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):	
DCF Region:		County:	
Local DCF Office:		Assigned DCF Staff:	

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:	

CRITICAL/SIGNIFICANT INCIDENT

Section 3: TYPE OF INCIDENT

Completed by APS Assistant Program Administrator:

☐ Critical

If Critical Incident, select any which apply:

☐ Adult death ☐ Any incident which may draw public, legislative, or media concern

☐ Significant Incidents involving APS Staff

☐ work related serious injury of APS staff or incidents in which staff safety was seriously compromised.

☐ 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:

☐ Open ☐ Closed Date Closed:

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: