

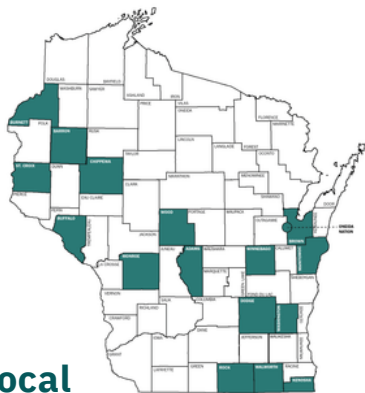
Applied Learning Communities (ALCs)

Assessing and Planning for the
Safety of Children Ages Birth - 5 years

Annual Report

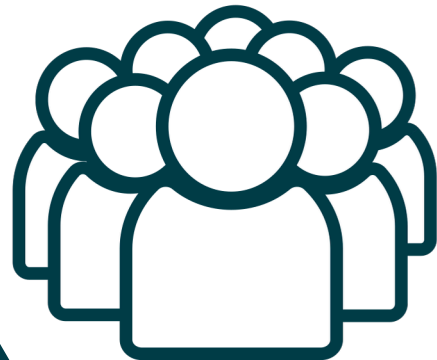
Since 2019, Wisconsin's Applied Learning Communities (ALCs) have brought together Child Welfare (CW) supervisors and CW professionals to learn, collaborate, and develop shared recommendations to improve policy, training, and practice statewide. The 2025 ALCs focused on assessing and planning for the safety of children from birth to 5 years old, a population with unique developmental vulnerabilities, heightened Child Protective Services (CPS) involvement, and disproportionate risk for serious harm. This year's ALC was co-designed and facilitated by the Wisconsin Child Welfare Professional Development System (WCWPDS), the Center for the Helping Professions, and the Department of Children and Families (DCF). The ALCs supported supervisors and lead workers in strengthening their capacity to support CW professionals, foster a psychologically safe environment and a strong safety culture, assess the safety of young children, engage caregivers in psychologically safe ways, and develop culturally responsive safety plans using the updated parent/caregiver protective capacities.

**The 2025 ALC topic was
Assessing and Planning for the
Safety of Children Birth - 5
years old. 17 agencies applied
and enrolled, including 76
supervisors and designees.**



**17 local
child welfare agencies
represented at the ALCs**

**76
supervisors
and designees**



Learning Design

The 2025 ALC topic, “Assessing and Planning for the Safety of Children Ages Birth - 5 Years,” was selected because infants and young children have unique developmental needs and vulnerabilities. During this early stage of life, children grow rapidly in their physical, emotional, and social development, yet many cannot clearly express what they are experiencing or when they are unsafe. This means safety decisions must be based on a strong understanding of child development, careful observation, and direct interaction with both children and their caregivers, while remaining family-centered and culturally responsive. Young children are more likely than older children to be involved in CPS referrals, experience substantiated maltreatment, enter foster care, and be affected by fatal incidents related to abuse or neglect. These realities make informed, thoughtful decision-making especially critical for families with young children. The 2025 learning collaborative, “Strengthening Families: Collaborating with Families of Young Children in Assessment and Safety Planning,” aligned with the ALC to provide the workforce with numerous opportunities to expand their knowledge regarding assessing and planning for the safety of children from birth to 5 years.

The 2025 ALCs consisted of two cohorts of local agency leaders responsible for supervising and coaching workforce members in Initial Assessment and Ongoing Services. Cohort 1 was held from February 6 to May 1, 2025, with 2-hour community huddles every other week. Cohort 2 was held July 17, 24, and 31, 2025, with 4-hour sessions. Both cohorts came together on October 16, 2025, to discuss the use of the tools shared and finalize the recommendations gathered throughout the ALC community huddles. Participants earned 30 Continuing Education Hours (CEHs) through asynchronous modules in PDS Online and facilitated community huddles.

The learning was delivered in asynchronous modules and community huddles. The asynchronous learning portion focused on strategies to assess infants and young children with limited communication abilities, improve understanding of developmental milestones and the home environment, and strengthen parent/caregiver support in reading the cues from infants and toddlers. The community huddles provided an

Learning Objectives

Enhance understanding of strategies to assess infants and young children with limited communication abilities.

Foster an environment of curiosity and respect toward different familial practices.

Enhance practice skills in safety assessment and planning for young children.

