

Summary of Prevention and Protection Services Policy and Procedure Manual Changes

July 2026

Introduction

The Summary of Prevention and Protection Services (PPS) Policy and Procedure Manual (PPM) Changes provides a list of policies, forms, and appendices with explanations for the PPS substantial policy revisions and clarifications for July 2026. These policy revisions are effective July, 1 2026.

Definitions

Substantial Changes: Substantial Changes to policy, forms, and appendices include revisions affecting the meaning or involves a change to practice.

Clarifications: Clarifications to policy include revisions to improve clarity or style.



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Substantial Changes

Section 0000 General Information

CPS Definition of Initial Assessment and Preliminary Inquiry

List of Policies, Forms, and Appendices involved in this revision:

- **0160 Glossary**

What prompted this revision?

APS developed a definition of “Initial Assessment” and “preliminary inquiry” in response to a request from the ACL, and it was equally important to establish a clear definition for CPS as well.

Brief description of the revision:

A new definition of “Initial Assessment” and “preliminary inquiry” was developed for CPS to provide clarity and consistency in practice.

What is the anticipated impact to practice?

No anticipated impact.

TDM Definition and Scheduling

List of Policies, Forms, and Appendices involved in this revision:

- **0160 Glossary**
- **Appendix 0E Initial TDM Meeting Scheduling Form**

What prompted this revision?

The DCF TDM facilitators identified the need to improve the definition of a TDM in the PPM and improve the scheduling form to simplify communication between the TDM team, CPS, and families.

Brief description of the revision:

The glossary definition better aligns with the TDM practice model and the scheduling form simplifies communication with CPS staff and families.

What is the anticipated impact to practice?

Better TDM usage by CPS staff and timely TDM invitations sent to families and community partners.

Kansas Abuse and Neglect Registry Requests

List of Policies, Forms, and Appendices involved in this revision:

- **0160 Glossary**
- **1017 Child Abuse and Neglect Registry Requests Received from Other States**
- **10400 Accessing Information from the Adult Abuse, Neglect, and Exploitation Central Registry**
- **Delete PPS 1011 Central Registry Release of Information**

- **Delete PPS 10400 Adult Abuse, Neglect, Exploitation, Fiduciary Abuse**

What prompted this revision?

Accessing information for the Adult ANE Central Registry of Substantiated Perpetrators needs updates to improve clarity and accessibility.

Brief description of the revision:

Agencies that are not identified in the statute or that act on behalf of other people shall access information for the Adult ANE Central Registry of Substantiated Perpetrators. An online request link shall be included for individuals who want to know if their names are on the registry. Clarify the process for how agencies access the information and how individuals access the online request link.

What is the anticipated impact to practice?

Clear guidance will facilitate the process of accessing information and reduce confusion when using the Adult ANE Central Registry of Substantiated Perpetrators.

Court Orders to Place an Individual on the Registry

List of Policies, Forms, and Appendices involved in this revision:

- **0252 Court Orders to Place an Individual on the Registry**

What prompted this revision?

KS HB 2601 requires DCF to list individuals on the child abuse registry per court orders.

Brief description of the revision:

KS HB 2601 requires DCF to list individuals on the child abuse registry per court orders. 0252 details the email inbox by which the agency will receive these orders.

What is the anticipated impact to practice?

Courts will have a central email address to send court orders to which they can send court orders to place an individual on the registry.

Necessary Access for Congregate Care Facilities

List of Policies, Forms, and Appendices involved in this revision:

- **0257 Required Notice When an Alleged Perpetrator is an Employee**

What prompted this revision?

DCF administration reviewed necessary access statute and noticed inconsistencies within the policy regarding notification of employees as alleged perpetrator within congregate care facilities.

Brief description of the revision:

DCF will now notify congregate care facilities of screened in or out intakes when the ALV is a child in the custody of the Secretary and an ALP is an employee of a contracted congregate care facility

What is the anticipated impact to practice?

DCF will notify the impacted contracted congregate care facilities when an employee is an ALP. KPRC will be impacted as this will modify their current notification process.

Record Retention and Archiving, Removal of BTCO, and Updated Scanning Process

List of Policies, Forms, and Appendices involved in this revision:

- **0314 Request for Guardianship, Custodianship, and Foster Care Records**
- **0440 Retention of Records**
- **0441 Archiving and Storage of Records**

What prompted this revision?

This revision was prompted by internal review and staff feedback identifying that current policy references to BTCO and scanning processes are outdated and no longer reflect practice.

Brief description of the revision:

This revision removes outdated references to BTCO and updates policy to reflect that only adoption files are sent to the Records Center for scanning. It clarifies that Foster Care records and child abuse and neglect records remain in the regions, with abuse and neglect records maintained in KIDS.

What is the anticipated impact to practice?

The anticipated impact is improved clarity and consistency in how records are handled across regions. Staff will have a clear understanding of where records are maintained and what is required for scanning and archiving.

ICWA Definitions

List of Policies, Forms, and Appendices involved in this revision:

- **0700 Indian Child Welfare Act Jurisdiction**

What prompted this revision?

Learning and Development staff identified discrepancies between the policy and the contents of the Indian Child Welfare Act.

Brief description of the revision:

The primary changes are reordering lists of placement preferences and updating definitions.

What is the anticipated impact to practice?

Staff who reference the PPM for ICWA information will have correct definitions and requirements.

Section 1000 Intake

KPRC HB 2601 and SB 408 Updates

List of Policies, Forms, and Appendices involved in this revision:

- **1200 Information Gathered at the Intake**
- **Appendix 1A Kansas Intake Guidance**

What prompted this revision?

HB 2601 and SB 408 were enacted through the legislative process.

Brief description of the revision:

In Section 1200, added a requirement that an inquiry be made at intake regarding any known custody disputes. A custody dispute is defined as a pending court action concerning the rights of parents related to legal custody, residency, and/or parenting time of their child(ren).

Additional intake questions should include:

Whether the child's parent or legal guardian is a current member of the military

Whether the child or the child's family is an enrolled member of, or eligible for enrollment in, a federally recognized tribe

In Appendix 1A, added practice guidance directing staff to consider whether the level of supervision is appropriate for the child's age, maturity, and mental abilities.

What is the anticipated impact to practice?

Staff will be expected to incorporate the additional questions into phone intake reports and ensure responses are appropriately documented. Staff will also need to apply the updated guidance outlined in the appendix when completing their assessments.

Reports Received by Law Enforcement

List of Policies, Forms, and Appendices involved in this revision:

- **1230 Reports from Law Enforcement Agencies**
- **1301 Initial Assessment by the Protection Report Center**
- **1310 Criteria for Determining No Further PPS Action Needed**
- **1320 Preliminary Inquiry**
- **1370 Reports Alleging Abuse or Neglect in the Past**
- **1390 Reports Alleging Abuse/Neglect Out of State**
- **1700 Override of Accepted Reports**

What prompted this revision?

Changes were identified through a combination of data, professional experience, and stakeholder feedback.

Brief description of the revision:

Policy was adjusted to ensure KPRC can apply professional judgment and critical thinking in responding to all information received from law enforcement partners, consistent with statutory definitions and existing intake frameworks.

What is the anticipated impact to practice?

PRC will be able to assess reports using established statutory definitions and existing intake frameworks, reducing the number of reports received from law enforcement that are assigned for further assessment.

KDADS Notifications Sent by PRC

List of Policies, Forms, and Appendices involved in this revision:

- **1388 Reports Requiring Notification to Department for Aging and Disability Services (KDADS) or Community Support Services (CSS)**
- **10112 Reports Not Assigned for Further Assessment**
- **10118 Notification to Quality Management Specialist of Reports not Assigned**

What prompted this revision?

KDADS MOU updates.

Brief description of the revision:

KDADS MOU update required clarification on when child and adult notifications are sent to KDADS by PRC.

What is the anticipated impact to practice?

These clarifications should provide clarification on when notifications should be sent to KDADS.

Assignments when the Alleged Perpetrator is a Minor

List of Policies, Forms, and Appendices involved in this revision:

- **1405 Assigning Allegations when the Person Responsible is a Minor**

What prompted this revision?

The PRC staff and Policy Workgroup have identified that the current policy lacks clarity regarding when to assign an intake involving a minor as the alleged perpetrator. The reference to “serious situations” is vague and does not clearly define the criteria for assignment, leaving room for interpretation and inconsistent application.

Brief description of the revision:

Criteria was established to warrant assigning a minor as the alleged perpetrator.

What is the anticipated impact to practice?

Assignments would occur only when the reported concerns clearly meet the outlined criteria, promoting more consistent decision-making and appropriate use of resources.

Adult Initial Assessment Guide

List of Policies, Forms, and Appendices involved in this revision:

- **Appendix 1E Adult Protection Services Initial Assessment Guide**

What prompted this revision?

APS and PRC management assembled a workgroup with staff from both APS and PRC to update Appendix 1E, ensuring it aligns with current practices and enhances decision-making

Brief description of the revision:

The revised Appendix 1E improves clarity and flow, updates the language and guidance, and includes targeted questions designed to support PRC workers in applying critical thinking during preliminary screening and call intake.

What is the anticipated impact to practice?

The impact of these updates would be a clearer understanding of what qualifies as an APS assignment, what meets established definitions, and what constitutes a vulnerable adult. It would provide staff with better guidance to make more informed assessment decisions, resulting in stronger, more comprehensive reports that APS practitioners can use effectively in their investigations.

Section 2000 Investigation and Assessment

Clear and Convincing Standard of Evidence

List of Policies, Forms, and Appendices involved in this revision:

- **0160 Glossary**
- **1370 Reports Alleging Abuse or Neglect in the Past**
- **2500 Case Finding Resulting from an Investigation of Alleged Abuse or Neglect**
- **2502 Allowable Case Findings**
- **2511 Case Finding Decision Points for Family Reports**
- **2531 Basis for Finding**
- **2540 Notice of Department Finding**
- **2550 Findings on Reports Investigated by a Law Enforcement Agency, Native American Tribal Agency, or Military Authority**
- **Appendix 2B Guide for Assessments and Decisions**
- **Appendix 2E DCF Case Finding History**
- **PPS 2010 What you need to know about investigations of abuse or neglect**
- **PPS 2012 Notice of Department Findings**
- **PPS 2012 Instructions**

What prompted this revision?

Kansas HB 2601 changes the standard of evidence for substantiation from a preponderance of evidence to clear and convincing evidence. Items in policy manual shall be consistent with the changes.

Brief description of the revision:

The policies were revised to improve clarity, clearly define the levels of proof.

What is the anticipated impact to practice?

Kansas DCF will make case substantiated case findings when facts and circumstances present clear and convincing evidence of child abuse or neglect.

CARE Referrals Sent Through IRIS

List of Policies, Forms, and Appendices involved in this revision:

- **2450 CARE Referral and Medical Examination or Treatment Related to Abuse/Neglect**
- **PPS 2451 CARE Referral Handout**

What prompted this revision?

Sending CARE referrals through emails may cause difficulties in locating information or delay the progress of the referrals. IRIS will be the only appropriate option for better reflecting practice in sending CARE referrals.

Brief description of the revision:

This revision removes the option to send CARE referrals by email. The CARE referrals will only be sent through IRIS.

What is the anticipated impact to practice?

This change will improve the consistency of information and collaboration during CARE referrals and reduce the time spent on locating emails.

Documenting Late Case Findings

List of Policies, Forms, and Appendices involved in this revision:

- **2511 Case Finding Decision Points for Family Reports**
- **2530 Documenting the Case Finding**
- **2531 Basis for Finding**

What prompted this revision?

DCF does not have clear instructions on how to document an allowable late case finding. This makes tracking data between allowable and not allowable late case findings difficult.

Brief description of the revision:

Clear indication is necessary in KIDS when a case finding is late for an allowable reason. Staff will document an "Allowable Delay."

What is the anticipated impact to practice?

Staff will clearly mark cases in KIDS with "Allowable Delay" in the Basis for Findings.

Date to Mail Notice of Department Finding

List of Policies, Forms, and Appendices involved in this revision:

- **2540 Notice of Department Finding**

What prompted this revision?

The signed dates are unmatched between finding letter and KIDS when case is closing. Families and ALPs will receive finding letters when information is finalized in KIDS and FACTS.

Brief description of the revision:

The date of finding letter and KIDS need to be matched when CPS or CPI sign the case closure.

What is the anticipated impact to practice?

Matched date will maintain information consistency and avoid confusion.

Immediate Safety Planning Brochure

List of Policies, Forms, and Appendices involved in this revision:

- **Appendix 2Q Immediate Safety Planning Brochure**

What prompted this revision?

