Critical Incident Notification

Select one: ☐ Initial Notification ☐ Update

SECTION I. CRITICAL INCIDENT INFORMATION AND TYPE COMPLETE SECTIONS I AND II FOR INITIAL NOTIFIICAITON		
Select any which apply to this critical incident as defined in PPM 0510:		
☐	Child death **Provide to FACTS Data staff the following:**	
	Child name:	Date of death:
☐	Child near death	
☐	Child in the custody of the Secretary who attempted suicide	
☐	Child in the custody of the Secretary with severe injuries	
☐	Foster parent with criminal proceedings related to abuse or neglect	
☐	Any child in the custody of the Secretary who spent the night in a Child Welfare Case Management Provider's (CWCMP) office **(Complete Sections I & II only)**	
☐	Media-incident which has drawn public media attention or become legislative concern	

FACTS CASE HEAD: (last, first)		FACTS CASE #:	
Child(ren) Name(s): (last, first)		DOB(s):	
Is the child(ren) in the custody of the Secretary?		☐ No ☐ Yes	
Date of Custody:		Date of out of home placement:	
DCF Region:		County:	
Local DCF Office:		Assigned DCF Staff:	
Provider:		Assigned Provider Staff:	
Date of last PPS/Provider in person contact with child:			
Agency name who completed last contact:			
Completed by:		Date:	

SECTION I.A. At the time of the incident, did PPS have an open case? (Completed by DCF only)		
☐ No	If no, skip to Section II.	
☐ Yes	**If yes, select the type of open case** (Select all that apply) and provide the date of referral:	
☐	Investigation and Assessment	Date of Referral:
☐	Family First Prevention Services	Date of Referral:
☐	Family Service	Date of Referral:
☐	Family Preservation	Date of Referral:
☐	Reintegration/Foster Care/Adoption	Date of Referral:

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Briefly describe the family's situation which led to the current open case:
CARE Referral(s) completed **(Completed by DCF only)**: ☐ No ☐ Yes ☐ N/A Select N/A if the intake leading up to the CI did not require a CARE Referral (CARE referrals are only required on assigned intakes for PHA and/or PHN for children under 6). If yes, please provide details including date(s) and recommendation(s):

SECTION II. CRITICAL INCIDENT DESCRIPTION	
Date of incident:	Date of knowledge of incident:
Was a report made to the Kansas Protection Report Center reference this critical incident? ☐ No ☐ Yes	
If yes, provide Intake Event #:	
Describe the critical incident (Include the condition of the child):	
Describe immediate action(s) taken following the critical incident:	
How was safety ensured following the critical incident?	

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Describe the current status of the case (Including status of law enforcement involvement and legal status of child including, but not limited to, legal custodian of child(ren), adjudications, status of court proceedings):
Other:

SECTION III. CASE INFORMATION
List all applicable children whose safety is a concern or select N/A.
☐ N/A (Select when incident involved a child(ren) in the custody of the Secretary spending the night in a CWCMP office)

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	☐ Sibling ☐ Step-sibling ☐ Half-sibling ☐ Not Related ☐ Relative (Specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	☐ Sibling ☐ Step-sibling ☐ Half-sibling ☐ Not Related ☐ Relative (Specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	☐ Sibling ☐ Step-sibling ☐ Half-sibling ☐ Not Related ☐ Relative (Specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	☐ Sibling ☐ Step-sibling ☐ Half-sibling ☐ Not Related ☐ Relative (Specify):		

Child Name:		DOB:	
Current Placement:			
Relationship to identified child:	☐ Sibling ☐ Step-sibling ☐ Half-sibling ☐ Not Related ☐ Relative (Specify):		

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Name(s) of all others involved: (Caregivers, others involved in the critical incident, other individuals living in the home, non-residential parent, etc.)	**Other individual's relationship to identified child:**

PPS Administrator Review:	
The information described in this incident meets the definition of a critical incident. ☐ No ☐ Yes	
PPS Administrator Signature:	Date:

SECTION IV. UPDATES
Date:
Update: