



## 90-Day Summary Report Writing Guide

The below information is provided to assist county staff in completing the 90 day summary in eWISACWIS. Guidance below is specifically related to the narrative fields.

### Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:

In this section, please provide information about:

- The date the agency received the report and what the report was for
- Include diagnosis and/or final determination by medical personnel of cause of injury
- Include medical examiner's office statement
- Law enforcement's involvement in current case; any arrests, if criminal investigation was initiated, if charges have been filed or are pending
- Use "infant" for children under 24 months and "child" for 24 months and older

### Findings by agency, including maltreatment determination and material circumstances leading to incident:

In this section please provide information about:

- Discuss whether the agency partnered with law enforcement and medical personnel to complete the assessment
- Substantiation determination
- Safety determination (regarding all children residing in the home)
- Placement decision and where the child is placed or resides at close of IA (regarding all children residing in the home)
- If a criminal no contact order exists and for whom (regarding all children residing in the home)
- If the case was opened to ongoing services or closed at IA
- Any referrals to services and type of services

- Yes  No Criminal investigation pending or completed?  
 Yes  No Criminal charges filed? If yes, against whom?

**Child's residence at the time of incident:**  In-home  Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

#### A. Children residing at home at the time of the incident:

**Description of the child's family** (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

In this section please provide information about:

- Relationships of all adults in the household at the time of incident
- Ages and relationships of all the children in the household at the time of the incident
- Note if the biological father has regular visitation, if not residing in the household.
- Note if paternity has/has not been established

**Yes**  **No** **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:

In this section:

- Indicate if the child was under an in-home CHIPS order or was open to IA at the time
- When and how the agency last contacted the family

✓ **The Case Face Sheet will be helpful in filling out the Summary sections. It can be accessed by logging into eWISACWS, clicking on: Reports-Scheduled & On-Demand, Request, DWIS ADM 001 Case Face Sheet and entering the Case ID.**

**Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous five years:** (Does not include the current incident.)

In this section please include information about the previous 5 years only:

- Include all screened in CPS Reports and Services Reports in the past five years in your county for the child/infant's parents AND the alleged maltreater
- Indicate the allegation of the report, to whom and by whom
- Indicate if the report was substantiated or unsubstantiated, to whom and by whom
- Indicate the safety finding
- Indicate if a referral to services was made and the type of services
- Indicate the CHIPS action and date of CHIPS order
- Indicate if closed at Initial Assessment or open through CHIPS

**Summary of actions taken by the agency under ch. 48, including any investigation of a report or referrals to services involving the child, any member of the child's family living in this household and the child's parents and alleged maltreater.** (Does not include the current incident.)

(Note: Screened out reports listed in this section may include only the date of the report, screening decision, and if a referral to services occurred at Access. Reports that do not constitute a reasonable suspicion of maltreatment or a reason to believe that the child is threatened with harm are not required to be screened in for an initial assessment, and no further action is required by the agency.)

In this section:

- Include all screen in at any point in history by your county that involve the child/infant, any member of the child/infant's family living in the household at the time of the incident, child/infant's parents and the alleged maltreater and the date of each screen in.
- Include all screen outs with date and type of report
- Indicate the allegation of the report, to whom and by whom
- Indicate if the report was substantiated or unsubstantiated, to whom and by whom
- Indicate the safety finding
- Indicate the CHIPS action and date of CHIPS order
- Indicate if a referral to services was made and the type of services
- Indicate if closed at Initial Assessment or open through CHIPS

**Summary of any investigation involving the child, any member of the child's family and alleged maltreater conducted under ch. 48 or ch. 938 and any services provided to the child and child's family since the date of the incident:**

In this section:

- Copy and paste from the "findings by the agency, including maltreatment determination and material circumstances section" on the first page

**B. Children residing in out-of-home care (OHC) placement at time of incident:**

**Description of the OHC placement and basis for decision to place child there:**

In this section:

- Indicate where the child /infant was residing at the time of incident
- Why the child/infant was originally placed in OHC care

**Description of all other persons residing in the OHC placement home:**

In this section:

- Indicate who was living in the OHC placement home at the time of incident

**Licensing history:** Including type of license, duration of license, summary of any violations by licensee or an employee of licensee that constitutes a substantial failure to protect and promote the welfare of the child.

In this section:

- Indicate the type of license the OHC placement held at the time of incident
- Indicate the duration of the license
- Indicate if there have been any licensing violations related to substantial failures to protect and promote the welfare of the child