The Statewide Implementation Team (SIT) identified a gap in consistent, family-facing communication related to safety planning. While safety planning expectations are established in policy and practice guidance, there was no standardized tool to support clear, accessible conversations with families. The SIT brought forward the need to develop and review a brochure to support alignment with current safety planning practice and the Kansas Practice Model.

Brief description of the revision:

Development and approval of a new, standardized, family-facing Safety Planning brochure designed to clearly explain the purpose, expectations, and collaborative nature of safety planning.

What is the anticipated impact to practice?

Development and approval of a new, standardized, family-facing Safety Planning brochure designed to clearly explain the purpose, expectations, and collaborative nature of safety planning.

Section 3000 Case Management**Case Plan Signatures**

List of Policies, Forms, and Appendices involved in this revision:

- **3207 Case Planning Participation and Signatures**

What prompted this revision?

Regional DCF Foster Care teams identified a gap in obtaining participant signatures on the PPS 3051, which caused delays in approving case plans.

Brief description of the revision:

CWCMP will provide all efforts to obtain signatures of participants for the PPS 3051 and provide to DCF Foster Care Liaison when submitting for approval.

What is the anticipated impact to practice?

Regional DCF Foster Care teams will be able to review documented efforts to ensure all participants have been asked to provide a signature on the PPS 3051.

Court Report Guidance

List of Policies, Forms, and Appendices involved in this revision:

- **3380 Reports to the Court**
- **Delete 3382 Permanency Hearing Court Reports**
- **Delete PPS 3004 Foster Care Court Report**

What prompted this revision?

DCF Permanency Program reviewed policies and determined there were three separate areas providing guidance for completing court reports.

Brief description of the revision:

PPM 3380, PPM 3382, and the court report template were merged into one policy to describe necessary information to be included in the court report.

What is the anticipated impact to practice?

One area of guidance for court reports.

FACTS Foster Care Referral Entry: RMLA and Reasons/Circumstances Present at Time of Removal

List of Policies, Forms, and Appendices involved in this revision:

- **3815 Entering Removal Information**

What prompted this revision?

Language and guidance has been clarified for FACTS data entry.

Brief description of the revision:

Policy has been updated to clarify system changes that impact FACTS data entry. Policy language clarified to provide guidance to enter the Removal Reasons and Other Circumstances Present at Time of Removal in FACTS. Other guidance for entering data on RMLA has been clarified.

What is the anticipated impact to practice?

When entering Foster Care Referrals into FACTS, data entry staff will enter other circumstances present at the time of removal in addition to removal reasons.

Including the Kansas Competency Framework in the PPM

List of Policies, Forms, and Appendices involved in this revision:

- **Appendix 3T State of Kansas Child and Family Wellbeing System: Core Competency Framework**

What prompted this revision?

Round 4 of the CFSR prompted DCF and each CWCMP to identify a shared metric by which to measure practitioner performance. Through PIP development, the state refined the Pennsylvania Child Welfare Competency Framework to align with needs for Kansas, and utilized focus groups and a survey to invite practitioner, supervisor, executive, and external stakeholder feedback. Since the state opted into the ACF

Technical Bulletin 14, Learning and Development and Performance Improvement thought that including this competency framework in the Policy and Procedure Manual would be the best means by which to ensure that this work continues.

Brief description of the revision:

Addition of the Competency Framework to the CWCMP Supervision and Staffing policy.

What is the anticipated impact to practice?

Supervisors at CWCMP agencies will be utilizing formal competency definitions and a pre-identified scale to assess whether staff are performing satisfactorily according to the framework.

Section 4000 Prevention Services

No Substantial Changes.

Section 5000 Child Welfare Case Management

CWCMP Genetic Testing Responsibilities

List of Policies, Forms, and Appendices involved in this revision:

- **5228 Genetic Testing**

What prompted this revision?

Statewide DCF Foster Care teams identified a need for consistent processes for requesting genetic testing, and subsequent dissemination of results.

Brief description of the revision:

This is a new policy that describes the responsibilities and process around requesting genetic testing and notification of results.

What is the anticipated impact to practice?

Genetic testing results will be requested and received more timely.

Clarification of Placement Definitions

List of Policies, Forms, and Appendices involved in this revision:

- **5233 Placement Definitions**

What prompted this revision?

Kansas Settlement Connection.

Brief description of the revision:

CWCMP are not longer allowed to engage in the practice of seeking or accepting overnight placements or failure to place for any child in the custody of the Secretary. Clarified congregate care placement types and added reference to new placement section of the PPM.

What is the anticipated impact to practice?

CWCMP clarification on allowable placement practices.

Pregnant or Parenting Youth

List of Policies, Forms, and Appendices involved in this revision:

- **5238 Pregnant or Parenting Youth**

What prompted this revision?

CWCMP did not have clear guidance of their responsibilities when serving teen parents and their infants who are released from DCF custody.

Brief description of the revision:

Guidance was added for infants who were released from custody before their teen parent, and what CWCMPs responsibilities are.

What is the anticipated impact to practice?

CWCMPs will be aware of their responsibilities and next steps in supporting teen parents and infants released from custody.

Engaging Presumed and Putative Fathers in Case Planning

List of Policies, Forms, and Appendices involved in this revision:

- **5239 Paternity, Presumed Fathers, and Putative Fathers**

What prompted this revision?

DCF identified a need for consistent guidance on inclusion of presumed and putative fathers in case planning.

Brief description of the revision:

This update provides additional guidance on the differences between putative and presumed fathers, and provides guidance to CWCMP's on decision making related to their inclusion in case planning.

What is the anticipated impact to practice?

Presumed and putative fathers will be more consistently engaged and included in case planning.

Correction to 5252: Policy Alignment with Practice

List of Policies, Forms, and Appendices involved in this revision:

- **5252 Assessing for Child Social Security Income and other Federal Benefits**

What prompted this revision?

Policy was realigned with practice

Brief description of the revision:

Corrected policy to instruct CWCMP to send the SSI application, supporting information, and scoring tool to the DCF Foster Care Liaison and Regional DCF IV-E specialist, who will then complete their portion of the application to the contracted entity.

What is the anticipated impact to practice?

No impact, this policy is being realigned with the practice after an incorrect change.

Adoption Services and Roles

List of Policies, Forms, and Appendices involved in this revision:

- **5300 Adoption Services**
- **5301 Adoption Roles and Responsibilities**

What prompted this revision?

External feedback and a need for clearer, more consistent guidance.

Brief description of the revision:

Updated policies to reflect family-centered, trauma-informed practice, clarify roles, and strengthen engagement expectations.

What is the anticipated impact to practice?

More consistent engagement, collaboration, and decision-making in adoption services.

Adoptive Family Assessments

List of Policies, Forms, and Appendices involved in this revision:

- **5330 Assessing the Adoptive Family**
- **PPS 5318 Adoptive Family Assessment**

What prompted this revision?

Feedback from policy review found confusion and inconsistency in how foster children in the home were being considered in assessments, as well as how background checks and DCF history were documented in PPS 5318. This prompted a review to improve clarity and consistency across policy and the PPS 5318 form.

Brief description of the revision:

Updates distinguish foster children from household members and provide clearer direction on documenting background checks and DCF history, including for individuals with ongoing or regular presence in the home.

What is the anticipated impact to practice?

Staff will have clearer guidance when completing adoptive family assessments, leading to more consistent documentation and improved understanding of who should be included in the assessment and background check process.

PPS Family Handbook

List of Policies, Forms, and Appendices involved in this revision:

- **PPS 5137 Prevention and Protection Services: Family Handbook**

What prompted this revision?

A change in the grantee.

Brief description of the revision:

This handbook has been created by the new grantee with input from a lived expert to reflect updated information.

What is the anticipated impact to practice?

Families will be provided the updated version of the family handbook through the initial team meeting.

Updating PPS 5125 Relative Notification Letter

List of Policies, Forms, and Appendices involved in this revision:

- **PPS 5125 Relative Notification Letter**

What prompted this revision?

Relatives receiving the letter were automatically presumed to be kin to the child in care.

Brief description of the revision:

The updated letter will have wording stating possible relative and provide a statement if the recipient is not a relative to the mentioned child.

What is the anticipated impact to practice?

No impact, just to eliminate confusion for the recipient receiving the letter.

Adoption Health Form

List of Policies, Forms, and Appendices involved in this revision:

- **PPS 5317 Adoption Health Statement**

What prompted this revision?

DCF staff and external users identified inconsistencies, formatting issues, and unclear instructions within the PPS 5317 Adoption Health Statement form, resulting in delays in adoptive placement approvals.

Brief description of the revision:

The PPS 5317 form was revised to improve clarity, clearly define provider requirements, and ensure all required fields are completed.

What is the anticipated impact to practice?

The revision is expected to improve the quality and completeness of submitted health assessments, reduce delays in adoption processes, and decrease the need for follow-up by staff.

Section 6000 Permanent Custodianship & Adoption**Adoption Assistance Subsidy Delay for SSI Determinations**

List of Policies, Forms, and Appendices involved in this revision:

- **6204 Monthly Cash Subsidy Payments**

What prompted this revision?

This revision was prompted by internal discussions with program, fiscal, and legal staff after identifying that delays in SSI determinations were directly delaying adoption finalization. Federal guidance also confirmed that DCF has the ability to determine whether a child meets SSI criteria for IV-E adoption assistance eligibility purposes, which led to reviewing current policy and practice.

Brief description of the revision:

This revision updates policy to allow DCF to use a documented disability determination to establish eligibility for SSI-based adoption assistance prior to receiving a final SSI eligibility determination from SSA.

What is the anticipated impact to practice?

The anticipated impact is reduced delays in adoption finalization, and improved timeliness of permanency. Staff will be able to move forward without waiting on federal SSI processing timelines.

Foster Care Medical Coverage for SOUL Family Legal Permanency

List of Policies, Forms, and Appendices involved in this revision:

- **6312 Type of Support and Amounts for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy**

What prompted this revision?

Staff identified confusion in policy regarding whether foster care medical coverage ends when the SOUL subsidy ends, prompting the need for clarification.

Brief description of the revision:

The policy was updated to clarify that foster care medical coverage continues until age 26 and is not affected by the discontinuation of the SOUL subsidy.

What is the anticipated impact to practice?

Staff will have clearer guidance, and youth will continue to receive medical coverage without interruption.

Section 7000 Independent Living & Self Sufficiency

DCF Independent Living Acknowledgment Form

List of Policies, Forms, and Appendices involved in this revision:

- **7040 Self-Sufficiency Planning**
- **PPS 7002 Independent Living Acknowledgment Form**

What prompted this revision?

DCF Independent Living held a 3-day Practice Alignment Intensive workshop with the support of SafeGenerations. During the PAInt participants reviewed IL cases and noticed that many case plan tasks listed in the Self Sufficiency plan centered on program requirements instead of specific tasks to help the young person. Additionally, informed consent was added for communicating by text messaging and

social media so young people were aware of the risks associated with sending private information through these communication methods.

Brief description of the revision:

A new form has been created to address basic program requirements and specific service requirements, the responsibilities of DCF ILCs, and risks associated with communication methods.

What is the anticipated impact to practice?

ILCs will be able to focus on creating case plans with tasks that are specific to the young person and their goals. Young People will be informed on the risks associated with sending private information over text messaging and social media.

DCF Independent Living Post-Secondary Education Calculations

List of Policies, Forms, and Appendices involved in this revision:

- **7252 Procedures for Post-Secondary Funding (ETV and SOUL PSCT)**

What prompted this revision?

IL Leadership reviewed federal policy and had conversations with DCF regional teams along with ACF partners and IL leadership from other states on how they determine need for ETV funding. During those conversations we discovered there is a need to align our policy for calculating need for post-secondary education funding with federal policy requirements.

Brief description of the revision:

ILCs must utilize the individual student's cost of attendance (COA) that is determined by the educational institution to calculate need for ETV and SOUL PSCT funds.

What is the anticipated impact to practice?

ILCs will need to gather information for their ETV plan directly from the individual students COA. They can utilize the school's general COA if they are waiting for the student's FAFSA application to be finalized with the school. ILCs will also need to work with young people to submit documentation and advocate for increases to their COA if needed.

Baseline and Follow Up National Youth in Transition Database (NYTD) Surveys

List of Policies, Forms, and Appendices involved in this revision:

- **Appendix 7C National Youth in Transition Database Baseline 17 Survey**
- **Appendix 7D National Youth in Transition Database Follow Up 19 and 21 Survey**

What prompted this revision?

The federal NYTD Review held in November 2024 found that the NYTD Survey in use in Kansas at that time was not in compliance as some of the language in the survey questions and definitions did not exactly match the wording in federal regulation.

Brief description of the revision:

The Kansas NYTD survey was revised to ensure wording was compliant with federal regulation. Additionally, youth/ young adult friendly graphics were added along with spaces to record contact and

alternate contact information for the purpose of contacting youth / young adults for future surveys and to send incentives for completing the survey.

What is the anticipated impact to practice?

There is minimal impact to practice. Changes in wording were minor. The survey has been piloted since October 1, 2025, and DCF and CWCMP staff are already familiar with the new survey.

Independent Living Subsidy Payment Notification Type

List of Policies, Forms, and Appendices involved in this revision:

- **PPS 7210 IL Subsidy Payment Notification**

What prompted this revision?

There was a need to indicate on the DCF IL Subsidy Request Form if the payment request was for Regular IL Subsidy or SOUL IL Subsidy.

Brief description of the revision:

The subsidy request form will now allow staff to indicate the type of subsidy payment. This will allow for better budget tracking and help staff entering payments know which specific type of subsidy the young person is eligible to receive.

What is the anticipated impact to practice?

ILCs will be able to determine which funding source for the subsidy request.

Section 8000 Continuous Performance Improvement

Delete Form PPS 8300 Informal Site Visit Tool

List of Policies, Forms, and Appendices involved in this revision:

- **Delete PPS 8300 Informal Site Visit Tool**

What prompted this revision?

An internal meeting within PPS.

Brief description of the revision:

Delete form PPS 8300 Informal Site Visit Tool.

What is the anticipated impact to practice?

None at this time.

Section 9000 Interstate Compact

No Substantial Changes.

Section 10000 Adult Protective Services

APS Changes in Federal Statutes

List of Policies, Forms, and Appendices involved in this revision:

- **10000 APS Glossary**
- **10200 Conducting an Investigation**
- **10210 Contacts during the Investigation**
- **10224 Assessment of Involved Adult**
- **PPS 10000 Adult Protective Services Brochure**
- **PPS 10205 Your Rights During an Adult Protective Services Assessment for Self-neglect Brochure**
- **PPS 10208 Your Rights during an Adult Protective Services Investigation Brochure**

What prompted this revision?

Changes in federal statutes have required updates to APS policies and procedures.

Brief description of the revision:

There are required federal updates to existing statutes which strengthen glossary terminology and implementation of practices.

What is the anticipated impact to practice?

These changes should provide clarity on terminology and policies enhancing consistency which improves practices and communication.

Interagency Agreement with KDADS Updates

List of Policies, Forms, and Appendices involved in this revision:

- **10206 Notifications at the Beginning of an Investigation**
- **10320 Required Documentation for Case Findings**

What prompted this revision?

A new interagency agreement with KDADS.

Brief description of the revision:

A new interagency agreement with KDADS requires changes to current practices and notification requirements.

What is the anticipated impact to practice?

These changes should streamline the notification process with KDADS and law enforcement.

APS Critical and Significant Incidents

List of Policies, Forms, and Appendices involved in this revision:

- **10212 Critical or Significant Incident Notification Procedures**

What prompted this revision?

The process for determining what constitutes a critical incident was unclear, and the policy was difficult to follow. Additionally, “critical incident” and “significant incident” were not clearly distinguished, making it challenging to differentiate between the two.

Brief description of the revision:

The policy was reorganized to clearly distinguish between critical and significant incidents, define each term, and provide clear guidance on the appropriate actions for each type of incident.

What is the anticipated impact to practice?

PRC and APS will be able to clearly distinguish between critical and significant incidents, ensuring the correct procedures are followed and reducing unnecessary notifications or emails that do not meet reporting criteria.

APS Guardianship Code Changes

List of Policies, Forms, and Appendices involved in this revision:

- **10600 Types of Guardianship, Conservatorship, and Protective Arrangements**
- **10601 Guardianship Capacity Examination and Evaluation**
- **10605 Basis for Appointment of Guardianship**
- **10606 Basis for Appointment of Conservatorship**
- **10620 Referral to the Kansas Guardianship Program**
- **10640 Procedures following appointment of guardian or Conservatorship**
- **10650 Request for Successor and Termination of Guardian and/or Conservator**
- **PPS 10600A Adult Guardianship/Conservatorship Referral/Notification to KGP**
- **PPS 10600B Youth Guardianship/Conservatorship Referral**

What prompted this revision?

Changes to the Kansas Uniform Guardianship Code have required updates to APS policies and procedures.

Brief description of the revision:

The Kansas Uniform Guardianship Code changed as of January 1, identifying new requirements and practices surrounding guardianship. A guardianship request must now identify what least restrictive interventions have been attempted and why they were not successful. Additional information is required about the respondent and potential guardian. Emphasis is placed on the respondent's self-determination and wishes.

What is the anticipated impact to practice?

The anticipated impact to practice is an increase in time commitment for a guardianship as staff have to invest more intensely in obtaining additional information to meet the requirements of a guardianship. It

is also anticipated that there will be additional court costs associated with the extra steps now required to file a petition.

Clarifications

Section 0000 General Information

No Clarifications.

Section 1000 Intake

1100 Recording Information Gathered at Intake

An update to reflect current practice. The proposed policy update specifies the information KPRC enters into KIPS from FACTS and KEES and identifies when these entries occur.

1302 Search for History for the Initial Assessment Decision

Updated language to specify search "for" alleged perpetrators. Added the CERS shows the names of "substantiated" perpetrators. Combined #5 and 6.

1325 Initial Assessment of Reports Indicating Human Trafficking

Corrected reference to 1310 "E" vs "d".

1340 Reports Which DCF Does Not Have Authority to Proceed

Correcting lettering.

Delete 1350 Non-family/Unregulated Care Giver Reports –Third Party Reports

Delete and combine with 1352.

Delete 1351 Initial Assessment Decisions Regarding Non-Family/Unregulated Caregiver

Delete and combine with 1352.

1352 Non-Family/Unregulated Caregiver –Third Party Reports

Condensed title to remove "referred to Law Enforcement". Added 1350 and 1351 to this policy to combine. Updated lettering for combination of policies. Clarified HT and LEO reports do not apply to this policy.

1386 Reports Involving KDADS Licensed Facilities

Removed 1350 reference since it was deleted and combined with 1352.

1431 Initial Assessment of a FINA Event on an Open Case

Policy 1431 addresses initial assessments related to FINA concerns; however, human trafficking is classified as an abuse/neglect concern. This paragraph is already addressed in policy 1325, which specifically governs initial assessments involving human trafficking. Paragraph was removed.

1530 Determination of Joint Investigation With Law Enforcement

Updated reference to sections in the PPS 1002. Updated lettering sizing. Changed physical "harm" to physical "injury" and referenced policy that defines what serious physical injury is defined as.

Section 2000 Investigation and Assessment

2050 Plan of Safe Care

Changing "PPS 2020 Assessment Map" to "PPS 2019 Conversation Note."

2105 Requests for Courtesy Contact or Interview Between DCF Offices

Updating the email address for a CI relating to an LE report.

2140 Interviewing Children

Formatting corrections.

2210 Joint Procedures with DCF and Law Enforcement Agencies

Strengthening language about what to do if the need for a joint investigation is discovered after assignment.

2580 Request for Expungement

Clarifying language edits per legislative requirements outlined in HB2601.

Section 3000 Case Management

3201 Development of the Case Plan

Added number of objectives for clarification.

3204 Accommodations for Participants

Updated "hearing impaired" to "deaf or hard of hearing."

3231 Development of Permanency Goals

Clarified Services and Activities in B. 3.

Section 4000 Prevention Services

4235 Recommendation for Continuation of Specific Services

Updated form number.

Section 5000 Child Welfare Case Management

5339 Best Interest Staffing

Fix an error from when this was last uploaded.

Section 6000 Permanent Custodianship & Adoption

No Clarifications.

Section 7000 Independent Living & Self Sufficiency

No Clarifications.

Section 8000 Continuous Performance Improvement

No Clarifications.

Section 9000 Interstate Compact

No Clarifications.

Section 10000 Adult Protective Services

10610 Eligibility for the Kansas Guardianship Program

Language revision.

Forms

PPS 3051 Permanency Plan

Added no siblings and no identified disability for incidences where those did not apply.

PPS 3057 Family/Permanency Plan Services and Service Codes

Adding the existing FACTS code to the PPS 3057 to document DCCCA START with Fam Pres services.

PPS 3058 Permanency Plan Checklist

Added where to find information for #6 and #14. Added a yes to #10 for clarification.

PPS 5305 Individual Recruitment Plan for Child in Need of an Adoptive Resource

Fix errors requested on updated copy.

Appendices

Delete Appendix 2N My Three Houses (one page)

Removing one page My Three Houses to reflect best practices from Safe Generations.

Delete Appendix 2N Mis tres casas (one page)

Removing one page Spanish My Three Houses to reflect best practices from Safe Generations.

Appendix 2N My Three Houses (three page)

Updating formatting for accessibility.

Appendix 2N Mis tres casas (three page)

Updating formatting for accessibility.

Appendix 3Q Case Review Timeline

Information on the court case review timeline was outdated.

Drafts of Substantial Changes and Clarifications

See following pages.

0160 Glossary

Publication Date: July 1, 2026

A

Abuse/Neglect: Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

A. DCF investigates and makes findings on abuse allegations with the subtypes of Emotional Abuse, Human Labor Trafficking, Human Sex Trafficking, Physical Abuse, and Sexual Abuse.

B. DCF investigates and makes findings on neglect allegations with the subtypes of Abandonment, Lack of Supervision, Medical Neglect, and Physical Neglect.

Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or

B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-6422, and amendments thereto. K.S.A. 38-2202. (See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

Mental or Emotional Abuse: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

~~A. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;~~

~~B. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and~~

~~C. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10~~

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care (K.S.A. 38-2202 (a)). K.S.A. 38-2202

Adjudication: A court hearing in which a determination is made whether a child is a CINC (child in need of care) or juvenile offender. In a child in need of care (CINC) case, a hearing when a court determines whether or not there is clear and convincing evidence that a child meets the definition of a child in need of care (K.S.A. 38-2202(d)). In a juvenile offender case, a hearing when a court determines whether or not the child meets the definition of a juvenile offender pursuant to K.S.A. 38-2302 (s).

Adoptee: A person who is adopted.

Adoption Assistance: Monies that a family adopting a child may receive when it is determined that the child will not go back to the family from which they have been removed. These payments may be for one-time adoption expenses, a monthly cash subsidy and/or medical assistance.

Affirmed Perpetrator: Formerly in K.A.R. 30-46-10, affirmed perpetrator means a person who has been determined by the secretary or the secretary's designee, by a preponderance of evidence, to have committed an act of abuse or neglect, regardless of where the person resides, but has not been substantiated so the affirmed perpetrator's name is not placed on the child abuse and neglect central registry. Affirmed case finding decisions will no longer be made on or after January 1, 2025.

Alternative Response: Alternative Response was a program which was in effect from October 1, 2012- June 30, 2014. Reports which were assigned for Alternative Response used the Solution-Based Casework practice model to enhance family engagement and involvement. Comprehensive assessments assisted in identifying the underlying and contributing factors which brought the family to the attention of the agency.

Alleged Perpetrator: The person identified in the initial report or during the investigation as the person suspected of perpetrating an act of abuse or neglect (K.A.R. 30-46-10). See also Substantiated Perpetrator and Unsubstantiated Perpetrator.

B

Basic Eligibility: Eligibility for IV-E federal reimbursement for administrative expenses for children whose families meet several basic IV-E criteria.

C

Candidate for Care: A child is determined a candidate for care when any one of the following situations apply:

- A. a child or youth who PPS determines is at imminent risk of foster care and out of home placement but can be safe at home with prevention services;
- B. a child or youth who exited foster care to adoption or permanent custodianship/guardianship, or who was reunified with parents is at risk of entering foster care and out of home placement;
- C. a child or youth temporarily or permanently residing with a relative or kin caregiver;
- D. a child or youth living with parents but needs to be with a relative caregiver with prevention services in place;
- E. pregnant and parenting youth in foster care and in an out of home placement.

F. pregnant woman whose child upon birth may be at imminent risk of foster care (reference PPS 2753, Section E).

G. a child/youth remaining in the home whose siblings are in foster care.

Caregiver: Adult or youth who provides care for a child in the absence of, or in conjunction with the child's parent or guardian. The caregiver may or may not reside in the home with the child.

Case Number: A unique computer-generated number assigned to each case.

Child Abuse and Neglect Registry: The Kansas Child Abuse and Neglect Registry is a list of individuals who have been court-ordered to be placed on the registry pursuant to HB 2601 New Section 1, or who the secretary has investigated and substantiated to have committed an act of abuse or neglect and who have had notice and the opportunity for a hearing and any subsequent appeals.

~~**Central Registry:** The Child Abuse and Neglect Central Registry is a computerized name-based list of persons who have been confirmed, validated, or substantiated for child abuse or neglect. The name of a perpetrator is not entered in the central until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.~~

Child: anyone under the age of 18 or any adult under the age of 21 and in the custody of the Secretary.

Child in Need of Care (CINC): The Kansas Code for Care of Children (K.S.A. 38-2202(d)) defines Child in Need of Care as a person less than 18 years of age at the time of filing of the petition or issuance of an ex parte protective custody order pursuant to K.S.A. 38-2242, and amendments thereto, who:

A. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian;

B. is without the care or control necessary for the child's physical, mental, or emotional health;

C. has been physically, mentally or emotionally abused or neglected or sexually abused;

D. has been placed for care or adoption in violation of law;

E. has been abandoned or does not have a known living parent;

F. is not attending school as required by K.S.A. 72-3421 or 72-3120, and amendments thereto;

G. except in the case of a violation of K.S.A. 41-727, 74-8810(j), 79-3321(m) or (n), or K.S.A. 21-6301(a)(14), and amendments thereto, or, except as provided in paragraph (12), does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution, but which is not prohibited when done by an adult;

H. while less than 10 years of age, commits any act that if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 21-5102, and amendments thereto;

I. is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian;

J. is willfully and voluntarily absent at least a second time from a court ordered or designated placement, or a placement pursuant to court order, if the absence is without the consent of the person with whom the child is placed or, if the child is placed in a facility, without the consent of the person in charge of such facility or such person's designee;

K. has been residing in the same residence with a sibling or another person under 18 years of age, who has been physically, mentally or emotionally abused or neglected, or sexually abused;

L. while less than 10 years of age commits the offense defined in K.S.A. 21-6301(a)(14), and amendments thereto;

M. has had a permanent custodian appointed and the permanent custodian is no longer able or willing to serve; or

N. has been subjected to an act that would constitute human trafficking or aggravated human trafficking, as defined by K.S.A. 21-5426, and amendments thereto, or commercial sexual exploitation of a child, as defined by K.S.A. 21-6422, and amendments thereto, or has committed an act which, if committed by an adult, would constitute selling sexual relations, as defined by K.S.A. 21-6419, and amendments thereto.

Child in Need of Care does not mean a person less than 18 years of age at the time of the filing of the petition or issuance of the ex parte protective custody order pursuant to K.S.A. 38-2242, and amendments thereto, who is engaging in independent activities without adult supervision when a parent allows such child to engage in such independent activities, if:

A. Such independent activities are appropriate based on the child's age, maturity, and mental abilities; and

B. such lack of supervision does not constitute conduct that is so grossly negligent as to endanger the health or safety of the child.

C. As used in this paragraph, "independent activities" includes, but is not limited to, traveling to or from school or nearby locations on foot or by bicycle, playing outdoors, remaining at home for a reasonable amount of time or remaining in a vehicle that is not dangerously hot or cold for a reasonable amount of time.

a person less than 18 years of age who:

A. Has been physically, mentally, or emotionally abused or neglected or sexually abused.

B. Has been abandoned or does not have a known living parent.

C. Is without the care or control necessary for the child's physical, mental, or emotional health.

D. Resides in the same residence as a sibling or other person under 18 years of age who has been physically, mentally or emotionally abused or neglected or sexually abused.

E. While less than 10 years of age, commits an act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 21-3105 and amendments thereto.

F. Is willfully and voluntarily absent from the child's home without the consent of the child's parent or other custodian or is willfully and voluntarily absent at least a second time from a court ordered or designated placement, if the absence is without the consent of the person with whom the child is placed.

G. Is without adequate parental care, control or subsistence and the condition is not due solely to the lack of financial means of the child's parents or other custodian.

H. Is not attending school as required by K.S.A. 72-977 or 72-1111, and amendments thereto.

I. Except in the case of a violation of K.S.A. 41-715 or 41-2721, and amendments thereto, does an act which, when committed by a person under 18 years of age, is prohibited by state law, city ordinance or county resolution but which is not prohibited when done by an adult.

J. Has been placed for care or adoption in violation of the law.

K. Permanent Custodian is no longer willing or able to serve.

Child in Need of Care Petition: A petition filed with the clerk of the district court by the county/district attorney alleging a child or youth is a Child in Need of Care. Refer to K.S.A. 38-2233(b), concerning the filing of a Child in Need of Care petition by any other individual.

Child Support Services (CSS): This agency has the responsibility of seeking child support for children in DCF custody and in an out-of-home placement.

Child Welfare Case Management Providers: Child Welfare Case Management Providers are private organizations that contract with DCF to provide adoption, foster care, reintegration and family preservation services using a philosophy which includes the community, immediate and extended families, and concerned kin in planning for the child's safety, permanency and well-being.

Citizen Review Board: A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

Clear and Convincing Standard: Evidence which shows the truth of the facts asserted is highly probable. ~~This standard of evidence was used for case findings from July 1, 2004– June 30, 2016. Beginning July 1, 2016, the standard of evidence is preponderance.~~ This standard of evidence applied to case findings from July 1, 2004, through June 30, 2016, and shall apply to case findings from July 1, 2026 onward.

Client Eligibility: All children who have been removed from their homes by a judge and placed in the custody of DCF must receive an eligibility determination for Title IV-E.

Client ID Number: A unique number assigned to each individual who is known to KEES. This number is cross referenced with FACTS.

Client Purchase Agreement: Form PPS 2833-PPS Client Purchase Agreement-Payment Request and Authorization is used to document the request, approval, and payment for client purchases across all programs within PPS.

COBRA: A federal amendment to the Social Security Act. It enables Title IV-E eligible foster children and adoption assistance children to receive Medicaid coverage in the state in which they physically reside.

Computer Systems:

FACTS: Family And Children Tracking System is the agency's child welfare information system. Information in FACTS is used to support the department budget, internal management, and reports to the legislature, federal government, and the general public. FACTS includes information about the outcomes of abuse and neglect investigations, the child abuse and neglect central registry and foster care and adoption information.

KAECSES: Kansas Automated Eligibility System KAECSES is a major computer system which contained data for all children placed in state custody and removed from their home. As of September 13th, 2017, KEES replaced KAECSES for this function.

KanPay: KanPay is a sub-system of KAECSES. This system created an on-line eligibility process for vendor payments. This system was used by PPS for Family

Services cases. KanPay was used when the family had no involvement in other assistance programs. Staff began using KEES for this function as of September 13, 2017. KanPay is no longer used by agency staff.

KEES: Kansas Eligibility and Enforcement System is an internet-based system designed for determining eligibility, issuing benefits, collecting data, and developing reports. KEES has replaced the KAECSSES and KanPay systems as of September 13, 2017.

MMIS: Medicaid Management Information System - DCF staff utilize the MMIS to enter or review Medicaid data.

SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System - SCRIPTS makes payments to the Child Welfare Contract Management Provider and produces the federal claim for IV-E funding. Referral information and IV-E customer eligibility is entered into FACTS and downloaded into SCRIPTS on a regular basis to maintain these functions. The federal claim is based on IV-E customer eligibility downloaded from FACTS and also based on Child Welfare Contract Management Provider services reported to SCRIPTS as encounter data.

SMART: Statewide Management, Accounting, and Reporting Tool. System used to make payments to all vendors.

Community Corrections Involvement: Supervision by a county operated corrections agency or department of a youth, age 10 and older, who typically scores moderate to high-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to Intensive Supervised Probation (ISP).

Continuous Eligibility (CE): The 12-month period of time including the month Medicaid is approved and the following 11-months when Medicaid cannot be discontinued for a youth under the age of 19 for reasons other than state residency, voluntary withdrawal, erroneous approval, and death. CE is renewed each year when a medical review is completed and the youth continues to meet eligibility criteria.

Contractor/Contract Agency: A person or agency who enters into a contractual agreement with DCF to provide specified services.

Court Appointed Special Advocate (CASA): A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of a child. (K.S.A. 38-2202(g), K.S.A. 38-2206). A CASA may also be appointed under the Juvenile Offender Code or the Domestic Relations Code.

Court Services Involvement: Supervision by a state operated court services agency or department of a youth, age 10 and older, who typically scores low to moderate-risk on the risk and needs assessment (i.e. Youth Level of Service/Case Management

Inventory (YLS/CMI)), is adjudicated as a Juvenile offender, and is court ordered to court services probation.

Crossover Youth: A young person, age 10 and older, with any level of concurrent involvement with the child welfare and juvenile justice systems.

A. "Involvement" in the Juvenile Justice system includes, but is not limited to, court-ordered community supervision, Immediate Intervention Programs (IIP), and youth placed in detention and correctional facilities.

B. "Involvement" in child welfare system includes, but is not limited to, out of home placement, or participation in preventative services.

Delineation of involvement related to specific child welfare and juvenile justice programs is for the explicit purpose of collaborative data collection per agreement between DCF, DOC, and OJA.

Custody/Custodian: Custody, whether temporary, protective or legal, means the status created by court order or statute which vests in a custodian, whether an individual or an agency, the right to physical possession of the child and the right to determine placement of the child, subject to restrictions placed by the court. (K.S.A. 38-2202(g)).

Custody of The Kansas Department of Corrections-Community Based Services (KDOC-CBS): a youth, age 10 and older, who is placed at a correctional facility (e.g. Kansas Juvenile Correctional Complex (KJCC)) or who is on Conditional Release or Aftercare from a correctional facility.

D

Dedicated WARDS Account: SSI money received for a youth in custody that is a lump-sum of, at a minimum 6 months accumulated, SSI benefits. Social Security deposits the lump-sum and must approve all withdrawals from this account.

Deterioration: The child's condition, health or functioning becomes progressively worse indicating harm to the child.

Disposition: A court hearing following adjudication in which an order may be issued regarding services, custody, placement, sentencing for juvenile offenders or other matters.

E

Emotional Abuse: Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

A. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;

B. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and

C. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10

Endangered: The risk or exposure to harm.

Ex Parte Order: An order issued by a judge without a hearing.

F

Facility: Facilities include homes and child care providers regulated/licensed by the Department for Children and Families (DCF) Foster Care and Residential Facility Licensing, Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services (KDADS). Facilities may also include homes and providers legally exempt from regulation and homes or providers which are operating as unregulated services.

Facility includes:

A. family foster homes,

B. residential childcare facilities,

C. detention,

D. secure care,

E. attendant care facilities,

F. day care homes or centers.

G. Psychiatric Residential Treatment Facilities (PRTF), licensed by the Kansas Department for Aging and Disability Services (KDADS)

For purposes of complaints alleging abuse or neglect, "facility" includes any of the above entities which are subject to regulation, whether operating within or without the law.

Facility Reports: In facility reports the alleged perpetrator is a foster parent, a minor over the age of 10 in the facility, childcare provider, employee in a facility, or another care giver other than the child's parents.

Family: A family means any group of persons who act as a family system with or without a legal or biological relationship.

Family Centered Systems of Care: This is a family driven, individualized, culturally competent, and strength-based approach. The family is seen as the expert on their strengths and needs. The family identifies natural resources, including kin and shall be included in all case planning activities, allowing the family to determine their choices and actions.

Family First Prevention Services Act (FFPSA): FFPSA became law February 9, 2018. This law provides Title IV-E federal funds for prevention and limited Title IV-E eligible placements in foster care. The law's focus is foster care prevention services, and when foster care is required, the aim is to encourage placements in family-like settings for children.

Family in Need of Assessment (FINA): Family In Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/neglect, but are assigned to assess to determine whether services to the child and family are indicated. The following are FINA sub-types:

A. Caregiver Substance Use: Parent/caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

B. Caregiver Unable/Unavailable to Provide Care: Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's health/well-being is likely; and the children are at risk of removal.

C. Child Substance Use: Child using substances which negatively impacts the family/child functioning.

D. Children with Behavior Problems: Child's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).

E. Infant Positive for Substances: An infant (birth to age 1) or the mother of an infant with a positive drug screen, or a medical professional has determined the infant is substance affected or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

F. Less than 10 Committing an Offense: while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

G. Runaway: Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

H. Truancy: Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.

Family Meeting: A Family Meeting (FM) is a meeting with parents, family members, supports, service providers, and others who come together to determine the best next steps to improve the child's/family's well-being and functioning.

Family Preservation Referral: A referral made to the Family Preservation Case Management Provider to provide services to keep the family intact and to prevent out of home placement for the child/children in the family, including pregnant women using substances, who may or may not have other children.

Family Reports: In family reports the alleged perpetrator is a parent of the child, other adult residing in the home, or a sibling or relative age 10 and older.

