	Kansas DCF Conversation Note		
Department for Children and Families	FACTS Case #:	Event Number:	
Name of Contact	:	Date/Time/Location:	
Type of Interacti	on:	PPS Worker:	
GENOGRAM		Name (Age)	11

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FACTS Case #:Event Number:

INFORMATION PROVIDED BY WORKER

GENERAL NOTES

FACTS Case #:	Event Number:	

What are we worried about?	What's working well?	What needs to happen?
•	•	•

FACTS Case #:

Event Number:

		Immediate Safety (Safety Assessment) D is, you're confident the child(ren) will be safe enoug e seriously hurt if they stay where they are even for the		ment is completed and 10
Immediate Safety Rat	tings:			
	Name	Role	Rating	
Reasons for Ratings:				
•				
TDM Referral.				
Yes; confirm with				
☐ Maybe; consult ☐ No	with supervisor			

 FACTS Case #:
 Event Number:

 Lasting Safety
 (Risk Assessment)

 Lasting Safety Scaling Question: On a scale of 0–10, where 10 is you're confident the kids will grow up safe and well enough without child protection involvement and 0 is you're very worried they will suffer serious harm at some point unless the family gets help, where would you rate it?
 10

0 is	Lasting Safety Ratings		10 is	
	Name	Role	Rating	
easons for Ratings:				