



**CONFIDENTIAL  
 INVESTIGATIVE SUMMARY (IS)  
 Child Institutional Investigation  
 (With Reporter Information)**

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

**I. Allegation Narrative(s)**

Sequence Type	Date/Time Received	Response Priority
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<b>Reporter Information</b>	Reporter Name	Reporter Type	Report Method	Reporter Requests Contact
	Caller ID	Home Phone	Other Phone	Work Phone
	Reporter Narrative			
	Source Information			

Narrative

Field Narrative

**II. Provider Information**

Name			
Street	Unit Designator	Building	
City	State	Zip Code	Phone Number

**III. Victim(s)**

Name	DOB	Age	Gender	Race	Disabilities
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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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Maltreatment	Findings	Incident Date	Caregiver Responsible	Fatality
Intervention Services are Needed	Placement Outside the Home is Required	Judicial Action Required		

**IV. Other Participant(s)**

Name	DOB	Age	Gender	Race	Role
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**V. Implications for Child Safety**

A. Child Factors Implications

B. Facility Factors Implications

**VI. Overall Safety Assessment**

**VII. Summary/Findings Implications**

**VIII. Recommended Disposition**

**IX. Signatures**

**SIGNATURE** – Protective Investigator

Date Signed

**SIGNATURE** - Protective Investigator Supervisor

Date Signed