Family Services: Non-custody services provided directly to families by CPS specialists or through purchase of services by DCF. Family services are designed to meet identified needs or to support family strengths and are based on a safety or risk assessment of the child and family.

FC Referral: A referral made to a foster care provider to provide case management and supervision for children removed from the home and placed into court ordered DCF custody.

Female Genital Mutilation: Defined in Crimes and Punishments Chapter of Kansas Statutes, and may be considered for assignment of physical abuse. Per K.S.A. 21-5431 Female Genital Mutilation is defined as:

A. Knowingly circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of a female under 18 years of age;

B. removing a female under 18 years of age from this state for the purpose of circumcising, excising, or infibulating the whole or any part of the labia majora, labia minora or clitoris of such female; or

C. causing or permitting another to perform the conduct described in subsection (a)(1) or (a)(2) when the person causing or permitting such conduct is the parent, legal guardian or caretaker of the victim.

D. Unless, the procedure is medically necessary pursuant to the order of a Physician, and such procedure is performed by a physician.

Food Assistance: A federal income subsidy to buy food for families who have marginal income. Previously referred to as Food Stamps and is also known as Supplemental Nutrition Assistance Program (SNAP).

Foster Care: 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.

Foster Family Home: means "a private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian" (K.A.R. 28-4-311 (d)). Foster families must be licensed by DCF Foster Care and Residential Facility Licensing. In addition to licensing requirements, the home must be sponsored by a licensed child placing agency (CPA). The CPA recruits and trains foster parents. The CPA assesses foster parents post training to determine if the foster parents can meet the safety and well-being needs of children placed with them.

G

Guardian Ad Litem: An attorney appointed by the court to represent the interests of a person to act on his or her behalf in a particular legal proceeding including, but not limited to, an attorney appointed by the court to represent the best interests of the child in Child in Need of Care proceedings to represent the best interests of the child.

Guardianship: A status in which the court gives a person specified rights to the custody and control of a child subject to ongoing review by the court of jurisdiction.

H

Harm: Physical or psychological injury or damage. K.S.A. 38-2202(kl)

Healthwave 21: See KanCare 21

Host Family: An individual or family who provides temporary care of children through a program created pursuant to the Host Families Act, K.S.A. 38-2401 et.seq. (i.e., Safe Families for Children is an organization with a program created pursuant to the host families act.)

Human Labor Trafficking: The recruitment, harboring, transportation, provision or obtaining of a child for labor or services, by force, fraud or coercion for the purpose of subjecting the person to involuntary servitude or forced labor (K.S.A. 21-5426).

Human Sex Trafficking: Be subjected to aggravated human trafficking, as defined in K.S.A. 21-5426 (b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 21-6419 or 21-6422, and amendments thereto (K.S.A. 38-2202).

I

Icebreaker: An Icebreaker is a facilitated conversation that provides an opportunity for parents/caregivers and foster parents to meet face-to-face, talk about the needs of the child and share information about themselves and their family routines and traditions. The focus is on the care and well-being of the child.

Identified Adoptive Resource: A family may be considered an identified adoptive resource when they have submitted the Potential Identified Adoptive Resource Application form (PPS5316) to adopt (not necessarily all the supporting documentation).

Imminent: implies more than speculation but less than certainty. An event is imminent if a reasonable person using common sense, training or experience concludes an event will occur without delay unless there is prompt intervention.

Independent Assessor: A trained professional or licensed clinician who is not an employee of the agency and is not connected to or affiliated with any placement setting in which children are placed by the agency. Completes assessments to determine when a child should or should not be placed in a Qualified Residential Treatment Program (QRTP).

Independent Living Setting: An out-of-home foster care placement, including a transitional living program (TLP), community integration program (CIP), or a youth living on their own who continues to be supported by a Child Welfare Case Management Provider.

Initial Assessment: An initial assessment shall be completed by the Kansas Protection Report Center on all reports received by the agency. The Initial Assessment is to determine when there are reasonable grounds to believe abuse or neglect exists and shall determine the agency's response to the reported allegations.

K

KanCare: The KanCare program is the State of Kansas' plan to transition Kansas Medicaid into an integrated care model. Kansas contracted with managed care organizations (MCOs), to coordinate health care for nearly all Medicaid beneficiaries.

KanCare 21: A Federal program to cover low income, uninsured children who do not qualify for Medicaid. This Children's Health Insurance Program (CHIP) is funded with Federal and State money. A small premium is charged depending on the family's income. This is only for children up to age 19. Previously known as Healthwave 21.

K.A.R.: Kansas Administrative Regulations

K.S.A.: Kansas Statutes Annotated

Kinship Caregiver: An adult who the Secretary has selected for placement of a child in need of care with whom the child or the child's parent already has close emotional ties (K.S.A. 38-2202 (w)).

Kinship Navigator Program: A program offering information, referral, and follow-up services to kinship caregivers raising children. The program links the kinship family to needed benefits and services for the family or the children.

L

Lack of Supervision: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Likelihood: Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

M

Medicaid: A government health care assistance program for families who are below the poverty level. Medicaid funds traditional medical services as well as a variety of behavior management services. A child removed from the home and placed in foster care usually qualifies for Medicaid since they are considered a family of one if their resources do not exceed the established limitations. The Medicaid program is funded with Federal and State money.

Medical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Mental Health Consortium: An affiliated group of mental health professionals and centers.

Mitigate: To make less severe or alleviate. To mitigate something means to make it less serious.

Multidisciplinary Team: A group of persons with special knowledge regarding the detection, investigation or treatment of child abuse or neglect. The Kansas Code for Care of Children authorizes DCF to request, and the court to appoint, a multidisciplinary team "to assist in gathering information regarding a child who may be or is a child in need of care" (K.S.A. 38-2228).

N

National Electronic Interstate Compact Enterprise (NEICE): A national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. With NEICE, a case can be created by a Sending State caseworker and reach the Receiving State caseworker within a day, sometimes within an hour. NEICE allows child welfare workers to communicate and provide timely updates to courts, relevant private service providers, and families awaiting placement.

Non-Abuse/Neglect (Family in Need of Assessment)- NAN (FINA): Children who come to the attention of the agency for reasons other than alleged abuse or neglect or juvenile offense and who meets one or more of the definitions in K.S.A. 38-2202(d). Non-Abuse/Neglect (Family in Need of Assessment) definition was replaced by Family in Need of Assessment (FINA) upon system changes July 1, 2018.

Non-Family/Unregulated Care Giver: A person who is not the child's parent, guardian or other person who regularly cares for the child. (examples: teacher, coach, big brother/sister, neighbor, etc.)

P

Parent: when used in relation to a child or children, includes a guardian, and every person who is by law liable to maintain, care for or support the child. (K.S.A. 38-2202(u)).

Payment Eligibility: Eligibility for IV-E federal reimbursement for maintenance expenses (primarily room and board) for children in custody who meet all IV-E eligibility criteria.

Permanency: The child is being released from DCF custody after achieving reintegration, guardianship, finalization of adoption, SOUL Family Legal Permanency, or APPLA.

Permanency Hearing: A notice and opportunity to be heard is provided to interested parties, foster parents, pre-adoptive parents, or relatives providing care for the child. The court, after consideration of the evidence, shall determine whether progress toward the case plan goal is adequate or reintegration is a viable alternative, or if the case

should be referred to the county or district attorney for filing of a petition to terminate parental rights or to appoint a permanent guardian.

Physical Abuse: Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Physical Neglect: Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Placement Stability Team Decision Making (PS-TDM): a facilitated meeting held for all out of home placement related decisions (except removal, reunification, or adoption) to decide or recommend whether a child in out of home placement can remain in their current placement setting with supports or if a new placement is needed. In the event of a planned positive move, a PS-TDM will support decision making around what services, actions, or resources can be put in place to ensure the move will lead to stability and timely permanency.

Pregnant Woman Using Substances: Reports assigned by the department indicating a pregnant woman is using substances. The purpose of the assessment is to determine the level of services needed and make referrals as needed.

Preliminary Inquiry: A preliminary inquiry involves contacting the relevant parties to gather additional information needed to complete an initial assessment. It is used when a report cannot be immediately accepted for investigation or assessment based on the information provided by the reporter, and further details are required to determine if the concerns meet the criteria for assignment.

Preponderance of Evidence: Alleged facts and circumstances, Evidence which shows the truth of the facts asserted is more likely than not, meet the abuse/neglect definitions per K.S.A. and K.A.R. This standard of evidence applied to case findings from July 1, 2016, through June 30, 2026.

Protective Custody: The status of a child believed by a law enforcement officer (Police Protective Custody (PPC)) or a judge (Order of Protective Custody) that a child alleged to be a child in need of care needs to be removed from danger of harm and placed in a shelter or other emergency or temporary care pending a court hearing.

Provider Agreement: An agreement between a provider of services and DCF for specific services the provider offers to families and children.

Q

Qualified Alien: As indicated in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the term “qualified alien refers to: An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); An alien who is granted asylum under section 208 of the INA; A refugee who is admitted to the U.S. under section 207 of the INA; an alien who is paroled into the U.S. under 212(d)(5) of the INA for a period of at least one year; an alien whose deportation is being withheld under section 243(h) the INA as in effect immediately before April 1, 1997, or section 41(b)(3) of the INA; an alien who is Cuban or Haitian entrant; an alien (or the child of parent) who has been battered or subjected to extreme cruelty in the U.S.

Qualified Residential Treatment Program (QRTP): Title IV-E eligible congregate placement for a child in foster care meeting specific criteria. To serve as a QRTP, the facility must use a trauma-informed treatment model to address the needs of children with serious emotional or behavioral disorders or disturbances. The facility must have the ability to deliver treatment for the child as determined through an independent assessment indicating appropriateness for placement in the facility.

R

Reasonable and Prudent Parenting Standard: Careful and sensible parental decisions that maintain a child’s health, safety, and best interests while at the same time encouraging the child’s emotional and developmental growth that a caregiver must use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities.

Redetermination: A re-assessment of IV-E eligibility criteria when a change in placement or circumstance occurs for a child in foster care.

Referral: Process of referring a child to a provider for out of home or in home services.

Relative: A person related by blood, marriage, or adoption.

Resource Family: A family willing to provide short term care or serve as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

S

Safety Network: A safety network may include family, friends and other natural supports who know about and understand the worries and strengths of the family, and who are actively engaged in the support a family may need to keep a child safe, even after child welfare involvement ends.

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or

B. be subjected to aggravated human trafficking, as defined in K.S.A. 21-5426 (b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act that would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 21-6419 or 21-6422, and amendments thereto.

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. K.A.R. 30-46-10 (i)

Siblings: Children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement, or with whom the child would be expected to live if the child were not in foster care.

Sibling Separation: Separate placement of siblings who are in foster care.

Sibling Split: A decision not in the best interest of siblings to be placed together.

State Wards: Foster children become wards of the state when both maternal and paternal rights have been terminated and the child has not been formally adopted.

Child In Need of Care cases remain open under these circumstances and the DCF retains custody. For children who are directly relinquished to DCF, it will be necessary for the case managing entity and DCF to work together to approach the county/district attorney and request a Child In Need of Care petition.

Structured Decision Making (SDM): The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. SDM was fully implemented for intake with the Kansas Protection Report Center in August 2019. SDM safety and risk assessments were piloted in December 2019, in four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.

Substantiated Perpetrator: A person regardless of where the person resides, who has been substantiated by the secretary or designee, by a preponderance of clear and convincing evidence, to have either intentionally committed an act of abuse or neglect or failed or refused to protect a child when a reasonable person would have anticipated that the act of abuse or neglect would result in or create a likelihood of serious harm, injury, or deterioration to the child. The substantiated perpetrator's name is placed on

the Kansas Child Abuse and Neglect Central Registry, and the person is thereby prohibited from residing, working, or volunteering in a childcare facility pursuant to K.S.A. 65-516, and amendments thereto (K.A.R. 30-46-10). See also Alleged Perpetrator and Unsubstantiated Perpetrator.

T

Team Decision Making (TDM): Team Decision Making (TDM) is a facilitated meeting used to determine whether a child needs to be separated from their parents or primary caregivers due to behaviors that threaten the child's safety. The meeting seeks to make a "live" decision about where the child can safely reside, with a strong emphasis on selecting the least restrictive living arrangement possible. DCF invites families, their supports, and other community organizations to work together to make informed decisions about a child's safety. The purpose of the TDM approach is to engage children and their parents, as the experts of their own family, in decision-making that affects them, and to identify and connect with the resources necessary to ensure the strongest possible plan for safety and support for each child at risk of separation from their parents or caregivers. ~~Team Decision Making (TDM) is a meeting with parents, family, community members and others to actively participate in problem solving and decisions about where children can safely live. TDM was implemented in phases across the state beginning in November 2019, with four (4) counties (Johnson, Wyandotte, Crawford and Cherokee) in the Kansas City and East DCF Regions.~~

Temporary Custody: Custody awarded by a Court based upon evidence in a hearing prior to disposition adjudication.

