoc	3	Waushara	3
Marathon	5	Winnebago	10
Marquette	1	Wood	7
Milwaukee	75		
		TOTAL	**271**

Appendix F: Additional Analyses

Table F-1. Interview Contacts and Odds Ratios of Consistent IA Conclusions. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Safety Determination		Maltreatment Determination		Case Disposition	
	Odds Ratio	(95% CI)	Odds Ratio	(95% CI)	Odds Ratio	(95% CI)
All Necessary Collateral Contacts	9.7***	(4.6-20.4)	12.3***	(5.3-28.7)	9.5***	(4.3-21.2)
Timely Contact with All Victim(s)	2.4*	(1.1-5.0)	2.7*	(1.2-6.3)	3.7**	(1.7-8.3)
Contact with Non-Custodial Parents	1	(0.5-2.1)	1.1	(0.5-2.6)	1.2	(0.5-2.7)

***Statistically significant p≤0.001, **significant at p≤0.01, *significant at p≤0.05

Note: The odds ratio estimates above were obtained from three multivariate logistic regression models, one for each outcome (IA conclusion).

Table F-2. Interview Contacts and Increased Documentation of Information Gathering. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015

	Average Increase in Proportion of Information Items Comprehensively Documented when Interview Contact is Made Consistent with Standards
All Necessary Collateral Contacts	8.7%**
Timely Contact with All Victim(s)	5.7%*
Contact with Non-Custodial Parents	7.4%**

***Statistically significant p≤0.001, **significant at p≤0.01, *significant at p≤0.05

Note: The estimates above were obtained through multivariate linear regression. Intercept estimate = 18.8% (p<.0001).

Table F-3. Information Gathering (by Quartile) and Odds Ratios of Consistent IA Conclusions. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015

Compared to Lowest (0%-20% of total):	Safety Determination*** Consistent with Standards		Case Disposition*** Consistent with Standards	
	Odds Ratio	(95% CI)	Odds Ratio	(95% CI)
Documented over 50% of total applicable items	58.0*	(7.6-442.8)	48.6*	(6.4-371.2)
Documented 30%-50% of total applicable items	5.8*	(2.6-12.5)	5.3*	(2.4-11.8)
Documented 20%-30% of total applicable items	2.9*	(1.4-6.2)	4.0*	(1.8-8.9)

***Association is statistically significant (p<.0001)

Figure F-1. Information Gathering and Maltreatment Determination Consistent with Standards. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
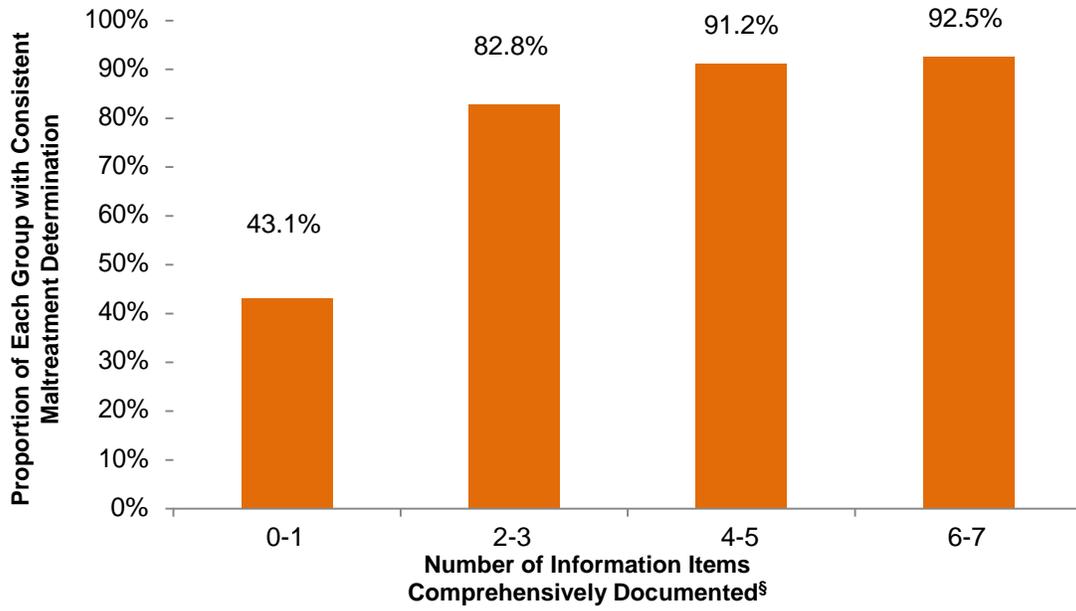
§From Surrounding Circumstances and Maltreatment sections only.

***Results statistically significant at p<0.0001

Figure F-2. Distribution of Documentation of Information Items (by Percent) When "All" Were Comprehensively Documented.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
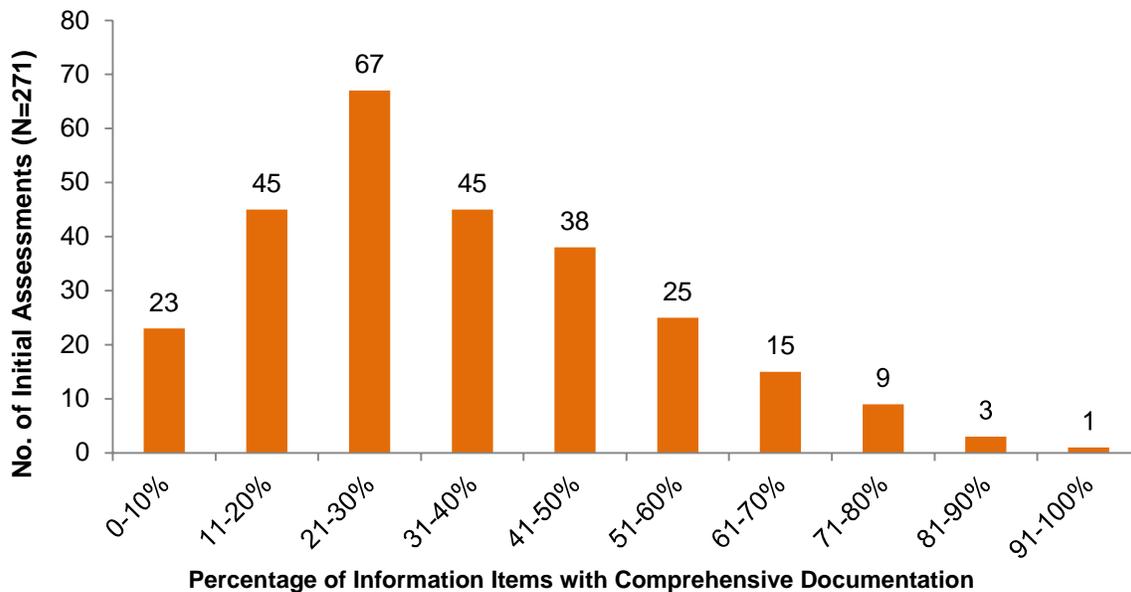
Note: The average proportion of required information items comprehensively documented was 33.9% (median 30.8%), with a minimum of 0% (N=6) and maximum of 92.7% (N=1).

Figure F-3. Distribution of Documentation of Information Items (by Percent) When "All" or "Some" Were Documented.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.
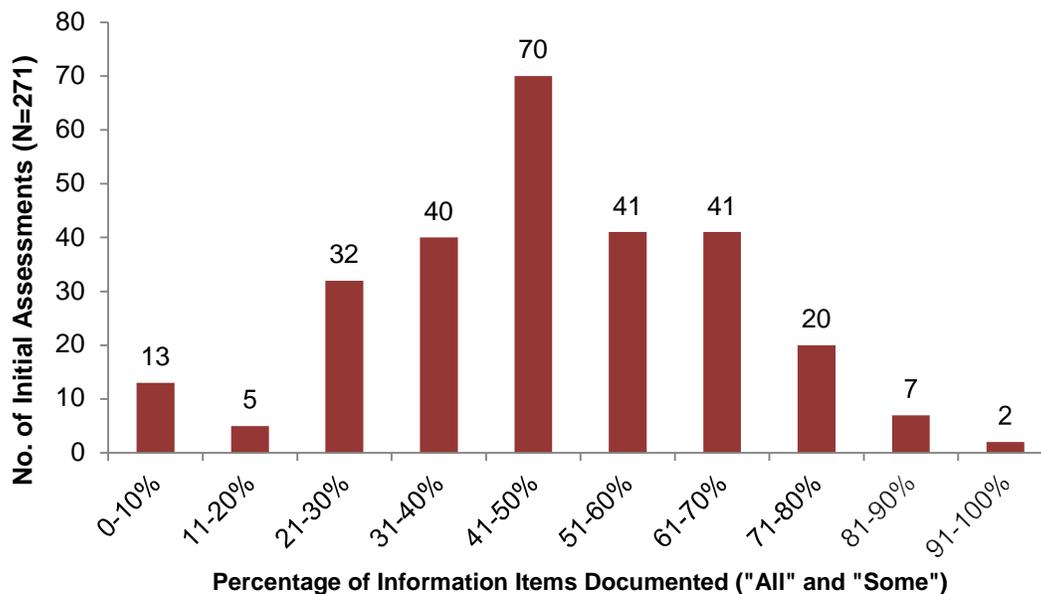
Note: The average proportion of required information items with at least some documentation was 46.9% (median 47.7%), with a minimum of 0% (N=4) and maximum of 92.7% (N=1).

