## Section I

### Alleged Victim’s Name.
Enter only the alleged victim(s) from PPS-1000

<table>
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</table>

#### B. Findings:
- Unsubstantiated [US]
- Affirmed [AF]
- Substantiated [SB]
- Unable to locate [UC]

#### C. Finding Type:
- Physical Abuse [PA]
- Mental/Emotional Abuse [EA]
- Physical Neglect [PN]
- Lack of Supervision [LS]
- Medical Neglect [MN]
- Abandoned [AB]
- Sexual Abuse [SA]
- Sexual Abuse Sex Trafficking [HS]
- Sexual Abuse Labor Trafficking [HL]
- Substance Affected Infant [SI]
- Educational Neglect [EN]

#### D. Injury:
- Abrasions/Lacerations [AB]
- Bruises/Welts [BR]
- Burns [BU]
- Sprains/Dislocations [SP]
- Skull Fracture [SF]
- Brain Damage [BD]
- Poisoning [PO]
- Failure to Thrive [FT]
- Malnutrition [ML]
- Exposure/Freezing [EX]
- Dismemberment [DM]
- Bone Fracture (not head) [BF]
- Unknown [UK]
- Sexualy Transmitted Disease [ST]
- Subdural Hematoma/Hemorrhage [SH]
- Other [OT]

#### E. Degree of Injury:
- No Injury [NO]
- Minor Injury [MI]
- Moderate Injury [MO]
- Major Injury [MJ]
- Permanent Injury [PI]
- Dead [DD]

#### F. Perpetrator Relationship to Child:
- Father [FA]
- Mother [MO]
- Stepparent [ST]
- Adoptive Parent [AM]
- Sibling [SI]
- Stepmother [SM]
- Adoptive Sibling [AS]
- Aunt [AU]
- Uncle [UN]
- Cousin [CO]
- Nephew/Niece [NN]
- Foster Parent [FP]
- Paternal Grandparent [GP]
- Maternal Grandparent [GM]
- Unknown [UK]

### Section II

#### Alleged Perpetrator(s) Name.
Enter only the name of the alleged perpetrator(s) from PPS-1000

<table>
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- Sexual Abuse Labor Trafficking [HL]
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- Educational Neglect [EN]

#### D. Facility Type:
- Approved Relative Foster Home [RH]
- Child Care Center [CC]
- Child Placing Agency [CP]
- Day Care Referral Agency [DA]
- Detention [DT]
- Emergency Shelter [ES]
- Group Boarding Home [GH]
- Licensed Day Care Home [LH]
- Licensed Foster Home [FH]
- Other [OT]
- Residential Center [RC]
- SI - MH [H]
- SI - MR [IR]
- SI - JCF [CF]
- DCF Approved Relative Day Care [AD]
- Unregistered/Unlicensed Home [UH]

#### E. Facility Relationship:
- Administrator, Licensee [AD]
- Adult residing in Household [AM]
- Employee-Clinical, Consultant [EC]
- Employee Direct Care [ED]
- Employee-Other [EO]
- Visitor [VI]
- Youth over 10 in Household [YH]
- Volunteer [VO]
- Not Determined [ND]
- Other [OT]
- Youth over 10 in care [YC]

### Section III

Report to County or District Attorney?
- No
- Yes

If Yes, mark one
- No Recommendation [NR]
- Recommend No CINC [NP]
- Recommend CINC [RF]
Section IV

**BASIS FOR FINDING**
Address each allegation in the narrative

<table>
<thead>
<tr>
<th>Date of Finding:</th>
</tr>
</thead>
</table>

Section V: Required Signatures

CPS Specialist: ___________________________ Date: ___________________________

Supervisor: ___________________________ Date: ___________________________

Kansas
Department for Children and Families
Prevention and Protection Services

*Strong Families Make a Strong Kansas*