



## CONFIDENTIAL INVESTIGATIVE SUMMARY (IS) Child Institutional Investigation (without Reporter Information)

Case Name	Intake Number	Investigative Sub-Type	County
Date/Time Intake Received		Protective Investigator	
Date/Time Investigation Closed		Protective Investigator Supervisor	

<b>I. Allegation Narrative(s)</b>		
Sequence Type	Date/Time Received	Response Priority
Narrative		
Field Narrative		

<b>II. Provider Information</b>			
Name			
Street		Unit Designator	Building
City	State	Zip Code	Phone Number

<b>III. Victim(s)</b>						
Name	DOB	Age	Gender	Race	Disabilities	
Maltreatment	Findings		Incident Date	Caregiver Responsible		Fatality
Intervention Services are Needed	Placement Outside the Home is Required			Judicial Action Required		

<b>IV. Other Participant(s)</b>						
Name	DOB	Age	Gender	Race	Role	

### **V. Implications for Child Safety**

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the Florida Safe Families Network is subject to the penalty provisions of s. [39.202](#).



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- A. Child Factors Implications

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  - B. Facility Factors Implications

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  - C. Criminal History Summary and Implications for Child Safety

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  - D. Prior Reports and Service Records Implications for Child Safety

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**VI. Overall Safety Assessment**

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**VII Summary/Findings Implications**

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**VIII Recommended Disposition**

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**IX. Signatures**

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**SIGNATURE** – Protective Investigator

Date Signed

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**SIGNATURE** - Protective Investigator Supervisor

Date Signed

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