Trauma-Informed: An organization and treatment framework involving understanding, recognizing, and responding to the effects of all types of trauma. Treatment is in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

Truant: A child not attending school as required by law.

U

Unsubstantiated Alleged Perpetrator: Means a person who has been determined by the secretary or the secretary's designee, by a preponderance of clear and convincing evidence, to have not committed an alleged act of abuse or neglect (K.A.R. 30-46-10). See also Alleged Perpetrator and Substantiated Perpetrator.

W

WARDS Account: A separate accounting for each child for whom funds are received by DCF on behalf of the child in custody. The account shows all monetary transactions received for and paid out on behalf of the child in custody.

Web KDHE Request Processor (WKRP): is a system that allows DCF the ability to review names of providers or employees used by other facilities against names in the

FACTS Central Registry (CERS) to determine if the provider or employee at the facility is a match to the substantiated person in CERS.

Working Day: A day when the Department is open for business; does not include Saturdays, Sundays, or official state holidays.

Past Publication Dates: January 1, 2026

0252 Court Orders to Place an Individual on the Registry

Publication Date: January 1, 2026

A. DCF shall receive court orders to place an individual on the Kansas Child Abuse and Neglect Registry pursuant to Kansas House Bill 2601, New Section 1 (d) at dcf.anregistrykcourts@ks.gov.

0257 Required Notice When an Alleged Perpetrator is an Employee of a DCF Grantee Approved Provider CWCMP, or CPA, or Congregate Care Facility

Publication Date: July 1, 2026

The intent of this policy is to ensure DCF grantees and providers have information reasonably necessary to carry out their lawful responsibilities to maintain their personal safety and the personal safety of individuals in their care, including caring for and protecting a child alleged to be in need of care (K.S.A. 38-2212).

KSA 38-2212 describes when confidential information can be shared. Child Welfare Case Management Providers (CWCMP), Child Placing Agencies (CPA), Congregate Care Facilities, and DCF Approved Provider have a need to know when an employee of their agency is alleged to have perpetrated abuse or neglect of a child in the custody of the secretary in order to carry out their lawful responsibilities including providing care to a child in the custody of the secretary.

A. **Notification Requirements** All intakes, regardless of the assignment decision, meeting both of the following ~~criteria:~~ **criteria**, shall be sent to PPS Administration at DCF.AdminStakeholderReports@ks.gov when:

1. The alleged victim or other identified child is in the custody of the Secretary. Involving a child in the custody of the Secretary, AND
2. The alleged perpetrator is an employee of a CWCMP, CPA, or Congregate Care Facility, or DCF Approved Provider. Involving a grantee/provider/CPA employee

shall be sent to PPS Administration at DCF.AdminStakeholderReports@ks.gov. The email notification shall be sent with the following naming convention in the subject line:

Grantee CMP/CPA Employee Report

The body of the email shall contain at a minimum the date of the report, event #, initial assessment decision, identified employee and agency.

B. **Notification shall be sent by:** Notices Sent by Kansas Protection Report Center (KPRC)

1. ~~Notice shall be sent by the~~ The Kansas Protection Report Center (KPRC) at the time of the intake if the information in the report clearly indicates the ~~criterion~~ **criteria in A** are met.

~~C. Notices Sent by PPS~~

2. **The Child Protection Specialist or Child Protection Investigator** if the intake information did not initially meet A. ~~(1-2) criterion~~ **criteria** and it is discovered during the assessment the ~~criterion~~ **criteria** are met, ~~notice shall be sent as soon as possible by the PPS practitioner.~~

C. Notification email shall:

1. **Include the subject line: DCF Approved Provider Employee Report**
2. **Include in the body text at minimum: the date of the report, event number, initial assessment decision, identified employee and agency.**
3. **Not include the identity of the reporter per K.S.A. 38-2212(c)**

D. ~~DCF PPS Administration~~ DCF PPS Administration shall notify the appropriate DCF Approved Provider, ~~grantee/provider/CPA CWCMP, CPA, or congregate care facility~~ when a report is received involving a child in the custody of the secretary and involves an employee of one of the following:

1. ~~DCF Approved Provider Grantee for~~ Family Services
2. Family First Prevention Services
3. ~~Child Welfare Case Management Provider (CWCMP) for Family Preservation Services, Reintegration/Foster Care/Adoption services~~
4. **CWCMP for Foster Care services**
5. Child Placing Agency (CPA)
6. **Congregate Care Facility with a contract providing placement services to a child in the custody of the secretary.**

0314 Request for Guardianship, Custodianship, and Foster Care Records

Publication Date: July 1, 2026

K.S.A. 38-2209 establishes the confidentiality requirements for child in need of care records. To protect the privacy of children involved in such records or reports records are kept confidential and are only disclosed as allowed by K.S.A. 38-2210 through K.S.A. 38-2213.

~~Fee for Records:~~ DCF may charge fees for copies of case record materials as specified in Kansas Administrative Regulation (K.A.R. 30-2-12).

A. Request for guardianship, custodianship, or foster care records:

1 Process for requesting records:

a. The following documents and forms are required:

i. PPS 0332 - Adult Former Foster Child Requesting Case File Information

ii. ~~Photo~~Copy of birth certificate or current driver's license or

b. Return Forms to DCF

i. Mail to: Attention: Records Custodian
Kansas Department for Children and Families
Office of the General Counsel (OGC)
555 S. Kansas Avenue, 6th Floor
Topeka, KS 66603

2. Upon receiving a request, OGC shall:

a. Refer the request to the appropriate region.

3. Upon regional staff receiving a request, DCF shall complete the process outlined below, and consult with the regional attorney, as needed:

a. Search ~~the PPS Adoption Record Archive Imaging system~~ available systems and records, including the PPS Adoption Record Archive Imaging system, and regionally maintained case records, as applicable, and provide copies, unless DCF maintained the original, of the following documents, if available:

i. Original birth certificate, citizenship documents, or both

- ii. Social Security Card or verification of social security number
 - iii. Social history
 - iv. PPS 5340 Medical and Genetic Information for Child
 - v. Permanency plans
 - vi. School records
 - vii. Miscellaneous: Newspaper articles, letters/correspondence addressed to the foster child, awards, or pictures. (If items were not provided upon release)
 - viii. Independent Living files, as outlined in PPS 0430, section 11.
- b. Redact all information identifying resource parents and other individuals listed in case information in a non-professional capacity:
- i. Names, addresses, and contact details:
 - a. Extended family members or close associates of the resource parents.
 - b. The primary resource parents but also other adults and children living in the home.
 - c. Other children or youth in the resource home, including foster children, adoptive children, and biological children.
 - d. Babysitters, respite care providers, or any other individuals who provide care or services to the children.
4. The regional attorney shall review all documents prior to sending to Records Custodian to provide to the requesting person.

0440 Retention of Records

Publication Date: July 1, 2026

Prevention and Protection Services is responsible for retaining case records meeting certain requirements. Records are retained in the DCF regions unless requirements for archiving per PPM 0441 are met.

A. The following records shall be retained in the DCF regions:

1. All cases accepted for investigation **and assessment** of alleged child abuse

a. **Effective July 1, 2026, all cases accepted for investigation of alleged child abuse and/or neglect shall be retained indefinitely. These records are maintained in the DCF Kansas Initiative Decision Support System (KIDS), which serves as the system of record.**

b. **Historical records may exist in regional offices and, where applicable, in the Abuse and Neglect Archive Imaging (ABNG) Documentum application, in accordance with prior retention and archiving practices.** ~~Effective January 1, 2019, all cases accepted for investigation of alleged child abuse and/or neglect shall be retained indefinitely. The records are retained at the regional DCF office until Business Technology Career Opportunities (BTCO) notifies the regional DCF office to send the case files for scanning into the Abuse and Neglect Archive Imaging (ABNG) Documentum application. See PPM 0441 Archiving and Storage of Records for additional information. Before January 1, 2019, DCF Records of cases accepted for investigation or services which were unsubstantiated were retained for six years following case closure.~~

3. Family Services

4. Foster Care (Refer to PPM 0313 and

a. **Historical records may exist in regional offices in accordance with prior retention and destruction practices, including records that met applicable destruction criteria.** ~~Effective January 1, 2025, case records outlined in PPM 0441 shall be stored permanently in PPS Adoption Record Archive Imaging. The records are retained at the regional DCF office until Business Technology Career Opportunities (BTCO) notifies the regional DCF office to send the case files for scanning into the PPS Adoption Record Archive Imaging Documentum application. See PPM 0441 Archiving and Storage of Records for additional information. Before January 1, 2025, Foster Care cases which were not eligible for archiving (parental rights have not been terminated) were maintained in~~

~~the regional service centers. These files were destroyed when all sixfour of the following criteria are met:~~

- ~~i. Age – child reaches 21 years of age, and~~
- ~~ii. Length of time closed – the case has been closed for at least 72 months., and~~
- ~~iii. The case is unrelated to a child death. Per PPM 0441, all cases records, including siblings and family members, which involve a~~

~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

5. Foster Care Eligibility

6. Permanent Custodianship

7. Independent Living Subsidy

8. Adoption records

- a. Adoption records finalized in Kansas shall be archived in PPS Adoption Record Archive Imaging, in accordance with PPM 0441.

9. Adoption Assistance

- a. Shall be retained in the regions until case closure, then sent to be archived in PPS Adoption Record Archive Imaging, in accordance with PPM 0441.

10. Outgoing Interstate Compact on the Placement of Children (ICPC) cases shall be maintained in the child's case file and follow the foster care criteria for retention and archive.

B. The following records shall be retained outside the regional offices:

- 1. All Kansas incoming and outgoing ICPC cases are stored in the National Interstate Compact Enterprise (NIECE).

The Documentum application is the database of record for cases never to be destroyed. Refer to PPM 0441, Archiving and Storage of Records, for additional information.

0441 Archiving and Storage of Records

Publication Date: July 1, 2026

Prevention and Protection Services (PPS) is responsible for archiving and storage of case files which are never to be destroyed. ~~The Documentum application is the database of record for files never to be destroyed.~~

PPS maintains the PPS Adoption Record Archive Imaging system within Documentum as the system of record for Adoption files and other records that are not to be destroyed.

Abuse and neglect records are maintained in the DCF Kansas Initiative Decision Support System (KIDS), which serves as the system of record. Historical records may exist in the Abuse and Neglect Archive Imaging (ABNG) Documentum application in accordance with prior processes. ~~PPS has two Documentum applications for archiving records: PPS Adoption Record Archive Imaging and Abuse and Neglect Archive Imaging (ABNG).~~

Records archived within Documentum may be used by PPS staff to support case decisions and provide relevant history in current situations.

A. The PPS Adoption Record Archive Imaging contains:

1. Adoptions finalized in Kansas
2. Guardianships and Custodianships finalized in Kansas, for youth who were in the custody of the Secretary at the time of finalization.
3. A deceased child's records and all records of their siblings and family members.

~~4. Foster Care File~~

B. Abuse and Neglect Archive Imaging (ABNG)

1. All cases accepted for investigation of alleged abuse and/or neglect are maintained in the DCF Kansas Initiative Decision Support System (KIDS), which serves as the system of record. Historical records from prior practices may exist in the Abuse and Neglect Archive Imaging (ABNG) Documentum application; ABNG is no longer used for ongoing record storage. ~~All investigations accepted for investigation of alleged abuse and/or neglect are scanned by Business Technology Career Opportunity (BTCO) and archived in the ABNG Documentum application.~~

1. Each region shall designate a Records or Archive Liaison to ensure records meeting requirements for archiving are prepared and shipped.

