

CONFIDENTIAL INVESTIGATIVE SUMMARY (IS)

Child In-Home Investigation (without Reporter Information)

Case Name		Intake Number			Intake Sub-Type			Со	County		
Date/Time Intake Received		Date/Time Screening Decision			Protective Investigator						
Date/Time Investigation Closed			Approving Protec			Protectiv	tive Investigative Supervisor				
<u>I.</u>	Allegation Narrative(s)										
	Sequence Type	Date/Tim	e Recei	ved	Res	Response Priority					
	Narrative										
	Field Narrative										
II.	Victim(s)										
	Name	DOB	Α	\ge	Gender	Race			Disabilities Yes No		
	Maltreatment	Findi	ngs		Incident [dent Date Ca		regiver Responsible		Fatality	
III.	Other Participant(s)										
	Name	DOB	3 Age		Gender	Race			Role		
IV.	What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment, precipitating events, history?										
	0.64 4 4 4 4										
V.	Safety Analysis Sur	nmary									

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.