



**CONFIDENTIAL
 INVESTIGATIVE SUMMARY (IS)
 Child In-Home 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		
Reporter Information	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. Victim(s)

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		

III. Other Participant(s)

Name	DOB	Age	Gender	Race	Role
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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](#).

IV. Implications for Child Safety

A. Signs of Present Danger Implications

B. Child Vulnerability Implications

C. Protective Capacities Implications

D. Criminal History Summary and Implications for Child Safety

E. Prior Reports and Service Records Implications for Child Safety

V. Overall Safety Assessment

VI. Summary/Findings Implications

VII. Recommended Disposition

VIII. Signatures

SIGNATURE – Protective Investigator

Date Signed

SIGNATURE - Protective Investigator Supervisor

Date Signed

A person who knowingly or willfully makes public or discloses to any unauthorized person any confidential information contained in the central abuse hotline is subject to the penalty provisions of s. [39.205](#).