Figure F-4. Comprehensive Documentation of 46 Information Items.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Information Item	Percentage
Parent/Caregiver Explanation	73.5%
Surrounding Circumstances	72.3%
Child School Performance	70.0%
Description of Medical Findings	69.2%
Adult Education/Employment	68.6%
Supporting Doc.for Maltreatment Determinations	67.8%
Description of All Types of Maltreatment	66.7%
Supporting Doc. for Court Intervention	63.8%
Child Injury or Condition	61.4%
Disciplinary Methods Used	57.6%
Adult Mental Health	51.7%
Adult Criminal Behavior	50.9%
Adult AODA	45.0%
Access to Economic Resources	40.6%
Child General Temperament	39.1%
General Climate in the Family	37.3%
Child Mental Health Disorders	35.9%
Adult Independence/Home Management	35.4%
Child Typical Behaviors	35.1%
Roles/Boundaries in the Family	33.9%
Nurturance/Parenting Style	33.9%
Child Independence/Dependence	33.9%
Knowledge and General Skill/Basic Care	31.7%
Marital Concerns/Domestic Violence	29.9%
Disciplinary Approaches	29.5%
Effects of Maltreatment on Child Functioning	29.3%
Relevant Information from Past Assessments	26.6%
Feelings About Being a Parent	25.5%
Child Motor Skills	25.5%
Level and Type of Communication	24.4%
Parent Perception of Child	23.2%
Family Relationship to Community	22.5%
Domestic Violence Behavior	21.4%
Child Expression of Emotions	21.0%
Adult Relationships/Community Involvement	20.7%
Adult Communication	18.1%
Identification of Behaviors Not Tolerated	17.3%
Child Peer Relationships	16.7%
Expectations for Child	16.6%
Adult Coping/Stress Management	16.2%
Child Capacity for Attachment	13.3%
Adult Impulse Control/Judgement	12.9%
Parent/Caregiver Views on Discipline	11.8%
Adult Problem Solving/Decision Making Skills	9.6%
Parent/Caregiver Self-Control in Disciplining	8.1%
Reasons for Being a Parent	6.3%

Percentage of Initial Assessments Reviewed (N=271) with Comprehensive Documentation (for "all")

Table F-4. Adequacy of Protective Plans.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes		No	
	N[∞]	%	N[∞]	%
Protective Plan Immediately Implemented	49	89.1%	6	10.9%
Protective Plan Controls for All Identified Present Danger Threats for All Children	42	80.8%	10	19.2%

[∞]*Note: Not equivalent in all categories*

Table F-5. Adequacy of In-Home Safety Plans.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes		No	
	N	%	N	%
Describes All Identified Impending Danger Threats	5	55.6%	4	44.4%
Describes Safety Services Used to Manage Impending Danger Threats	4	44.4%	5	55.6%
Includes Names of Safety Services Providers	3	33.3%	6	66.7%
Describes Roles and Responsibilities of Providers	3	33.3%	6	66.7%
Describes Frequency and Duration of Necessary Services/Action	3	33.3%	6	66.7%
Confirms Services/Action Are Available at Level/Time Required	3	33.3%	6	66.7%
Describes How CPS Will Manage/Oversee Safety Plan	3	33.3%	6	66.7%

Table F-6. Adherence to Standards in Inclusion of Required Individuals in Initial Assessment.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Are All Required Individuals Included in the Initial Assessment?		N	%
Alleged Victims	*Yes*	258	95.2%
	No	13	4.8%
Other Children in the Household	*Yes*	242	89.3%
	No	29	10.7%
Parents/Caregivers	*Yes*	230	84.9%
	No	41	15.1%

Table F-7. Household Composition of IAs in the Random Sample.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

		N	%
Alleged Victims:	Multiple	114	42.1%
	One	157	57.9%
Caregivers:	Single Parent	100	36.9%
	Two-Parent	171	63.1%
Children:	Only Child	67	24.7%
	Multiple Siblings	204	75.3%

Appendix G: All Review Results by Question

Unless otherwise noted, all numbers below indicate the number of Initial Assessments for which reviewers selected each answer (N=271). Note that in some subsections N=263, as the 8 Alternative Response cases are omitted where questions were not applicable, e.g., maltreatment determinations. Also note that not all questions grouped together share the same possible answers; in the case where an option was not available to be selected, there are two bars ("--") in lieu of numbers.

REVIEW INSTRUMENT FACE SHEET

Table G-1. Overview. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes	No
Were all required children included within the IA?	242	29
Were all required alleged victims included within the IA?	258	13
Were all required parents/caregivers included within the IA?	230	41
If the case had a disposition of *unable to locate source*[∞], were diligent efforts made to contact the parents/caregivers?	3	1
Did the agency assess the correct household where safety threats presented?	265	6[‡]

[∞]Total N=4

[‡] Of the 6 IAs that did not assess the correct household, 5 missed an additional required household that should have been assessed separately, and 1 assessed the wrong household.

