CASE FINDINGS CHILD ABUSE AND NEGLECT REPORT

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Case Name:				Case #:					Event #:							
Sectio	on I															
A. Alleged Victim's Name. Enter only the alleg			lleged v					B. Alleged Victim	C. Findin Type(s			E. Degree of Injury	F. Relationship Perp to Child			
	Last				First		N	4I	Finding(s		5) (C)F	,0)	or injury	#	Rel.	
А.																
В.																
C.																
D.																
B. Find	lings:	Unsubstantiated	[US]		Affirmed [A	F]	Subst	antiat	ed [SB]		Unabl	e to lo	cate [UC]			
C. Find	ling Type:	Physical Abuse Lack of Supervis Sexual Abuse [S Substance Affect	sion [LS] A]		Mental/Emo Medical Neg Sexual Abus	lect [MN]		IS]	Aband Sexua	al Neglect [loned [AB] l Abuse Lab tional Negle	or Traffic	king	[HL]			
Skull Fracture [SF] Brain I Malnutrition [ML] Expose				ain Dam posure/l	es/Welts [BR] Burns [BU] Damage [BD] Poisoning [PO] ure/Freezing [EX] Dismemberment [DM] Ily Transmitted Disease [ST]				Failure	Failure to Thrive [FT]				l Injuries [II] Iry Apparent [NO] Is, Cuts, Punctures [WO] □Other [OT]		
E. Degi	ree of Injury:	□No Injury [NO]	Minc	or Injury [MI]	Moderat	te Injury	[MO]	□Major	Injury [MJ]	□Pe	ermane	ent Injury [F	PI] Dead [DD]	
F. Perp			Nephew	ling [SS /Niece [Mother [] Adoptiv [] NN] [] Frie [] parent [GM]	ve Sibling [A nd [FR]		unt [/ r Pare	AU] □U nt [FP] □I	Adoptive Par Jncle [UN] Paternal Gra	-		Cousin [CO)]		
		Perpetrator(s) Name. Last	Enter of	only the	name of the al	lleged perpe First	trator(s)	from	Р	6. Alleged erp's inding	C. Finding Type	g	D. Facility Type	E. Relati to Fac	onship	
1.		Lust				That				manig	Type		Type	10140	inty	
2.																
3.																
B. Findings: Unsubstantiated [US]					Affirmed [AF]				ated [SB]			ble to locate [UC]				
Lack of Supervision [LS]											[AB] se Labor Trafficking [HL]					
D. Faci		Approved Relative Detention [DT] Licensed Foster Ho SI - MH [IH] Unregistered\Unlice	me [FH]		nergency Shel ther [OT] - MR [IR]	hild Care Ce lter [ES]		Grouj Reg I	Child Pla Boarding I Day Care Ho CF [CF]			Licer Resi	nsed Day Ca dential Cent	ferral Agenc are Home [L ter [RC] Relative Day	H]	
		nip: Administrator Employee-Otl	her [EO]		Adult re		ousehold	l [AM	Youth	oyee-Clinica over 10 in I over 10 in c	Househol	d [YH		oloyee Direct		
Sect	ion III			1	[1	1									
Repor	rt to County o	r District Attorney?			No		Yes	If Y	es, mark on	ie						
ו 🗆 ו	No Recommen	ndation [NR]		Recon	nmend No CIN	NC [NP]		Rec	ommend CI	NC [RF]			/	/		

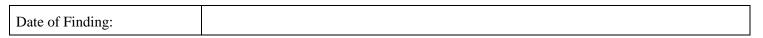
State of Kansas Department for Children and Families Prevention and Protection Services

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Section IV		
	BASIS FOR FINDING Address each allegation in the narrative	



Section V: Required Signatures

CPS Specialist:

Supervisor:

Date: _____



Department for Children and Families Prevention and Protection Services

Strong Families Make a Strong Kansas