



**CONFIDENTIAL  
 INVESTIGATIVE SUMMARY (IS)  
 Child In-Home Investigation  
 (with Reporter Information)**

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

**I. Allegation Narrative(s):**

|                      |                     |                          |                           |                           |
|----------------------|---------------------|--------------------------|---------------------------|---------------------------|
| Reporter Information | Sequence Type:      | Date/Time Received:      | Response Priority:        |                           |
|                      | Reporter Name:      | Reporter Type:           | Report Method:            | Reporter Request Contact: |
|                      | Caller ID:          | Telephone Number [Home]: | Telephone Number [Other]: | Telephone Number [Work]:  |
|                      | Reporter Narrative: |                          |                           |                           |
|                      | Source Information: |                          |                           |                           |
|                      | Narrative:          |                          |                           |                           |
|                      | Field Information:  |                          |                           |                           |

**II. Victim(s)**

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

**III. Other Participant(s)**

| Name | DOB | Age | Gender | Race | Roles |
|------|-----|-----|--------|------|-------|
|      |     |     |        |      |       |

**IV. What is the extent of the maltreatment?**

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

**V. Safety Analysis Summary**