

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	Investigative Sub Type:
	In-Home
	Institutional
	Other

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	R/T:
	Immediate
	24 Hours

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	County
	Alachua
	Baker
	Bay
	Bradford
	Brevard
	Broward
	Calhoun
	Charlotte

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	County
	Citrus
	Clay
	Collier
	Columbia
	Desoto
	Dixie
	Duval
	Escambia
	Flagler
	Franklin
	Gadsden
	Gilchrist
	Glades
	Gulf
	Hamilton
	Hardee
	Hendry
	Hernando
	Highlands
	Hillsborough

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	County
	Holmes
	Indian River
	Jackson
	Jefferson
	Lafayette
	Lake
	Lee
	Leon
	Levy
	Liberty
	Madison
	Manatee
	Marion
	Martin
	Miami-Dade
	Monroe
	Nassau
	Okaloosa
	Okeechobee
	Orange

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	County
	Osceola
	Palm Beach
	Pasco
	Pinellas
	Polk
	Putnam
	St Johns
	St Lucie
	Santa Rosa
	Sarasota
	Seminole
	Sumter
	Suwannee
	Taylor
	Union
	Volusia
	Wakulla
	Walton
	Washington
	Not Applicable

FSFN Page:	Child Investigation
Tab Name:	N/A
Field Name:	County
	Other US County
	Non US County
	Unknown

FSFN Page:	Child Investigation
Tab Name:	Basic
Field Name:	Living Arrangement of the Child(ren):
	Group home or residential treatment setting
	Married two parent household with one biological/adoptive and one step parent
	Married two parent household, with two biological/adoptive parents
	Non-parent relative caregiver household (includes relative foster care)
	Non-relative caregiver household (includes non-relative foster care)
	Other setting (hospital, secure facilities, etc.)
	Single parent household mother with other adult (grandmother, sister, unrelated adult, etc.)
	Single parent household, father only
	Single parent household, father with other adult (grandmother, brother, unrelated adult, etc.)
	Single parent household, mother only

FSFN Page:	Child Investigation
Tab Name:	Basic
Field Name:	Living Arrangement of the Child(ren):
	Two parent household, marital status unknown
	Unknown
	Unmarried two parent household with one biological/adoptive parent and one cohabitating partner
	Unmarried two parent household with two biological/adoptive parents

FSFN Page:	Child Investigation
Tab Name:	Basic
Field Name:	Family Characteristics/Conditions:
	Alcohol abuse by caregiver (no drugs apparent/significant)
	Alcohol and Drug abuse by caregiver both apparent/significant
	Blurred roles and boundaries within family
	Chaotic/disorganized/crisis lifestyle of caregiver(s)
	Child with special needs
	Developmental disability of caregiver
	Diagnosed mental illness of caregiver
	Domestic violence among adults in household
	Drug abuse by caregiver - (no alcohol abuse apparent/significant)
	Employed poverty level
	Heavy child care responsibility
	Homeless



FSFN Page:	Child Investigation
Tab Name:	Basic
Field Name:	Family Characteristics/Conditions:
	Inadequate child care
	Inadequate housing or problems maintaining housing
	Insufficient Financial Resources
	Lack of motivation/skill/knowledge in parenting
	Life crises or external stressor affecting caregiver
	None Observed
	Not Applicable - No allegation relating to primary caregiver
	Other
	Other financial stress
	Partner/non-family member in household which poses a concern
	Poor/Violent neighborhood conditions
	Receiving Public Assistance
	Serious illness/phys. disability affects caregivr. capacity
	Single parent household
	Social isolation/lack of support systems
	Unemployment
	Unresolved history of trauma affects caregiver

FSFN Page:	Child Investigation
Tab Name:	Participants



Field Name:	Final Roles
	Household Member
	Non Household Member
	Parent in Home
	Parent Not in Home
	Parent/Caregiver
	Significant Other

FSFN Page:	Child Investigation
Tab Name:	Allegations/Findings
Field Name:	Findings
	Child Not Deceased (only available, and displayed, if the Maltreatment is "Death")
	Duplicate (only available, and displayed, if the Maltreatment is "Death")
	No Indicator
	No Jurisdiction (only available, and displayed, if the Maltreatment is "Death")
	Not Substantiated
	Verified

FSFN Page:	Child Investigation
Tab Name:	Contact Notification
Field Name:	Agency Name/Role
	Child Protection Team
	Contracting Unit

FSFN Page:	Child Investigation
Tab Name:	Contact Notification
Field Name:	Agency Name/Role
	District/Region Administration
	Facility Administration
	Florida Local Advocacy Council
	HIPAA
	ICWA
	Law Enforcement
	Licensing Unit
	Other
	Parents/Legal Custodian
	Reporter
	Right and Responsibility Pamphlet
	State Attorney
	TANF

FSFN Page:	Child Investigation
Tab Name:	Results
Field Name:	Determination
	Closing - Duplicate
	Closing – False Report
	Closing – No Jurisdiction – Federal Property
	Closing – No Jurisdiction – Non-Caregiver
	Closing – No Jurisdiction – Official Capacity



FSFN Page:	Child Investigation
Tab Name:	Results
Field Name:	Determination
	Closing – No Jurisdiction – Victim Out of State
	Closing – No Jurisdiction – Victim Over 18
	Closing – No Services
	Closing – Open Ongoing Case Management Services
	Closing – Patently Unfounded
	Closing - Services
	Closing - Unable to Locate

FSFN Page:	Child Investigation
Tab Name:	Results
Field Name:	Criminal Records & Prior Intakes/History/Recommended Dispositions
	Agree
	Disagree

FSFN Page:	Initial/Updated In-Home Safety Assessment
Tab Name:	Sign of Present Danger
Field Name:	Questions 1 – 16
	No
	Unknown
	Yes

FSFN Page:	Initial/Updated In-Home Safety Assessment
Tab Name:	Child Vulnerability
Field Name:	Questions 17 – 21
	No
	Unknown
	Yes

FSFN Page:	Initial/Updated In-Home Safety Assessment
Tab Name:	Protective Capacities
Field Name:	Questions 22 - 32
	No
	Unknown
	Yes

FSFN Page:	Initial/Updated In-Home Safety Assessment
Tab Name:	Safety Actions
Field Name:	Emergency Removal
	No
	Yes

FSFN Page:	Initial/Updated In-Home Safety Assessment
Tab Name:	Supervisory Review
Field Name:	Signs of present Danger, Child Vulnerability, Protective Capacities, Safety Actions, Overall

	Safety Assessment, Follow-Up Items
	Agree
	Disagree

FSFN Page:	Initial In-Home Safety Assessment
Tab Name:	Second Party Review
Field Name:	Signs of present Danger, Child Vulnerability, Protective Capacities, Safety Actions, Overall Safety Assessment, Follow-Up Items
	Agree
	Disagree

FSFN Page:	Initial/Updated Institutional Safety Assessment
Tab Name:	Child Factors
Field Name:	Questions 1 - 8
	No
	Unknown
	Yes

FSFN Page:	Initial/Updated Institutional Safety Assessment
Tab Name:	Facility Factors
Field Name:	Questions 9 - 16
	No

	Unknown
	Yes

FSFN Page:	Initial/Updated Institutional Safety Assessment
Tab Name:	Supervisory Review
Field Name:	Child Factors, Facility Factors, Safety Actions, Overall Safety Assessment
	Agree
	Disagree

FSFN Page:	Initial/Updated Institutional Safety Assessment
Tab Name:	Second Party Review
Field Name:	Child Factors, Facility Factors, Safety Actions, Overall Safety Assessment, Follow-Up Items
	Agree
	Disagree