PRESENT DANGER ASSESSMENT

**Table G-2. Present Danger at Initial Face-to-Face Contact.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.**

Did the worker identify present danger at initial face-to-face contact for the alleged victim(s)?			
Yes	45	**No**	226

Does the reviewer agree that there was present danger at initial face-to-face contact?		**Does the reviewer agree that there was no present danger at initial face-to-face contact?**	
Yes	42	**Yes**	179
No	2	**No**	21
Not enough information	1	**Not enough information**	26

Table G-3. Identification of Present Danger Threats at Initial Contact. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the reviewer agree with the present danger threats identified at initial face-to-face contact for the alleged victim(s)?			
Yes	29	**No**[28]	16
		One or more *additional* present danger threats should have been identified.	3
		One or more present danger threats were *misidentified.*	0
		One or more present danger threats were *inaccurately* identified.	2
		Not enough **key** information documented in IA to assess accuracy of one or more identified present danger threats	11

Table G-4. Present Danger During IA Completion. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Did the worker identify additional present danger during the Initial Assessment process?			
Yes	14	**No**	257
Does the reviewer agree that there *was* present danger?		**Does the reviewer agree that there was *no* additional present danger?**	
Yes	12	**Yes**	222
No	0	**No**	2
Not enough information	2	**Not enough information**	33

Table G-5. Identification of Additional Present Danger Threats Throughout IA. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the reviewer agree with the additional present danger threats identified for all other children in the household?			
Yes	5	**No**	9
		One or more *additional* present danger threats should have been identified.	1
		One or more present danger threats were *misidentified.*	0
		One or more present danger threats were *inaccurately* identified.	0
		Not enough **key** information documented in IA to assess accuracy of one or more identified present danger threats	8

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[28] A "misidentified" Present Danger Threat is when the child welfare agency indicated a specific Present Danger Threat to child safety, but a different Present Danger Threat was more appropriate based on the observable condition described. A Present Danger Threat is "inaccurately identified" when the information does not support the Present Danger Threat as observable, immediate (occurring or "in process" of occurring), significant, and likely to result in severe harm to a child. It is important to note that this section did not measure or track individual, specific present danger threats. For example, if the agency identified the Present Danger Threat of *child needs medical attention,* the questions did not assess whether this specific threat was identified consistently with Standards.

Table G-6. Creation and Implementation of Protective Plans When Present Danger Threats Exist.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Was a Protective Plan created [documented]?

Yes	**55**	No	**216**
Protective Plan document	15	Protective Plan was needed and not documented	24
Temporary Physical Custody Order	33	Protective Plan was not needed	170
Voluntary Placement Agreement	2	Not enough **key** information documented to assess whether or not a Protective Plan was needed	22
Other court order/multiple types	5		

Was the Protective Plan immediately implemented?

Yes	**49**	No	**6**

Table G-7. Protective Plan Sufficiency of Controlling for Present Danger Threats.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Was protective planning sufficient to control for all present danger throughout the IA?

Yes	**42**	No	**10**
		Protective Plan was sufficient to control for *some* present danger threats	2
		Protective Plan was sufficient to control for present danger threats for *some* children	2
		Protective Plan was sufficient to control for *none* of the present danger threats	6

Table G-8. Adequate Documentation of Protective Plan Participant's Reliability, Commitment, and Availability.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the Protective Plan document that the reliability, commitment, and availability of each participant/provider[‡] to control for safety was confirmed prior to implementation?

	Yes, for *all* plan participants/providers	*Some* participants/providers	*None* of the participants/providers
Reliability	7	2	6
Commitment	7	2	6
Availability	8	2	5

[‡] In 5 cases, reviewers indicated that the associated Protective Plan relied on multiple participants/providers.

Table G-9. Adequate Documentation of Required Information in Protective Plan Documents. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Did the Protective Plan contain the following required information to control for present danger threats (PDTs) for *all* children in the household?

	Yes, for *all* required individuals/items	*Some* required individuals/items	*None* of the required individuals/items
Identification of present danger threat(s)	12	1	2
How the plan is intended to control identified threat(s) to each child	9	1	5
Specific actions/services to control PDTs (with frequency and duration)	10	0	5
Name(s) of the responsible/ protective adult related to each protective action and an explanation of his/her relationship to the family	12	1	2
Alleged maltreater access to the child(ren)	11	1	3
How CPS will oversee/ manage the Protective Plan, including communication with the family and providers	8	--	7

Table G-10. Completion of Required Protective Plan Actions. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Were the required communications, actions, and supervisory consultation completed?

	Yes	No
Explanation to parents/caregivers of the reason(s) present danger exists	11	4
Consult with a supervisor or her/his designee by the next working day	7	8

Table G-11. Confirming Safety in Unlicensed Homes Used in Protective Plans.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

If a Protective Plan was implemented in which children were temporarily outside the home[‡] as part of a negotiated arrangement, was safety in the unlicensed home(s) confirmed?

	Yes, for *all* required homes/individuals	*Some* required homes/individuals	*None* of the required homes/individuals
Assessment of safety in the unlicensed home(s) through direct contact prior to implementation of the Protective Plan	4	1	2
Discussion of expectations an provider's role *prior* to the child(ren) entering home	4	1	2
Home visit conducted within 24 hours	5	1	1
Check of law enforcement records on *all* required individuals residing in the home requested within 24 hours	4	1	2
CPS records check conducted within 24 hours for *all* required individuals	3	1	3

[‡] In 8 cases, reviewers indicated that there was a child placed temporarily outside of the home; 3 of the cases involved multiple children and in1 of those cases the children went to different homes.

Table G-12. Confirming Safe Environments for Court Ordered Placements.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

If a child was placed in an unlicensed or licensed home as part of a Temporary Physical Custody Order (TPC), Voluntary Placement Agreement (VPA), or other court order, were the requirements of Confirming Safe Environments (CSE) met for all applicable children?

Yes, for *all* applicable children	28
Some applicable children	2
None of the applicable children	9

Table G-13. Information Gathering and Documentation: Maltreatment.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of the extent of the maltreatment and the supporting documentation for maltreatment determinations to accurately assess safety (and supporting documentation for court intervention, if applicable)?

	Yes, for *all* maltreatment types	*Some* maltreatment types	*None* of the maltreatment types		
Detailed description of all types of maltreatment	176	30	58		
Supporting documentation for maltreatment determinations	179	23	62		

	Yes, *all* injuries/conditions for *all* children	*Some* injuries/ conditions	*Some* children	*None* of the injuries/conditions and *none* of the children	
Specific information about injury or condition(s) for all applicable children	162	16	11	75	

	Yes, *all* findings for *all* children	*Some* findings	*Some* children	*None* of the findings and *none* of the children	Not applicable
Description of medical findings for all applicable	36	1[∞]	1[∞]	15	212

	Yes	No	Not applicable		
Supporting documentation for court intervention	30	17	217		

[∞]Same case

Table G-14. Information Gathering and Documentation: Surrounding Circumstances.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of the surrounding circumstances to accurately assess safety?

	Yes	**No**
Circumstances accompanying or leading up to the maltreatment	191	73
Parent/caregiver's explanation of maltreatment	194	70

Table G-15. Information Gathering and Documentation: Child Functioning
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of functioning for all children in the household to accurately assess safety?

	Yes, for *all* children	*Some* children	*None* of the children	Not applicable
Capacity for attachment	36	46	189	--
General temperament	106	69	96	--
Expressions of emotions/feelings	57	72	142	--
Typical behaviors	95	69	107	--
Presence and level of peer relationships	38	53	136	44
School performance and behaviors	161	43	26	41
Known mental health disorders	80	53	90	48
Independence/dependence	92	63	116	--
Motor skills and physical capacity	69	74	128	--
Effects of maltreatment on the child(ren)'s functioning	55	25	108	83

Table G-16. Information Gathering and Documentation: Adult Functioning
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of functioning for all adults living in the household to accurately assess safety?

	Yes, for *all* adults	*Some* adults	*None* of the adults
Communication	49	31	191
Coping/stress management	44	29	198
Impulse control/ judgment	35	16	220
Problem solving/ decision making skills	26	15	230
AODA	122	39	110
Mental health	140	48	83
Independence, money/ home management	96	41	134
Employment/education	186	56	29
Social relationships, citizenship/ community involvement, and other basic life skills	56	36	179
General criminal behavior	138	38	95
Domestic violence behavior	58	25	188
Relevant information from past assessments/ childhood	72	36	163

Table G-17. Information Gathering and Documentation: Discipline.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of the disciplinary practices used with all of the children in the household to accurately assess safety?

	Yes, for *all* parents/ caregivers and *all* children	*Some* parents/ caregivers	*Some* children	*Some* parents/ caregivers and *some* children	*None* of the parents/caregivers and *none* of the children
Disciplinary methods used	156	38	22	8	47
Identification of behaviors that are and are not tolerated	47	20	16	6	183
Information on the use of a variety of disciplinary approaches suited to the child(ren)'s age and needs	80	30	18	7	136
Identification of the extent to which the parent/caregiver(s) demonstrate self–control when disciplining	22	18	5	5	221
Identification of the parent/ caregiver views on discipline	32	12	5	4	218

Table G-18. Information Gathering and Documentation: Parenting Practices.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of the parenting practices to accurately assess safety?

	Yes, for *all* parents/ caregivers and *all* children	*Some* parents/ caregivers	*Some* children	*Some* parents/ caregivers and *some* children	*None* of the parents/caregivers and *none* of the children
Parents' perception of child(ren)	63	26	10	6	166
Reasons for being a parent	17	7	3	1	243
Feelings about being a parent	69	32	3	5	162
Knowledge and general skill/basic care	86	39	10	9	127
Nurturance/parenting style	92	48	7	9	115
Expectations for child(ren)	45	29	7	6	184

Table G-19. Information Gathering and Documentation: Family Functioning.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of family functioning?

	Yes	No
Clarity around roles and boundaries in the family	92	179
Level and type of communication	66	205
Marital concerns/presence or absence of domestic violence	81	190
General climate within the family	101	170
Relationship to the community	61	210
Ability to meet the family's needs (access economic resources)	110	161

Table G-20. Information Gathering and Documentation: Child and Family's Response to Maltreatment (Alternative Response Only).
Family Functioning. CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the assessment narrative contain a comprehensive description of the presenting CPS Issues and Family Strengths and Needs to accurately assess safety?

	Yes	No
Description of presenting issue(s) leading up to CPS involvement	5	3
Information about family strengths	2	6
Information about family needs	2	6

SAFETY ASSESSMENT and SAFETY ANALYSIS AND PLAN

Table G-21. Impending Danger Assessment.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Did the worker identify impending danger during Initial Assessment?