- a. Abuse and Neglect records are maintained in KIDS and are not subject to scanning into Documentum. ~~For Abuse and Neglect files, these are scanned by BTCO and archived in the ABNG Documentum application.~~
 - b. Adoption records are scanned by DCF Records Center staff and archived in the PPS Adoption Record Archive Imaging Documentum application.
 - c. Foster Care records shall be maintained in the region unless otherwise directed by PPS policy. ~~For Foster Care and Adoption Files, these are scanned by the DCF Records Center staff and archived in the PPS Adoption Record Archive Imaging Documentum application.~~
2. The DCF Regional Records or Archive Liaison ensures the following information, when included in the file, is sent for archival in Documentum:
 - a. Social histories;
 - b. SSI related documents
 - c. School Records
 - d. PPS 5340 Medical and Genetic Information for Child;
 - e. Medical, dental, and hospital records
 - f. Psychological reports, evaluations, and mental health records.
 - g. Legal documents and reports to the court
 - h. Reports prepared by the Child Welfare Case Management Providers
 - i. Reports prepared by resource parents or facility staff
 - j. Case logs
 - k. Pictures, letters from family, keepsakes, (if not already provided to the child).
 - l. Case planning documents
 - m. Financial Records to include:
 - i. Title IV-E Eligibility;
 - ii. Subsidy records for Permanent Custodianship, Independent Living, Adoption Assistance, and SOUL Family Legal Permanency;

iii. any other financial document(s) pertinent to the child's historical record.

n. Initial Intake and Assessment Reports

o. Any additional records, reports, or documents pertinent to the child's historical record.

p. Copies of Birth Certificate, and Social Security Card, Originals shall be provided to child upon release of custody.

3. The following actions shall be completed by Regional Records or/ Archive Liaison prior to sending the child's Adoption file to the Records Center for scanning prior to sending the child's file to the Records Center or BTCO for scanning:

a. DCF and Provider files for the child are merged;

b. Duplicate information within the merged file is removed and destroyed;

c. Electronically held information, or other information not already in the file, is added;

4. Case File and Box Preparation:

a. Preparation of Case File

i. Tape torn pages;

ii. Tape small pieces of paper to a standard 8 ½ X 11 sheet of paper;

iii. Copy onionskin and carbon documents to a standard 8 ½ X 11 sheet of paper;

iv. Place original birth certificate, social security card, pictures, letters, and keepsakes from family in separate envelope, with their name and date of birth on the envelope;

v. Complete a search in Documentum and update an existing record or create a new record;

vi. Print the PPS 0400 directly from Documentum;

vii. Place PPS 0400 in front of the file; if there is more than one file folder for a child, place a PPS 0400 in each folder for the child with a number, i.e., 1 of 2, 2 of 5, etc.

b. Shipping Preparation:

- i. Create a “New Box” in the Record Storage Application, which can be found at:
<http://intranapps.dcf.ks.gov/apps/recordstorage/Pages/default.aspx>;
- ii. Print the PPS 0415 after entering the contents;
- iii. Place a copy of the PPS 0415 on top of the files in the box to be shipped;
- iv. Region keeps a copy of the PPS 0415 for their records;
- v. On the outside of the box, write the box number assigned by the Record Storage Application;
- vi. In Documentum, enter the box number on each case record the box contains;
- vii. When ready to ship, update the Record Storage Application to “In Transit” DCF Records Center;
- viii. Notify DCF Records Center staff to arrange for pick up or delivery. There is no limit to the number of boxes per delivery.

c. Record Center Information

- i. “Storage File-Letter/Legal” boxes shall be used to ship case files to the Records Center. Qualified boxes may be ordered by emailing DCF.RecCtr@ks.gov
- ii. Records Center Location: 555 S Kansas Ave, Basement, Topeka, KS 66603

5. Destruction of Printed Documents

- a. Once Adoption records have been scanned and archived in Documentum, the Records Center shall follow approved procedures for destruction of printed documentation upon review and authorization by designated DCF staff. ~~Once the printed documentation has been scanned and archived:~~
 - i. ~~BTCO shall submit to the DCF Operations Contract and Security Manager the Detail Print Report and the Summary Print report identifying all documents that were unable to be scanned legibly.~~
 - ii. ~~The DCF Operations Contract and Security Manager shall review the reports submitted by BTCO to ensure compliance with agreed upon error parameters and shall make a recommendation whether to accept the reports and approve destruction of the printed documents or~~

~~require BTCO to reprocess the records that failed to be scanned legibly.~~

~~iii. The recommendation shall be submitted to the DCF Director of Operations and General Counsel for PPS for review. DCF shall provide BTCO with a response within ten (10) business days from receipt of the Detail Print Report and the Summary Report.~~

~~iv. BTCO shall follow through with destruction of the printed documentation upon receipt of approval from DCF.~~

6. Audio/Video Files

- a. Records Center staff shall manage non-digitizable media (e.g., cassette tapes, VHS tapes, flash drives, CDs, DVDs).
- b. Images or references to such media shall be associated with the case file in Documentum, when applicable.
- c. Physical items shall be labeled and stored in accordance with Records Center procedures. BTCO shall scan images of cassette tapes, VHS tapes, flash drives, Compact Discs (CDs) and Digital Video Discs (DVDs) that are unable to be converted and accessible through Documentum.
- ~~b. The images shall be associated to the case file in Documentum.~~
- ~~c. BTCO shall box all such files and return to the DCF Regional Office of origin.~~

0700 Indian Child Welfare Act Jurisdiction

Publication Date: July 1, 2026

The Indian Child Welfare Act (ICWA) 25 U.S.C. 1901 et seq. recognizes the sovereignty of Indian Tribes and Nations including their jurisdiction over Indian children. ICWA applies to Child in Need of Care cases. It does not apply to divorce and juvenile offender cases.

A. ICWA The Indian Child Welfare Act supersedes the Multi-Ethnic Placement Act/ and Interethnic Adoption Provisions Act.

If the child is of Native American and is a member of a federally recognized tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe, the Indian Child Welfare Act controls.

Determination of the child's heritage and eligibility shall be made at the earliest possible time it appears likely the child will come into custody. If the tribe has elected not to intervene in the child in need of care case, the agency is responsible to follow the placement preference as articulated in the Indian Child Welfare Act.

C. Should a child or youth need to be placed When DCF places an Indian child in out of home care where the Indian child's Tribe has not established a different order of preference, preference must be given, in descending order as listed below, to placement of the child with; the order of placement preference for Native American Children is as follows:

1. A member of the Indian child's extended family;
2. A foster home that is licensed, approved, or specified by the Indian child's Tribe;
3. An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
4. An institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the child's needs.

1. a member of the child's family;
2. another family of the same tribe
3. a family of another Native American tribe;
4. a non-Native American family

D. The case manager managing staff shall provide documentation of document their efforts to adhere to the placement preference.

E. ~~Should a Native American child or youth be placed into DCF custody and served by the CWCMP, the Tribe retains the right to receive any and all information regarding the case. The CWCMP shall provide documentation and notification to the Tribe in following all parameters as outlined in ICWA.~~ Tribes retain the right to receive information about Indian children served by the CWCMP. The CWCMP shall provide documentation and notification to the Tribe as directed by ICWA.

F. Definitions:

1. An Indian is any person who is a member of an Indian Tribe, or who is an Alaska Native and a member of a Regional Corporation.

2. An Indian child is any unmarried person who is under age 18 and either:

- a. A member or citizen of a federally recognized Indian Tribe; or
- b. The biological child of a member of a federally recognized Indian Tribe and is eligible for membership or citizenship in a federally recognized Indian Tribe.

~~An Indian child is any unmarried person under age 18, and either a member of an Indian tribe or the biological child of a member and eligible for membership.~~

- i. Tribes determine membership.
- ii. Children adopted by non-Indians may still be members or eligible for membership.

3. An Indian custodian is any Indian person who has legal custody of an Indian child under applicable Tribal law or custom or state law, or to whom the parent of such child has transferred temporary physical care, custody, and control.

1017 ~~Central~~ Child Abuse and Neglect Registry Requests Received From Other States

Publication Date: July 1, 2026

A. State child welfare agencies; not to include sub-contracting agencies, may submit ~~Child Abuse/Neglect Central Registry~~ Child Abuse and Neglect Registry requests. ~~These requests shall be made in writing and can be received via mail or fax. The~~ requesting state child welfare agency can make their request on the Child Abuse and Neglect Central Registry Portal:

1. <https://www.dcf.ks.gov/services/PPS/pages/child-abuse-and-neglect-central-registry.aspx>

B. State child welfare agencies; not to include sub-contracting agencies, may also submit a history request if they are investigating Abuse/Neglect in that other state. In this case, a fee does not apply. The agency shall submit the request on their state's letterhead to DCF.centralregistry@ks.gov. In order to process a history request for _____, the following information is required for the person being checked:

- 1.a. name;
- 2.b. alias, other names used, and/or maiden name, if applicable;
- 3.c. date of birth;
- 4.d. social security number

C. Historical records may exist in regional offices and, where applicable, in the Abuse and Neglect Archive Imaging (ABNG) Documentum application, in accordance with prior retention and archiving practices.

~~Results of the Central Registry Request can be mailed or faxed to the State requesting the information. Administration or Regional Office staff, with access to the Registry, can process these requests. The PPS/OBI 1011 does not need to be completed, and a fee does not apply.~~

1100 Recording Information Gathered at Intake

Publication Date: July 1, 2026

Reports and allegations received by the department shall be recorded on form PPS 1000 series via the KIPS system.

KPRC staff shall list all household members, non-custodial/residential parents, current live-in partner and alleged perpetrator identified by the reporter on the PPS 1000, Face Sheet.

A FACTS search shall be completed on all reports **regarding all individuals identified**

for each case number from FACTS shall be added to the **"Prior DCF Involvement" 1001 Report/Request for Services** section of the PPS 1001. If there is prior history of assessment or finding decisions regarding the family in FACTS, the FAMS screen shall be added to the **"Prior DCF Involvement" 1001 Report/Request for Services** section of the PPS 1001. **See PPM 1302**

If the reporter has provided partial information regarding a child or adult subject of a report, FACTS/KIPS/KEES shall be searched to identify the family. **If the family is found to have an open FACTS case, all household members identified on the FACTS case screen shall be added to the PPS 1000 Face Sheet when the case is being assigned. If the case is not being assigned,** only the additional alleged perpetrator, alleged victim and case head identified on the open CASE screen in FACTS are required to be added to the Participants in KIPS for the PPS 1000 page. ~~All other individuals listed on the individuals living in the household have been verified. (Per PPM 2025, 2700 and 2721)~~

~~A KEES search may be utilized as a resource, if needed, to verify an address.~~ **A KEES search is required for all reports. Address and HCBS/LTC data should be documented in the 1001 Report/Request for Services.** If the KEES search identifies dates of birth or social security numbers for participants, these shall be added whether the case is open or closed. If the KEES case is open and the address conflicts with information provided by the reporter, the KEES address shall be indicated on the **"Prior DCF Involvement" 1001 Report/Request for Services** section of the PPS1001 with the address source cited.

Information received by KPRC from the reporter regarding collateral contacts, service providers, relatives, and kin shall be listed on page two of the PPS 1000, Face Sheet.

1200 Information Gathered at Intake

Publication Date: July 1, 2026

For all reports, information shall be gathered regarding danger, risk and safety factors surrounding the child and family using the Appendix 1A for guidance. Information gathered shall be documented in the corresponding sections provided on the PPS 1001, Section I.

Inquiry about the following shall occur to help develop the initial assessment:

1. Name and age of child(ren).
2. Name of person alleged to be causing the harm or injury, and information regarding access of this person to the child.
3. Contact information for other individuals or agencies who may have information about the incident.
4. When and where can the child be located (e.g., school, parents, home, etc.).
5. Availability of a non-abusing adult to protect child from further harm.
6. Extent of situation
 - a. Description of any harm or injury.
 - b. Impact to the child(ren).
 - c. Circumstances surrounding the situation.
 - d. When and where this occurred and any previous occurrences.
 - e. Complicating factors that may impact the caregiver's ability to provide care.
 - f. Current and past safety.
 - g. Current and past harm.
 - h. Community or natural resources
7. Any known custody dispute (A custody dispute is when there is a pending court action
8. Whether the child's parent or legal guardian is a current member of the military.
9. Whether the child or child's family is an enrolled member or eligible for enrollment of a Federally recognized tribe.

1230 Reports from Law Enforcement Agencies

Publication Date: July 1, 2026

Law enforcement agencies are authorized and required by statute to "receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect a child" [K.S.A. 38-2226(a)] and to report the investigation to Department for Children and Families (DCF) [K.S.A. 38-2223(c)]. DCF **shall** ~~may and should~~ accept conclusions of a law enforcement officer at face value unless there is evidence to do so would jeopardize the safety of a child.

Effective July 1, 2025, K.S.A. 38-2231(d) requires the Secretary of the Department for DCF to provide an electronic method for law enforcement officers to refer a child(ren) who may be victims of abuse or neglect. Upon receiving a referral **that is assigned for abuse or neglect**, the Secretary must initiate an investigation within 24 hours and make contact with the individuals involved. Within 24 hours of that contact, the Secretary must also provide the referring law enforcement agency with an update on the status of the investigation.

