



CONFIDENTIAL
INVESTIGATIVE SUMMARY (IS)
Child In-Home Investigation
(without Reporter Information)

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

I. Allegation Narrative(s)

Sequence Type	Date/Time Received	Response Priority
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Narrative

Field Narrative

II. Victim(s)

Name	DOB	Age	Gender	Race	Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No
Maltreatment	Findings	Incident Date	Caregiver Responsible	Fatality	

III. Other Participant(s)

Name	DOB	Age	Gender	Race	Role
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What is the extent of the maltreatment?

IV. What surrounding circumstances accompany the alleged maltreatment, precipitating events, history?

V. Safety Analysis Summary