Yes	44	**No**	227

Does the reviewer agree that there was impending danger?		**Does the reviewer agree that there was no impending danger?**	
Yes	39	**Yes**	164
No	2	**No**	5
Not enough information	3	**Not enough information**	58

Table G-22. Identification of Impending Danger Threats.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the reviewer agree with the impending danger threats documented in the Safety Assessment?			
Yes	24	**No**[29]	20
		One or more *additional* impending danger threats should have been identified for a different observable condition.	3
		One or more impending danger threats were *misidentified*.	3
		One or more impending danger threats were *inaccurately* identified	8
		Not enough **key** information documented in IA to assess accuracy of one or more identified impending danger threats	8

Does the agency description of the unsafe condition(s) support the identified impending danger threat(s)?	
Yes	23
Some	10
No	11
Multiple impending danger threats were incorrectly identified for the same family condition(s)	1

Table G-23. Creation of Safety Analysis and Plan (SAP) When Impending Danger Threats Exist.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Was a Safety Analysis and Plan (SAP) created?			
Yes	45	**No**	**226**
		SAP was needed and not developed	7
		SAP was not needed and not developed	171
		Not enough **key** information documented to assess whether or not a SAP was needed	48

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[29] A "misidentified" Impending Danger Threat is when the child welfare agency indicated a specific impending danger threat, but a different Impending Danger Threat was more appropriate based on the unsafe condition. An Impending Danger Threat that was "inaccurately identified" means information does not support the Impending Danger Threat based on the impending danger threshold (Observable, Vulnerable Child, Out-of-control, Imminent, Severity). It is important to note that this section did not measure or track individual, Specific Impending Danger Threats. For example, if the agency identified the Impending Danger Threat of *parent/caregiver lacks knowledge, skill, or motivation in parenting that affects child safety,* the questions did not assess whether this specific threat was identified consistently with Standards.

Table G-24. Analysis to Determine Feasibility of In-Home Safety Plan.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Which choice did the agency select in the Safety Analysis and Plan for the question:

"Can and will the non-maltreating parent or another adult in the home protect the children?"

N/A	10	**No**	27	**Yes**	8

Does the assessment support the worker's analysis of the safety plan?		**Does the documentation support the worker's assessment of that person's willingness, ability and capacity to provide protection?**	
Yes	28	Yes	5
No	4	No	3
Not enough information	5		

Table G-25. Adequate Documentation of Required Information for In-Home Safety Plans.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the in-home safety plan sufficiently control the impending danger threats (IDTs) throughout the Initial Assessment?

	Yes, for *all* required individuals/items	*Some* required individuals/items	*None* of the required individuals/items
Description of the specific IDTs	5	1	3
Safety services used to managed IDTs	4	4	1
Names of safety services providers	3	5	1
Roles and responsibilities of providers	3	0	6
Frequency and duration of services/action	3	1	5
Necessary services/ action/ providers exist and are available at level/time required	3	0	6
How CPS will manage/oversee the safety plan[‡]	3	--	6

[‡] The option to select *some* was not available.

Table G-26. Case Transition and Family Interaction.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes	No	Not applicable
Was safety actively managed throughout the Initial Assessment process?	209	62	--
Was safety actively managed throughout case transition?	47	9	215
Did a timely case transition meeting occur?	31	21	219
Did the initial family interaction occur within five business days of out-of-home-care placement?[‡]	12	26	--

[‡] There was no option to select not applicable for this question; however, reviewers only answered when the IA under review had a placement outside the home (N=38)

TIMEFRAMES AND INTERVIEW PROTOCOL

Table G-27. Face-to-Face Contacts, Interviews, and Home Visit.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes, for *all* alleged victims	*Some* alleged victims	*None* of the alleged victims
Did the Initial Assessment worker make face-to-face contact with the alleged victim(s) within the assigned response time?	178	33	60
	Yes	No	
Did the Initial Assessment worker make face-to-face contact with the parent(s)/caregiver(s) within the assigned response time?	129	142	
Did a home visit take place where the alleged maltreatment occurred or where threats to child(ren)'s safety existed?	237	34	
	Yes, for *all* required household members	*Some* required household members	*None* of the required household members
Did a face-to-face interview/observation occur with all required household members?	178	85	8

Table G-28. Contact with Non-Custodial Parents.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Did an interview occur with the non-custodial parent(s) OR is there documentation to support why the interview did not occur?	
Yes, for *all* required non-custodial parents	64
Some required non-custodial parents	10
None of the required non-custodial parents	80
Interview(s) did not occur, but there is documentation to support reasons why	47
There is documentation to support reasons why *some* interview(s) did not occur	7
Not applicable	63

Table G-29. Collateral Contacts Necessary for Understanding Child Safety in the Initial Assessment Under Review.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Were necessary collateral contacts made?			
Yes	**29**	**No[‡]**	**16**
		Missing:	
		Teacher/School Social Worker/Other Educational Staff	27
		Family Member(s)	24
		Therapist/Other Mental Health Professional	22
		Doctor/Other Medical Professional	18
		Other	17
		Police/Probation Office/Other Law Enforcement	15
		Friend(s)	5
		Neighbor(s)	2

[‡] When it was determined that one or more collateral contacts necessary to address potential threats to safety in the IA under review were missed, reviewers were asked to categorize them into the following key groups.

