



State of Florida
Department of Children and Families

[Date]

Comment [smd1]: Default to current system date; user modifiable.

Re: [] , []

Comment [amj2]: Pre-fills with the Intake Number of the Initial Intake linked to the Investigation.

Dear []

Comment [amj3]: Text box for user to enter name and Address for the recipient of the letter.

On [] the Florida Department of Children and Families (DCF) received a report alleging abuse/neglect of [] .

Comment [amj4]: User entered text area to record the salutation of the letter.

In accordance with s. 39.301 Florida Statutes, DCF investigated that report and is legally required to determine whether the actions reported have met a legal threshold of preponderance of evidence to verify maltreatment and to determine the person responsible for that maltreatment, if abuse/neglect is determined. We are writing to inform you that the recent child protective investigation involving your child(ren) has been completed. We thank you for your patience and cooperation with this matter.

Comment [A5]: System generated Initial Intake Received Date

Comment [A6]: System generated Alleged Child Victim(s)

The report and investigation comprised allegations of [] .

Comment [amj7]: Pre-fills with all maltreatments documented on the Allegations/ Findings tab of the Child Investigation page.

At the conclusion of the investigation, based on the results of interviews and information obtained, the Department determined that the allegations of [] are for [] ; are for [] .

Comment [amj8]: These 3 fields pre-fill with all the Maltreatments documented on the Allegations/ Findings tab of the Child Investigation page with the associated Finding and the associated alleged victim's name, and are separated by a semi-colon. (Example: Substance Misuse are Verified for Child 1; Physical Injury are Not Substantiated for Child 2).

Although the investigation is completed, the case will remain open for the following:

- Protective interventions and supervision (non-judicial or judicial) to be provided and managed by your Community-Based Care agency;
- Voluntary prevention services

Comment [amj9]: User selected check box.

Comment [amj10]: User selected check box.

If no prevention or other services are indicated above, your investigation and case will be closed with no further action or intervention at this time by the Department or community based provider. Again, we appreciate your cooperation throughout the investigation process. If you have any questions regarding this matter, we hope you will contact us at [] .

Comment [amj11]: User entered text area to record the phone number.

Sincerely,

[]
Child Protective Investigations

Comment [amj12]: User entered name field.