

State of Kansas

Department for Children and Families
Prevention and Protection Services

KIPS Investigation ID: _____ Date _____

Involved Adult: _____ Name _____

PPS 10250
Rev 07/2021

Corrective Action Plan (CAP)

DCF Region: East, Kansas City, West, Wichita Date: _____ Date _____

I. Corrective Action Plan (CAP) for:

Name: _____ Name _____ Telephone Number: _____ Phone number _____

Address (city, state, zip): _____ Address _____

CAP Initiated Date: _____ Date _____ Financial Exploitation

Describe Unmet Need:

Unmet need _____

Corrective Action Plan

CAP _____

CAP Closure Date: _____ Date _____ Scheduled Completion Date: _____ Date _____
Outcome Met Unmet

I am aware that if I do not complete the plan and provide proof of completion within the specified time frame, I will be notified in writing that my name is subject to placement on the Adult Abuse, Neglect, and Exploitation Central Registry of substantiated perpetrators, after Due Process has been given.

CAP Applicant Name: _____ Name _____

CAP Applicant Signature: _____ Date: _____ Date _____

APS Specialist- Name: _____ Name _____

APS Specialist Signature: _____ Date: _____ Date _____

cc: Alleged Perpetrator, Attorney General, Law Enforcement; File

