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

REVIEW OF RECURRENT MALTREATMENT IN SIX MONTHS

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Date of Revie			Case Name:			
					ng and the previous event with a	a substantiated
nding occur	ring within 6 m	onths from th	he initial substantiated	finding date:	1	_
Event Number	Date of Case Finding	Date of Incident	Allegation Types (SB finding only)	Name of Victi (SB finding or	1	CPS Specialist
					appropriate? Are there element? Was there a pattern to the ma	
incidents? I	s the seriousnes	s of the malt	reatment escalating?		sources of information missed th	
difference in	the investigation	on/assessmei	nt?			
Concurran	ea with Finding	s: Does the s	reviewer concur with	the case findings	? Is the Basis of Findings docu	mented
			ggestions for docume			memed
1	IT		88	8	8	
G			00 1 11 10 1			10. ***
					cooperative with services recomme identified risk factors?	mend? Were
services nec	ded available:	WEIE SEIVICE	es provided/recommer	ided related to th	ie identified fisk factors:	
Recommen	dations: Any re	commendati	ions regarding this cas	e? Are there rec	commendations regarding practi-	ce, policy or
			d have prevented this		<i>5 5</i> 1	, 1
	~.				_	
Reviewer's	Signature:				Date:	

Case File