Increase skill set to engage families in collaborative planning.

Practice family rehearsal safety planning skills using real-life examples.

Engage in collaborative discussions with peers across the state to learn from each other.



Learning Design (continued)

opportunity to review and discuss content, share innovations, identify challenges, and brainstorm alternatives alongside experts from various fields, such as Birth to 3, infant mental health, Head Start, and the Infant, Early Childhood, and Family Mental Health Capstone Certificate program.

Parent Partners from the Parents Supporting Parents (PSP) Program served on the facilitation team. These parent professionals have lived experience with the CPS system and currently support other families involved in the system. They helped create and review materials and took part in community huddles. Their perspectives grounded the learning in family experiences and helped ensure the discussions reflected what families experience when working with CPS.

This year, the ALCs continued to offer a Transfer of Learning experience to support information sharing and skill development within agency teams. All six asynchronous learning modules, resources, and tools are available on the [Wisconsin Child Welfare Professional Development System website](#) for use in team meetings, individual learning, or for workforce members' reference. Additional materials on safety culture and psychological safety are available on the [Wisconsin Well](#).

Six Modules

The asynchronous materials and the community huddles were divided into six learning experiences that allowed supervisors and lead workers to actively apply new tools to a family story. As the family's circumstances unfolded, supervisors used the scenario to develop ways to coach through each step of the assessment and planning process. Rather than simply reviewing content, participants practiced guiding CW professionals to identify and articulate threats to child safety and related parent/caregiver protective capacities, and to explore where those capacities needed support, using the revised Parent/Caregiver Protective Capacities in Appendix 5 of the Safety Intervention Standards.

Supervisors and lead workers also worked on using Family Rehearsals as a structured, collaborative safety-planning tool, walking through “what-if” scenarios with caregivers to build practical safety responses before crises occurred. Using the story, they practiced asking reflective supervision questions, examining risk tolerance, identifying bias cues, and coaching workforce members to slow down decision-making while remaining child-focused and family-centered. By staying with one evolving family narrative across all six modules, supervisors strengthened their ability to support analytical thinking, enhance interviewing and engagement strategies, monitor progress in protective capacity skill development, and guide CW professionals in creating culturally responsive, developmentally informed safety plans for young children.

Six Modules

Module 1: Assessing Young Children: Social and Emotional Development

Module 1 focused on helping supervisors and professionals in lead roles support CW professionals in better understanding how young children express their needs, stress, and emotional well-being through behavior and interactions in relationships, especially when they do not yet have words. Participants shared tools for assessing social and emotional development alongside physical and developmental milestones, with attention to signs that a child may be struggling, such as difficulty calming, limited connection with caregivers, withdrawal, or frequent distress. A central part of the learning emphasized observing everyday interactions between caregivers and children, how caregivers notice cues, respond to them, and help children feel supported and regulated. Using practical examples and tools, the module reinforces that these observations provide critical information about a child's safety, the caregiver's strengths, and where additional supports may be needed.

Participants shared that a key takeaway was being able to support CW professionals in learning to assess attunement, the caregiver's ability to notice, understand, and respond to a child's cue, using guidance from the Wisconsin Alliance for Infant Mental Health. Many noted that focusing on attunement and "serve and return" interactions helped them see both risks and protective capacities more clearly, especially for infants and toddlers who cannot yet communicate verbally, and gave them concrete ways to talk with caregivers about strengthening connection and safety.

In the huddle, the concept of Family Rehearsals was introduced. Family Rehearsals are a practical, family-centered approach to safety planning that helps caregivers and natural supports prepare for challenges before they become crises. Instead of waiting for an unsafe situation to occur, CPS professionals and families talk through realistic "what-if" scenarios ahead of time, when things are calmer, and agree on clear steps to keep children safe. By practicing plans together, families build skills and confidence to respond effectively when stress is high. This approach improves caregiver understanding of safety, reveals knowledge gaps, and identifies where supports are most needed. Family Rehearsals strengthen caregiver capacity, reduce crisis-driven decisions, and help children remain safely in their homes whenever possible.

Six Modules Cont.

By the end of this module, the participants were able to support the following practices:

- Strengthen their skills for assessing infants and young children with limited communication.
- Recognize signs of:
 - attachment and bonding,
 - attunement, and
 - withdrawal.
- Articulate safety concerns grounded in child development using examples for the family.

Module 2: Assessing Young Children: Physical Development, Environment, and Safety

Module 2 focused on how CPS professionals assess the physical safety and development of children from birth to age five by looking at both the child and their environment. Understanding early childhood development is essential to determining whether a child is safe. Early maltreatment can affect growth, motor skills, and overall health, so CPS professionals must evaluate developmental milestones alongside signs of injury, neglect, or medical concerns. This includes assessing physical development (growth, mobility, coordination, access to food, and health care) and using milestone tools and resources with caregivers to support shared understanding of the child's needs.

The module emphasized that environmental hazards and supervision are core components of safety for young children. As children become mobile, the types of hazards change, requiring CPS professionals to assess household risks along a developmental continuum. Special attention was given to safe sleep and Sudden Unexpected Infant Death (SUID) prevention, including harm-reduction-focused, culturally responsive conversations about sleep spaces, co-sleeping practices, and access to safe sleep surfaces. The module also highlighted key physical safety indicators such as sentinel injuries, signs of abusive head trauma, and growth faltering (failure to thrive), underscoring the need to partner with medical providers, explore caregiver stress, and distinguish between neglect, poverty-related challenges, and medical conditions. Overall, the module reinforced careful, developmentally informed assessment of the child and the environment, paired with respectful, collaborative safety planning with caregivers, both of which are critical for assessing very young children.

Six Modules (continued)

Because many children aged birth to five cannot yet describe their experiences, we brought in practitioners from the early childhood system to deepen understanding of how to assess safety, development, and well-being for young children. Representatives from the Wisconsin Alliance for Infant Mental Health, HeadStart, and Home Visiting shared how attunement, parent-child interaction patterns, and infant mental health consultation can reveal subtle cues, eye contact, affect, and co-regulation, thereby strengthening the assessment and informing developmentally responsive safety planning.

A speaker from the Wisconsin Birth to 3 program demonstrated how standardized developmental screening and observation tools are used to assess early physical, communication, and social-emotional development. The Birth to 3 team highlighted opportunities for coordinated assessment between CPS and early intervention providers, including sharing developmental concerns, aligning plans, and observing parent-child interactions together when appropriate.

These insights underscore how collaboration across systems can expand the information available to CPS professionals, support families in accessing early developmental services, and ensure that safety decisions for very young children are grounded in a more complete picture of the child's functioning and the caregiving environment.

By the end of this module, participants were able to support the following practices:

- Strengthen their skills for assessing infants and young children with limited communication.
- Recognize physical and developmental flags (sleep regression, growth faltering).
- Assess the home environment, safety, supervision, and caregiving behaviors.
- Articulate safety concerns grounded in child development and parent-child interaction.

Module 3: Assessing Caregiver Mental Health

Module 3 focused on how caregiver mental health affects child safety and emphasized the need for CPS professionals to assess symptoms with sensitivity, cultural awareness, and a strong focus on protective capacities. Caregiver mental health challenges, such as depression, postpartum disorders, or trauma-related symptoms, may impact supervision, responsiveness, and the ability to meet a young child's physical and emotional needs. The module highlighted the importance of creating psychological safety in conversations, recognizing cultural beliefs and historical trauma that shape how families understand and seek help for mental health concerns, and partnering with

Six Modules (continued)

community supports such as peer specialists, faith leaders, or traditional healers. CPS professionals learned to identify when a caregiver's condition poses a danger, explore times and circumstances that require safety interventions, and connect families to mental health resources that promote stability and resilience. By combining safety-focused assessment with a compassionate, culturally responsive approach, CPS professionals help families access supports that strengthen caregiver well-being and improve outcomes for infants and young children.

In the Community Huddle, the Center for Innovations in Parent-Infant and Early Childhood Mental Health highlighted postpartum depression (PPD) as a significant public health issue. They emphasized its impact on the parent-child relationship. Presenters reviewed symptoms, risk factors, and the high prevalence of PPD affecting 10 - 15% of new mothers, up to 50% of mothers living in poverty, and often lasting more than a year when untreated. They discussed how PPD can affect a parent's ability to read and respond to their child's cues, increase emotional distress, and contribute to the developmental delays, while also underscoring that with therapeutic, supportive interventions, even mothers experiencing chronic depression can parent sensitively and promote healthy child development.

Participants learned to use the Edinburgh Postnatal Depression Scale (EPDS) as a tool for ongoing, non-judgmental conversations about emotional well-being, relationship history, and support needs, and were given resources to connect families with appropriate services. CPS professionals practiced scoring and interpreting the EPDS, discussed how to integrate results into assessment and safety planning, and used a family story to brainstorm ways to support a parent experiencing PPD in safety planning. Participants reported that the EPDS was useful and planned to incorporate it into their agency practice.

By the end of this module, participants were able to support the following practices:

- Better prepare for assessing safety regarding situations with caregiver mental health challenges.
- Enhance safety planning practices that recognize and embrace cultural differences, resulting in more effective safety plans.
- Monitor progress in parent/caregiver protective capacities and adjust intervention accordingly, working toward closure.

Six Modules (continued)

Module 4: Assessing Interpersonal Violence in the Family

Module 4 emphasized that assessing intimate partner violence (IPV) is essential for determining whether young children are safe. Even very young children can sense danger, internalize fear, and experience trauma-related impacts such as regression, emotional dysregulation, hypervigilance, developmental delays, and behavioral concerns. Because IPV is highly correlated with child maltreatment, national organizations recommend routine screening for power and control, isolation, intimidation, escalating violence, threats, stalking, and access to weapons at all stages of child protection involvement. Resources from End Domestic Abuse Wisconsin and the Department of Children and Families were shared with participants. [Wisconsin's CPS Standards](#) and the [DCF Domestic Violence Handbook](#) provide further guidance and were highlighted as key resources.

Participants reviewed common indicators that young children may have been exposed to violence, such as heightened fear, regression, sleep disturbances, aggression, withdrawal, and physical or cognitive symptoms, and discussed how to interpret these signs within a trauma-informed, developmentally sensitive framework. During the community huddle, participants discussed how to assess the non-maltreating (survivor) parent's protective capacities and actions. They stressed that a survivor parent's strategies may not be what you would expect, and are often intentional efforts to minimize harm, such as placating the harm doer, allowing the child increased independence to avoid exposure to violence, or remaining in the relationship to maintain stability.

The module also highlighted the role of cultural beliefs, community context, and poverty in shaping how families may respond to domestic violence and how it might impact their engagement with CPS. Because isolation is a common tactic of harm doers, effective safety planning requires collaboration with culturally specific organizations and concrete supports such as housing, employment services, childcare, mental health and substance use treatment, and advocacy resources.

By the end of this module, participants were able to support the following practices:

- Articulate how to identify IPV and recognize its impact on young children.
- Strengthen capacity to assess the survivor parent's protective capacities using the learning, building, and maintaining concepts.
- Increase competence in culturally responsive, collaborative planning with families experiencing violence.

Six Modules (continued)

Module 5: Assessing Caregiver Substance Use

Module 5 focused on the critical considerations for assessing child safety when parental substance use is present, recognizing that substance use is the leading driver of CPS involvement for infants and toddlers. The module emphasized that safety planning becomes more complex when young children, who rely entirely on their caregivers for supervision, nurturing, and basic needs, may be impacted by inconsistent caregiving, impaired judgment, or unsafe environments. Participants shared how they support CW professionals to assess the impact of a parent's substance use, evaluate the stability of the caregiver environment, identify danger threats, and recognize the parent's substance use and recovery. Participants shared tools they use in both group and individual supervision. There was a wide variety of resources and interventions across agencies.

The module also strengthened participants' ability to message the recovery process to partners, emphasizing that recovery is often non-linear. This shared understanding supports more consistent decision-making and reduces stigma in cross-system collaboration.

The module also addressed harm-reduction tools, including Narcan, Suboxone, and Methadone. The resources reinforced the need for family members, caregivers, safety plan providers, and professionals supporting the family to understand overdose prevention and response. Cultural responsiveness was woven throughout this module, emphasizing how stigma, privacy norms, distrust of systems, and cultural beliefs shape how families experience substance use and engage with CPS.

Parent Partners shared their experiences with substance use and the CPS system. Participants heard from peer recovery specialists about how lived experience can enhance trust and support positive engagement. The community huddle discussion equipped participants with ways to assess safety, support recovery, and develop individualized safety plans that protect young children while honoring the strengths of the family and community networks.

By the end of this module, participants were able to support the following practices:

- Strengthen their ability to assess child safety when parental substance use is present.
- Enhance capacity to create individualized, culturally responsive safety plans that include family/community support.
- Increase understanding of how to message the recovery process to other partners.