AMERICAN INDIAN HERITAGE

Table G-30. Screening for Child's Status as Indian.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Has the "Screening for the Child's Status as Indian" form (DCF-F-CFS2322) been completed in e-WiSACWIS for each child?	
Yes, for *all* children	185
Some children	27
None of the children	59

Table G-31. Children with American Indian Heritage.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

For how many children was American Indian Heritage indicated? ‡

Number of Children with AIH Per Case	Number of Cases (IAs)
0	191
1	6
2	4
3	7
4	4

‡ For each IA, reviewers were asked to indicate for how many children the screening for Indian status was positive. In 191 cases there were no children with a positive screening (including those that did not complete the required screening); in 6 IAs there was 1 child (for a subtotal of 6 children); in 4 IAs there were 2 children (for a subtotal of 8); in 7 IAs there were 3 children (for a subtotal of 21); the most children with a positive screening in a single case was 4, which occurred in 4 IAs (subtotal of 16 children), for a grand total of 51 children in 21 IAs for whom screening for Indian status was positive.

Table G-32. Required Forms and Tribal Consultation.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes, for *all* applicable children	*Some* applicable children	*None* of the applicable children
Has the "Child's Biological Family History" form (DCF-F-CFS2323) been completed in e-WiSACWIS for each American Indian child?	18	1	2
Has the "Request for Confirmation of Child's Indian Status" form been completed for each child with American Indian heritage	12	2	7

	Yes	No
Did a consultation with the tribal agency occur?‡	4	19

‡ In addition to the 21 cases where American Indian heritage was indicated for the child(ren), there were 2 additional cases where reviewers determined that a consult with the tribal agency was necessary.

IA CONCLUSION

Table G-33. Safety Determination.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

What was the safety determination at the conclusion of the Initial Assessment?

Safe	229	**Unsafe**	42
Does the reviewer agree with this safety determination?		**Does the reviewer agree with this safety determination?**	
Yes	171	**Yes**	37
No	4	**No**	1
Not enough information	54	**Not enough information**	4

Table G-34. Maltreater and Maltreatment Determinations.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Were all alleged victims accurately identified?

Yes	238	No	25
		Other child(ren) in household should have also been alleged victim(s)	20
		Not enough information contained in IA to assess the accuracy of alleged victim(s)	5

Were all alleged victims accurately identified?

Yes	239	No	24
		Other maltreater(s) in household should have also been identified.	4
		An unknown maltreater should have been named.	0
		A named maltreater should have been unknown.	3
		There should have been an additional named maltreater.	11
		There should have been a different named maltreater/ relationship to victim was incorrect.	0
		Not enough information contained in IA to assess the accuracy of alleged maltreater(s)	8

Were all allegations correct for all children?

Yes	227	No	36
		Allegation(s) should have been of a different type	0
		Missed allegation(s):	27
		Children were missed	*21*
		There should have been additional allegations	*11*
		Not enough information contained in IA to assess the accuracy of alleged maltreater(s)	9

Does the reviewer agree with the substantiation/unsubstantiation results?

Yes	211	No	52
		There were unsubstantiated allegations that should have been substantiated	7
		There were substantiated allegations that should have been unsubstantiated	2
		Not enough information contained in IA to assess the accuracy of the subs/unsubs results	43

Table G-35. Case Disposition.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

Does the reviewer agree with the case disposition at which the agency arrived?	
Yes	217
No	6
Not enough information contained in the IA to determine	48

Table G-36. Notifications and Referrals.
CQI 2015 Initial Assessment Case Record Review, DCF, Wisconsin 2015.

	Yes, for *all* relevant individuals	*Some* relevant individuals	*None* of the relevant individuals	Not applicable (no substantiated findings)
Did the agency notify person(s) against whom a substantiated finding of child maltreatment was made of the right to appeal the decision?	32	0	15	216
	Yes	No	Not applicable[‡]	
Was feedback provided to the mandated reporter within 60 days of the report?	121	79	--	
Was feedback provided to the relative reporter within 20 days of receipt of the request?	4	0	31	
Does the Initial Assessment indicate a referral to the Birth-to-3 Program was made for all children under three years of age who were substantiated as having been maltreated?	9	12	250	

[‡] Reviewers only answered the questions when there was a mandated and/or relative reporter involved in in the Access Report(s) tied to the Initial Assessment under review. In the case of relative reporter, "Not applicable" refers to instances when there is no indication that the relative reporter requested feedback. With respect to referrals to Birth-to-3, "Not applicable" refers to Alternative Response cases and/or cases in which there were no children substantiated who were less than three years of age.

