|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |       | **DOB** |       | **Date** |       |
| **Residential Provider** |       | **Day Provider** |       |
| **SHC Provider** |       | **PAS Agent** |       |
| **Type of Report:** |
| **APS/CPS**  | [ ] Physical | [ ] Verbal | [ ]  Sexual | [ ] Exploitation |
| [ ] Fiduciary | [ ] Neglect of self | [ ] Neglect by caregiver |
| Date reported to the Kansas Protection Report Center at 1-800-922-5330: |       |
| **Critical Incident** |
| [ ]  Unexpected ER visit or hospitalization | [ ]  Planned hospitalization or planned surgical procedure |
| [ ]  Screened by Mental Health; not hospitalized | [ ]  Mental Health hospitalization  |
| [ ]  Police contact – potential victim | [ ]  Police contact – potential perpetrator |
| [ ]  Police called for assistance; no action taken | [ ]  Death | [ ]  Other significant event |
| **Summary of Incident** |
| Location of Incident |       | Date and time of incident |       |
| Description of incident (include names of other clients, staff, or witnesses):       |
| What additional steps does the provider plan to take to resolve the incident (if any)?       |
| **Notifications** |
| Parent/Guardian |       | KDADS |       | AIRS |       |
| **Review** |
| [ ]  Person Centered Support Plan is:  | [ ]  | not current and will be revised by this date:       | [ ]  | current and does not need revised as a result of this incident. |
| [ ] Risk Assessment is:  | [ ]  | not needed at this time. | [ ]  | needed and will be completed by this date:       |
|  | [ ]  | needs updated and will be revised by this date:       | [ ]  | in place and current. |
| [ ] Individual Justice Plan (IJP) is: | [ ]  | not needed at this time. | [ ]  | needed and will be completed by this date:       |
|  | [ ]  | needs updated and will be revised by this date:       | [ ]  | in place and current. |
| **Completed by:**       | **Title:**       |
| **Instructions:** Case managers must complete this form anytime they are aware of an incident of Abuse, Neglect, Exploitation or a critical incident that involves hospitalization, emergency care, police involvement, or psychiatric screening regardless if it results in hospitalization or other significant event. This information should be submitted for anyone receiving any service; including case management. This form should be sent within **24 hours** of the case manager becoming aware of the incident. Email is preferred. **Send to:**  |
| **Jeanne Davied****Kansas Department for Aging & Disability Services****Quality Management Specialist**Jeanne.Davied@ks.gov Pittsburg DCF 320 S. BroadwayPittsburg, Kansas  66762Fax:  620-231-1921 | **Kathy Brennon****Prairie Ridge CDDO****CDDO Director**kbrennon@prairieridgecddo.org521 W. 35thChanute, KS 66720Fax: 620-433-4401 |
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