Six Modules (continued)

Module 6: Sustaining Change and Ending CPS Involvement

Module 6 focused on how CPS professionals determine when caregivers have developed sufficient protective capacities to safely care for their young children without ongoing CPS involvement. To support decision-making, the module guided observing social-emotional development and attachment in infants and toddlers. The participants developed activities for CW professionals to practice identifying indicators of healthy development, including eye contact, responsiveness, secure-base behavior, and emotional connection. Participants explored how caregiver sensitivity, consistency, emotional availability, and stress management shape bonding and attachment. The module addressed signs that may indicate trauma, attachment disruptions, or ongoing caregiver challenges that could compromise safety. Resources on where to refer families for further assessments were collected.

The discussion in the community huddle identified the observable behaviors that may indicate sustainable change. The activity provided structured prompts across a continuum to observe interactions, assess caregivers' insights into their child's needs, and evaluate their willingness to seek help and sustain positive change. Based on the discussion responses, the Parent/Caregiver Protective Capacities and Skill-Building Activities tool was developed. CPS professionals can use the tool to discuss with the parents and their supports where they are on the continuum (learning, building, maintaining) of protective capacities related to the threat to the child's safety. Agencies used the tool with their teams and suggested edits in the final session. Overall, agencies found the tool valuable for discussing progress with families and for moving toward ending CPS involvement with the family.

To support systems-level change, teams also completed AcciMapping (Appendix A), which helped identify areas in safety planning that needed clearer guidance or better alignment with current challenges. Mapping focused on three key topics:

- Policies, standards, and timeframes to support families with young children.
- Resource limitations, including how TSSF funds are used to support families with young children.
- Expectations of court partners regarding families with young children.

By the end of this module, participants were able to support the following practices:

- Improve engagement and involvement of families in the safety assessment and planning process.
- Enhance safety planning practices that recognize and embrace cultural differences to create more effective safety plans.
- Apply a systems lens to common problems in child protective services using an AcciMAP.

Recommendations

Participants completed an activity to recommend improvements to local agency operations and state-level standards and policies, documentation requirements, and training practices. Additional details related to these recommendations have been provided to DCF. Core local-level and state-level recommendations are summarized below. Local recommendations are strategies counties and tribes can implement within their agencies without changes to state or federal level policy.

Local Recommendations

1. Strengthen safety assessments for children ages birth - 5 years through training and practice tools to support more developmentally informed safety decisions for infants and young children.

- Integrate developmental milestones into safety assessments to identify potential delays or concerns that may impact safety.
- Utilize [The Edinburgh Postnatal Depression Scale \(EDPS\)](#) as a screening and conversation tool to help identify caregivers who may benefit from further assessment or support related to postpartum depression.
- Increase collaboration with Infant and Early Childhood Mental Health Consultants (IEMHCs) to strengthen CPS professionals' ability to interpret young children's behavior, caregiver-child interactions, and relational cues during assessment and planning.

2. Promote a shared understanding with the family using concrete examples of how protective capacities need to be strengthened and what they would look like when the children are safe.

- Clearly explain parent/caregiver protective capacities to families in plain language, using behavior-based examples so caregivers understand what safety looks like in daily practice.
- Support CPS professionals in framing protective capacities as skills that can be learned, strengthened, and maintained, rather than static traits families either have or lack.
- Encourage ongoing discussion of protective capacities throughout assessment, planning, and monitoring to support transparency and shared problem-solving with families.

Local Recommendations (continued)

3. Increase family voice in safety planning and decision-making by strengthening engagement and centering their perspectives so families feel respected and meaningfully co-create practical responses that keep children safe.

- Strengthen engagement and trust by centering family perspectives and reducing defensiveness in planning conversations.
- Engage families and their identified supports in walking through potential safety scenarios in advance, enabling them to identify what might be challenging and how they want to respond to keep children safe.
- Begin planning conversations by identifying unmet needs that contribute to safety concerns, rather than starting with deficits or diminished protective capacities. This helps families feel respected and reduces defensiveness, making it easier to problem-solve changes that will keep the children safe.
- Ensure planning discussions use plain, culturally responsive language so families can fully understand options, share their perspectives, and meaningfully influence decisions about their plans.

State Recommendations

1. Expand and align training opportunities for CW professionals and supervisors to assess and plan for the safety of young children.

