

Notification to Facility Regarding APS Finding

Date: _____ From: _____
(name and title) (DCF Region)

To (name, facility, and address):

Re: (Involved Adult's name): _____

Case Findings (please check one): _____

☐ Substantiated ☐ Unsubstantiated

_____ DCF received report on _____ regarding alleged _____
(date) (abuse/neglect/financial exploitation)

of the above-mentioned adult.

Summary of allegation and basis of finding. (Include PPS/PPM reference.) _____

The results of this Adult Protective Services investigation should not be used to take any adverse personnel action. The

_____ must conduct its own independent investigation and use the facts and conclusions
(facility)

reached from such investigation as justification for any adverse personnel action.

K.S.A. 39-923(a) Regarding notification of findings:

All persons receiving such notice of APS findings shall be prohibited from further disclosure pursuant to applicable state and federal law regarding confidentiality absent an authorization for release of the information.

cc: _____

Kansas Department for Aging and Disabilities Services Quality Management Specialist and copy for KIPS record



Kansas

Department for Children
and Families
*Prevention and
Protection Services*