

**CRITICAL/SIGNIFICANT
 INCIDENT**

Adult Protective Services

SECTION 1: INITIAL NOTIFICATION

Was a report made to the Kansas Protection Report Center referenced in this critical or significant incident? Yes No

If yes, provide Intake Event #: _____

Incident Involved DCF Staff? Yes No

Identifying Information

Name of Involved Adult or APS Staff	_____	DOB (Involved Adult):	_____
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DCF Region:	_____	County:	_____
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Local DCF Office:	_____	Assigned DCF Staff:	_____
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SECTION 2: CRITICAL/SIGNIFICANT INCIDENT REPORT
 (Due no later than 24 hours of knowledge of incident)

I. TIMEFRAME

Date of Incident:	_____	Time of Incident:	_____
Date of knowledge of the incident:	_____	Time of knowledge of the incident:	_____
Date of Report:	_____	Time of Report:	_____

II. INCIDENT DESCRIPTION

Describe the incident:

Describe immediate action(s) taken:

Describe the condition of involved APS staff:

Describe the current status:

Other:

Completed by: _____

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Section 3: TYPE OF INCIDENT

Completed by APS Assistant Program Administrator:

Critical

If Critical Incident, select any which apply:

<input type="checkbox"/>	Adult death	<input type="checkbox"/>	Any incident which may draw public, legislative, or media concern
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Significant Incidents involving APS Staff

<input type="checkbox"/>	work related serious injury of APS staff or incidents in which staff safety was seriously compromised.
<input type="checkbox"/>	work related death of APS staff

Section 4: CRITICAL INCIDENT SUMMARY (to be completed on reports involving Involved Adults only)

I. Legal Status-
 Guardian/conservator information (if applicable):

II. Service Provision and Case Status:

<input type="checkbox"/> Open	<input type="checkbox"/> Closed	Date Closed:
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Describe the reason the case was open/what brought the involved adult to the attention of the agency:

III. Previous Case History:
 Briefly describe previous intakes and/or investigations regarding the adult involved in the critical incident:

Status of Law Enforcement, KDADS, or KDHE involvement, as applicable:

Section 5

IV. Form Completed by:

