**(DCF) Child Protective Investigation / Law Enforcement**

**Visit Log for SCHOOL NAME**



Date of visit: Time of arrival: Time left:

Student Name: Grade:

Representatives from the following departments were present, and credentials confirmed:

* Child Protective Investigation (DCF)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County Sheriff Deputy/Detective\*

*Without the presence of a Sheriff Deputy/Detective, parent/guardian consent must be obtained before Child Protective Investigator (DCF) may interview student.*

* Credentials confirmed: Yes No
* Copy attached Yes No

Student interview conducted:

* Yes
* No

Parent contact directive: Sheriff /DCF and principal/designee initial next to the appropriate statement.

 Child Protective Investigator (DCF)/Sheriff Deputy/Detective is granting permission for

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to contact this student’s parent/guardian to advise of Child Protection visit.

 *(Your School Name)*

 Contact with parent made: Date\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_

 Child Protective Investigator/Sheriff Deputy/Detective is requesting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Your School Name)*

**NOT** to contact this student’s parent/guardian regarding Child Protection visit

 Child Protective Investigator/Sheriff Deputy/Detective will contact the parent/guardian

 Child Protective Investigator/Sheriff Deputy/Detective will **NOT** contact the parent/guardian

CPI(DCF)/Sheriff Deputy/Detective Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge/ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator/Sheriff\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_