- Expand training opportunities that build reflective practice, family engagement, and relationship-based skills, with a particular emphasis on early childhood and infant mental health principles.
- Provide consistent, accessible training for supervisors on reflective supervision, including how to explore workers' thinking, biases, and decision-making in complex child-safety situations.
- Develop training that deepens CPS professionals' understanding of child development, caregiver-child relationships, and how these factors influence safety assessment and planning.
- Establish and sustain a statewide infrastructure to provide CPS professionals with access to infant and early childhood mental health consultation.

State Recommendations (continued)

2. Strengthen the use of Parent/Caregiver Protective Capacities by providing clear guidance and learning opportunities to help CW professionals consistently identify, explain, and use PPCs as a transparent, collaborative tool with families across all stages of involvement.

- Develop a Parent/Caregiver Protective Capacities (PPC) desk guide that clearly explains how PPCs are identified, assessed, and used in safety decision-making.
- Create training that helps CPS professionals articulate how PPCs are assessed and discussed with families, including how observations translate into safety planning decisions.
- Identify ways to increase transparency and consistency by using PPCs as a shared, collaborative framework across all stages of family involvement, from assessment through case closure.

2025 Learning Collaborative:

Strengthening Families: Collaborating with Families of Young Children in Assessment and Safety Planning

Alignment with the

2025 Learning Collaborative:

Assessing and Planning for the Safety of Children Ages Birth to 5 years

The 2025 ALC and the 2025 Learning Collaboratives aligned their topics to support the workforce in having numerous opportunities to expand their knowledge regarding decisions impacting the feasibility, sustainability, and sufficiency of safety plans for families with young children. Each month, the Learning Collaborative provided a short video blog, reflective questions, and facilitated discussions on the practice implications for assessing families with young children. Given the distinct needs and nonverbal nature of this age group, safety assessments must be tailored to their developmental, physical, and emotional characteristics. The assessment should include both observation and interaction. The topics covered in the learning collaborative are listed below.

The 2025 Learning Collaboratives offered child welfare professionals the opportunity to watch a video blog, complete a worksheet reflecting on the questions, and participate in a facilitated discussion on the analytical process for safety planning for families with young children. The monthly Learning Collaborative topics aligned with the ALC topics, but the content was different. Anyone could attend the Learning Collaboratives, regardless of their agency's participation in the ALCs. The Learning Collaboratives provided CPS professionals with an opportunity to delve deeper into a specific topic with a reduced time commitment.

A short video, typically around ten minutes long, was posted on the WCWPDS website on the first Wednesday of every month. Participants watched the video at their convenience. A short worksheet with prompts was posted alongside each video to guide reflection, analysis, and application to practice.

Participants applied the concepts throughout the month in their daily practice. They noted the successes and challenges and recorded questions related to the concepts. Comments could be submitted on the website or by email and were used to guide the live group discussion.

Each month, there were two opportunities to participate in the live discussions, on the last Tuesday afternoon or Wednesday morning. The facilitator prepared interactive discussion questions and summaries on the monthly topic. Participants were given opportunities to share successes, ask questions, and respond to polls on the topic. Each of the facilitated discussions was recorded and posted on the WCWPDS website for review by those unable to attend or use at agency meetings.

Topics

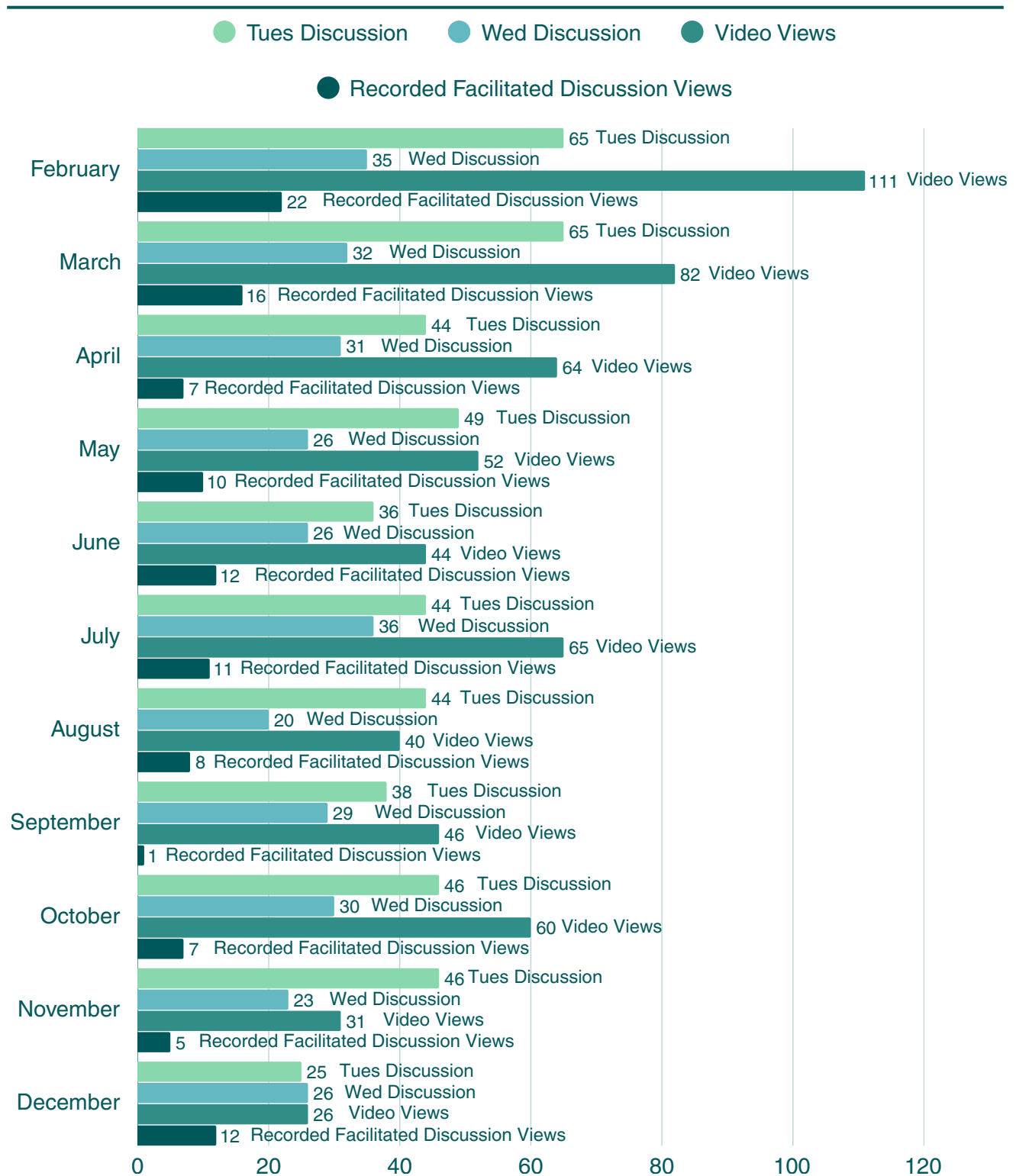
Here is the general outline of the topics presented in 2025. The posted materials can be found on the [learning collaboratives website](#).

- **February** - Children Birth to Five and the Child Welfare Experience
- **March** - Assessing Children With Limited Communication Skills
- **April** - Developmental Milestones: Behavioral, Physical, Cognitive
- **May** - Recognizing Red Flags in Development
- **June** - Attachment and Bonding
- **July** - Behavioral and Emotional Regulation
- **August** - Parental Caregiver Skills and Knowledge Including Cultural Practices to be Aware of in Parenting
- **September** - Family Relationships and Isolation
- **October** - Substance Use of Caregivers and Utilizing a Support Network
- **November** - Home Environment - Safe Sleep and Supervision
- **December** - Mental Health and Utilizing a Support Network

Attendance was taken at each facilitated discussion, and participants received one Continuing Education Hour for each hour attended. 304 individuals participated in at least one of the facilitated discussions. Below is a chart showing the number of video views and attendance at the Learning Collaboratives. Please note that several agencies view the video in a group.

Learning Collaboratives: Attendance and Video Engagement by Month

This graph displays attendance at the Tuesday and Wednesday Learning Collaborative discussions, along with video and recorded facilitated discussion views, from February through December. Engagement is highest in February, varies modestly throughout the middle of the year, and declines toward December.