Appendix H: Quality Management

The Initial Assessment case record review quality management (QM) plan developed to ensure valid and reliable case record review data. The QM plan consisted of two components. The first component, quality assurance (QA), established review policies and procedures to verify that data quality objectives were met. Most of this work occurred before the case review process started. The second component, quality control (QC), established a process of ensuring data integrity through consistent monitoring of accuracy and completeness. This work typically occurred after a case record review was completed.

Quality Assurance

Review Instrument Development: Prior to commencing the 2015 Initial Assessment case record review, the Initial Assessment case record review instrument was rigorously tested for validity and reliability. Multiple inter-rater reliability studies were conducted during 2014 and early 2015. Over the course of these studies, improvements and clarifications were made to questions in the Initial Assessment review instrument and instructions.

Reviewer Training and Expertise: All certified case reviewers were required to have child welfare experience. They also completed additional training prior to conducting reviews. Training included Initial Assessment Pre-Service Training and an eight-hour training on the Initial Assessment review instrument. Trained reviewers were provided coaching and mentoring throughout the review process. Additionally, an expert peer reviewer (a Quality Assurance Program Specialist who did not review the Initial Assessment originally) conducted a second case record review for each reviewer in training.

Review Sample: An internal procedure was established for swapping out an Initial Assessment from the sample and replacing it with a different Initial Assessment from the oversample when needed. Reasons necessitating case swaps included:

- Cases with case disposition of *Unable to Locate* where the reviewer identified that diligent efforts were made to locate the family,
- IAs that met exceptions defined by Chapter 22 of Initial Assessment Standards,
- IAs that assessed the incorrect household,
- IAs that were completed as part of BMCW's case closure project.[30]

Check-in Meetings: Reviewers met on a regular basis to discuss problem areas and difficult questions encountered during the Initial Assessment review, and procedures and areas where additional training and support were necessary. During 2015, clarifications and revisions were addressed in a series of weekly check-in meetings regarding the QM protocols, training, instructions, and the review instrument. Any changes and updates were shared in subsequent check-in meetings with final decisions communicated to each reviewer via e-mail and through the CQI SharePoint site. Updates to the instrument and instructions were made as needed.

Data Integrity: In collaboration with the University of Wisconsin-Madison School of Social Work, the Initial Assessment review instrument was modified to reflect only one construct per question. The final

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[30] The Division of Milwaukee of Child Protective Services, formerly the Bureau of Milwaukee Child Welfare (BMCW) followed an alternate staffing and documentation process to close Initial Assessments that were overdue in 2014. Because of the nature of information gathered and other amended protocols, there would be a lack of corresponding content to review using the current IA review instrument.

data was entered into Microsoft Excel, which relied on data validation mechanisms to ensure all required questions were answered.

Quality Control

Checking for Data Errors: Because the Initial Assessment reviews were conducted on paper and then transferred to Microsoft Excel, and a robust quality control procedure was needed. Prior to input in Excel, all completed IA reviews were verified to ensure that all required questions were answered. If information was missing, the IA was returned to the reviewer to complete. Specific case information was also cross-checked to ensure accuracy:

- Date in which the review was conducted
- eWiSACWIS case number
- Assessment ID
- County Reviewed

Cases were also flagged when the reviewer indicated that the agency's decision was inconsistent with Standards in the following areas:

- Present danger
- Impending danger
- Safety determination
- Substantiation/unsubstantiation
- Disposition

The completed reviews were provided to two data entry specialists who entered the information into a Microsoft Excel spreadsheet that contained data validation mechanisms to ensure all required questions were answered. Through this process, if additional questions were identified as missing information, the review was returned to the initial reviewer for completion. All cases were checked twice to ensure accuracy of data entry. Additionally, random quality control checks were conducted on an additional 10 percent of cases.

Double-blind Reviews: A double-blind review of a sub-sample of Initial Assessments was conducted to assess the reliability of the questions in the IA review instrument. Prior to the beginning of the review, 10 percent of cases in the sample were randomly selected for double review and assigned to two reviewers who had no knowledge that another reviewer was to review the same case.

QA Reviews: This process involved reviewing all information from the original review to confirm accuracy (i.e., re-reviewing the entire IA); 20 IAs in the sample underwent an additional review.

Review Panel: Cases where the reviewer found the agency's decision to be inconsistent with Standards in any one of five areas noted above were flagged. In order to confirm these findings, a panel of expert peer reviewers from BPM and BSWB reassessed the 12 cases in which this occurred.

ICWA Reviews: All cases where reviewers indicated there was documentation of American Indian heritage (AIH) in the family were double checked to confirm AIH and all results related to the federal Indian Child Welfare Act (ICWA) and Wisconsin Indian Child Welfare Act.

Data Integrity: A process was established to ensure that the review data and administrative data were appropriately stored and secured. For example, the final Excel database was password-protected and only three data analysts had access.

Review Sample: The administrative data on cases in the sample were cross-referenced with all 2014 administrative data to determine if the sample estimates were appropriate compared to the population. The sample was also prepared prior to making case assignments to reviewers in order to remove any cases pertaining to the BMCW case closure project.