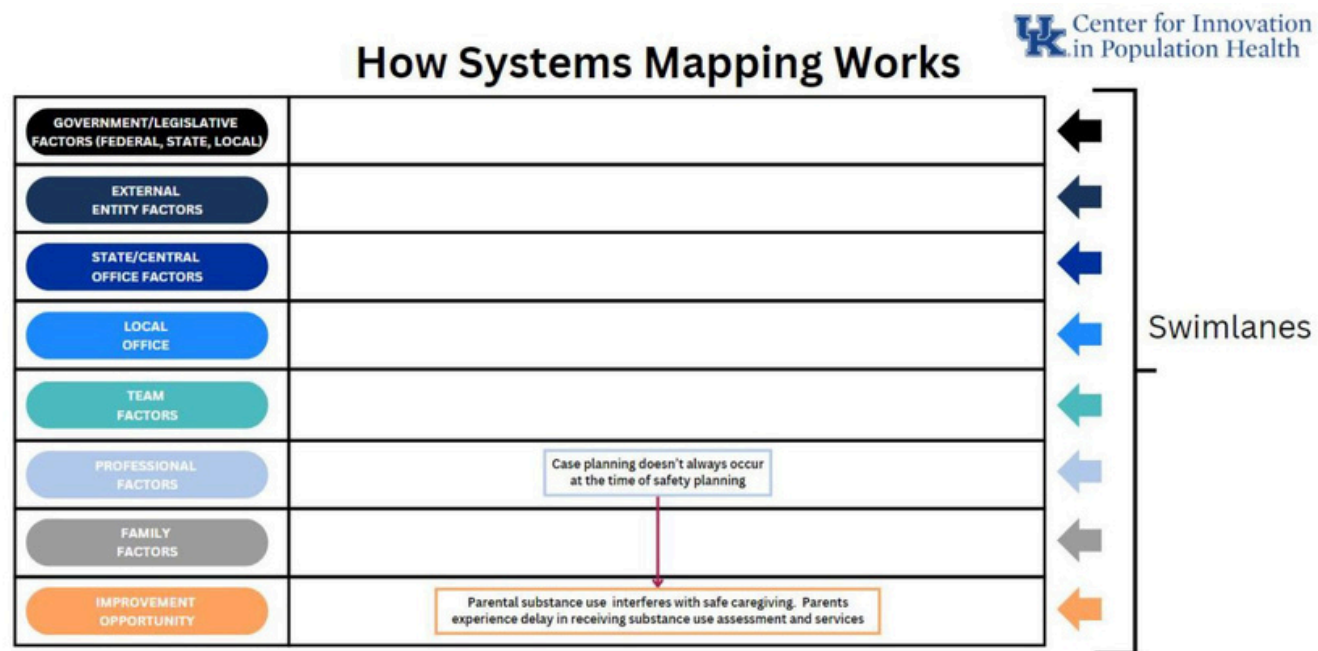
A detailed description of this graph is provided in Appendix B.

AcciMapping is an approach for examining how different parts of a system work together and affect outcomes for children and families. Instead of focusing only on individual actions, AcciMapping helps teams see the bigger picture and understand how decisions made at higher levels of the system can create challenges or barriers at the point of service.

By visually mapping how these factors connect, teams can better identify where policies, laws, or system expectations may unintentionally prevent families from getting the help they need. This approach supports problem-solving at the system level.

The primary goal of AcciMapping is to remove barriers that lead to unmet family needs and to support improvements across the entire system, helping agencies work more effectively together so more children and families experience safer, better outcomes.

Participants learned that using the mapping tool can help them identify the factors that influence decision-making and determine whether systemic change is necessary.



The summary conclusions of the AcciMapping were provided to DCF.

Detailed Description for **Learning Collaboratives: Attendance and Video Engagement by Month Graph**

This chart illustrates month-to-month participation in the Learning Collaboratives, including Tuesday and Wednesday discussion attendance, video views, and recorded facilitated discussion views. Engagement is greatest in February across all categories, followed by a period of moderate rises and falls through the middle of the year, and a general decrease toward December. The chart supports the broader context of tracking participation for Continuing Education Hours, with the understanding that some agencies view video content in groups. A complete machine-readable data table with all monthly values for each category is provided below.

Month	Tuesday Discussion	Wednesday Discussion	Video Views	Recorded Facilitated Discussion Views
February	65	35	111	22
March	65	32	82	16
April	44	31	64	7
May	49	26	52	10
June	36	26	44	12
July	44	36	65	11
August	44	20	40	8
September	38	29	46	1
October	46	30	60	7
November	46	23	31	5
December	25	26	26	12