If a report is received from law enforcement in reference to a third party/unregulated caregiver a preliminary inquiry is not permitted. If the report meets statutory definition for assignment, it shall be assigned for further assessment.

~~When a report is received from law enforcement by telephone, DCF staff shall gather~~

~~The following criteria shall be used when assessing reports from law enforcement:~~

~~A. Abuse or Neglect~~

~~1. If the report alleges abuse or neglect, the report shall be placed in the law~~

~~2. When the report is received from law enforcement and involves a third party (non-family/unregulated caregiver) preliminary inquiry is not necessary. The report shall have the initial assessment decision of assigned for further assessment unless PPM 1310(A) applies.~~

~~3. If the report does not meet criteria for abuse or neglect per PPM 1310 (A), assess for non-abuse or neglect concerns (Family in Need of Assessment (FINA)) and follow B (1) or (2).~~

~~B. Non-Abuse or Neglect~~

~~2. If the report does not meet criteria for FINA or abuse or neglect, the report shall be placed in the law enforcement queue in KIPS and have an initial assessment of not assigned for further assessment.~~

1301 Initial Assessment of Abuse and Neglect Reports by the Protection Report

Publication Date: July 1, 2026

The Kansas Protection Report Center (KPRC) shall assess

and danger to inform the initial assessment decision.

Kansas Intake Guidance shall be used when considering factors such as but are not limited to:

- A. Age of the children
- B. Alleged perpetrator's access to children
- C. Physical or mental condition of caregiver
- D. Location of the injury
- E. Seriousness of incident
- F. Medical needs of the child
- G. The child's ability to protect self
- H. Natural support and/or community resources ability to mitigate the worry.
- I. Recency of an injury
- J. Impact to the child
- K. Past patterns of safe and adequate care.
- L. Past patterns of worrisome behavior.
- M. Caregivers action or inaction.
- N. Reporter's unique relationship to the information being provided

KPRC staff should the Appendix 1A- possible assignment types and definitions to determine if there are reasonable grounds

to believe the criteria for assignment of Abuse and/or Neglect, ~~Family In Need of~~

If the report meets criteria for acceptance for further assessment, KPRC staff shall document the level of response and time frame for department response.

See PPM 1302 if the report does not immediately meet criteria to accept for further assessment.

1302 Search for History for the Initial Assessment Decision

Publication Date: July 1, 2026

If the report is not immediately accepted for further investigation and/or assessment, a search for history is not required, but may be conducted, as needed, to guide the Initial Assessment Decision.

A. The following searches may provide additional information to guide the Initial Assessment Decision:

1. Search for previous cases regarding all family members on FACTS.
2. Search for previous cases regarding all family members on KIDS.
3. Search for alleged perpetrator~~s~~ on the UNIS screen and the CERS screen in FACTS.
 - a. CERS- The Central Registry Search screen is used to display the names of substantiated perpetrators of abuse/neglect after the appeal period has ended or after an appeal decision has been upheld. WKRP may be substituted. Search by name and SSN, if available.
 - b. UNIS- The Unconfirmed / Not Involved Search screen is used to search for individuals who have an unsubstantiated finding. It can also be used to search for substantiated perpetrators listed on UNNI that are displayed during the appeal process. Search by name and SSN, if available. The UNIS screen may provide other case #s an individual is associated with.
4. Search by individual name of the alleged perpetrator on the KIDS system.
5. Search for the alleged perpetrator using the offender search on the Kansas Department of Corrections web site, Kansas Bureau of Investigations, Kansas Registered Offender web site and the National Sex Offender web site.
- ~~6. Search for the alleged perpetrator using the Kansas Bureau of Investigations, Kansas Registered Offender web site and the National Sex Offender web site.~~

If, at any point during the search process, a determination is made there is reason to assign, the searches may be discontinued, and the report assigned for further assessment.

1310 Criteria for Determining No Further PPS Action Needed

Publication Date: July 1, 2026

~~A. Regarding K.S.A 38-2231 (d), reports received from a responding law enforcement officer regarding a child who may be a victim of abuse or neglect:~~

~~1. DCF Does Not Have Authority to Proceed and/or a Conflict of Interest. Reference PPM 1310(D).~~

~~2. Incident Has Been or Is Being Assessed by DCF and/ or Law Enforcement. Reference PPM 1310(E).~~

~~When the report originates from law enforcement and a determination is made the report does not meet criteria to assign for further assessment, KPRC shall notify the law enforcement agency of the decision to not assign via email within 24 hours of report receipt. If the determination is made because the incident has been or is being assessed by DCF or law enforcement, the notice shall include the event number under which the incident in the report was previously assigned and name of the assigned child protection specialist and supervisor.~~

~~B. For all other reports received:~~

~~1. A. The statutory definition of a CINC or PPM Directives are not met for the following reasons:~~

~~a. 1. No indication the child has been harmed or is likely to be harmed or endangered.~~

~~b. 2. Caregiver's behavior does not harm a child or place a child in a likelihood of harm or being endangered.~~

~~c. 3. Reports Alleging Abuse or Neglect in the Past. See PPM 1370.~~

~~d. 4. Report concerns childcare licensing standards only. See PPM 1381.~~

Ⓒ B. Report Fails to Provide the Information Necessary to Locate Child:

KPRC staff shall make reasonable efforts to locate the child/family by assessing all possible options based on the information provided in the report. A report may contain information such as a location near a known landmark or the name of a relative who knows the whereabouts of the child/family.

When KPRC staff determine a report may not meet criteria to assign due to lack of information to locate the child/family, the KPRC supervisor shall be consulted to verify all resources have been exhausted to locate the child/family. KPRC staff shall document the reasonable efforts to locate the child and family; and the consultation with the KPRC supervisor on the PPS 1001a.

Ⓓ C. DCF Does Not Have Authority to Proceed and/or a conflict of interest (See PPM1340)

1. Alleged child abuse/neglect occurring in an institution operated by the Kansas Department for Aging and Disability Services (KDADS).
2. Alleged child abuse/neglect occurring in an institution operated by the Kansas Department of Corrections (KDOC).
3. Alleged child abuse/neglect by persons employed by the Department for Children and Families (DCF) or Kansas Department for Aging and Disability Services (KDADS).
4. Alleged abuse/neglect of an adult victim not in the custody of the secretary.
5. Report regarding a family living on a Native American reservation or Military Installation.
6. Reports which involve a conflict of interest.

Ⓔ D. Incident Has Been or Is Being Assessed by DCF and/or Law Enforcement

If a previous report with the **same incident**, same allegations, same victims and same perpetrators has been assessed or is currently being assessed, the Initial Assessment of the current report can be completed with the decision to Not Assign for Further Assessment. The Basis for the decision to Not Assign for Further Assessment on the PPS 1002 should reference the event number of previous report. Situations of ongoing abuse/neglect providing a description of the families' circumstances rather than a specific incident, such as, but not limited to ongoing conditions of the home, ongoing yelling or name calling, or ongoing domestic violence are not subject to this policy and shall receive an initial assessment decision based on the information contained in the report.

1320 Preliminary Inquiry

Publication Date: July 1, 2026

The Kansas Code for Care of Children **requires** ~~provides for~~ ~~conduct~~ **make an**

known to the agency through a current completed investigation, gaining additional information regarding an allegation or non-abuse/neglect circumstance, and/or whether the interests of the child require further assessment. Per PPM 1230 (A)(2), this excludes reports of abuse and neglect from law enforcement.

The Preliminary Inquiry information shall be obtained as soon as practical and shall not exceed three (3) working days from the date the report is received by the agency. For the purpose of Preliminary Inquiries, three working days begin the first working day after the report is received by the agency according to the date recorded on the PPS 1000 page **and conclude at 5:00pm on the third working day.**

If it appears from a reporter's information that a child may be harmed within the preliminary inquiry time frame, the report shall be assigned for investigation and/or assessment. If actions to gather additional information ~~requires~~ in person contact with a child, family, or caregiver by DCF or a Child Welfare Case Management Provider the report shall be assigned for investigation and/or further assessment based on information from the reporter.

A. Preliminary Inquiry may include any of the following activities ~~relative~~ **related** to the ~~case~~ situation concerns identified in the intake.

~~A. Reports Alleging Abuse or Neglect:~~

1. Gathering additional information from the DCF or Child Welfare Case Management Provider staff assigned to a current open case or a recently closed case regarding the family subject to the report.
2. Gathering information to locate or identify a child.
3. Gathering additional information from other DCF programs.
4. Coordinating a referral to law enforcement, another public agency or community service.
5. Contacting reporter to clarify information received or request additional information.

6. Contacting any person in the report identified with possessing additional information.
7. Contacting schools, health care providers or any agency identified as providing services to the family.
8. Coordinating a supervisory and/or support consultation.

B. Report Indicating Requests for Services or Other Non-Abuse/Neglect Concern

- ~~1. Gathering additional information from DCF programs, other public agency, and/or community contact via either telephone or in person.~~
- ~~2. Connecting the family to a public agency or community service.~~

1. If the information in the second or subsequent report is enough to complete the Initial Assessment without a Preliminary Inquiry; OR if the information in the second or subsequent report does not contain any new allegations of Abuse/Neglect previously known;

a. Communication between the KPRC staff will occur to determine who is responsible to complete for completing the initial assessments.

b. If the KPRC staff whom who has a report placed on Preliminary Inquiry is unavailable, the KPRC staff with the subsequent report will complete the Initial Assessment and shall communicate the decision to the other KPRC staff. (KPRC staff should search for subsequent reports prior to completing the Preliminary Inquiry.)

1325 Initial Assessment of Reports Indicating Human Trafficking

Reports received by the Kansas Protection Report Center (KPRC) which indicate sexual abuse with concerns for commercial sexual exploitation or aggravated human trafficking per K.S.A. 38-2202, are referred to in policy as human trafficking (HT). Reports concerning human trafficking shall be assigned for further assessment, unless criteria per PPM 1310 (d E) Report of the Same Specific Abuse/Neglect Incident by a Different Reporter on an Open Case are met.

When concerns for human trafficking are indicated, the report shall be assigned for further assessment as abuse/neglect. The Allegation Subtype shall be Human Trafficking-Sex, or Human Trafficking-Labor depending on the allegations contained in the report. Appendix 1A- Kansas Intake Guidance shall be used to guide the initial assessment decision. See PPM 1521 for Response Time Assignment.

1340 Reports Which DCF Does Not Have Authority to Proceed, Involves a MOU or Conflict of Interest

Publication Date: July 1, 2026

A. Department for Children and Families (DCF) Does Not Have Authority to Proceed

The following are referrals and reports DCF is not permitted by K.S.A. 38-2226 to investigate. In such cases, the information taken by the KPRC shall be transmitted promptly to the appropriate person or agency. The reporter may also be encouraged to make such report directly to the appropriate person or agency in order to ensure all the relevant information is provided to the correct agency.

A report shall not be accepted for investigation and/or further assessment for abuse/neglect under the following circumstances:

1. Report of Alleged Child Abuse/Neglect Occurring in an Institution Operated by the Kansas Department for Aging and Disability Services (KDADS).

Reports of alleged child abuse/neglect occurring in an institution operated by the Kansas Department for Aging and Disability Services (KDADS) shall be forwarded to the appropriate law enforcement agency.

For reports received alleging child abuse/neglect in KDADS operated institutions, forward report to the appropriate law enforcement agency. KDADS operated institutions include the following:

Institutions operated by KDADS include:

- a. Kansas Neurological Institute (KNI)
- b. Larned State Hospital (LSH)
- c. Osawatomie State Hospital (OSH)
- d. Parsons State Hospital and Training Center (PSH&TC)

KPRC staff shall complete an initial assessment on any allegation involving a child who resides in an institution operated by KDADS but is suspected of having been abused or neglected while on a home visit, as a family report.

Institutions operated by KDADS are different from KDADS licensed facilities, such as a Psychiatric Residential Treatment Facility (PRTF). See 1386 for Reports Involving KDADS Licensed Facilities.

2. Alleged Child Abuse/Neglect Occurring in an Institution Operated by the Kansas Department of Corrections (KDOC)

a. For reports received alleging child abuse/neglect occurring in an institution operated by KDOC, KPRC shall forward notification by selecting INT KDOC facility in the Notification to Outside Agencies on the KIPS intake page. KDOC operated institutions include the following:

i. Kansas Juvenile Corrections Complex (KJCC)

b. Reports alleging abuse/neglect which occurs at a local juvenile correctional facility shall have an initial assessment completed in accordance with PPM 1352. Notification to KDOC or the Attorney General is not sent for these reports.

Foster homes, day care providers, group homes, or others who contract with DCF or KDOC-JS are not included.

3. Reports of alleged child abuse/neglect which involve the following shall be referred to the appropriate law enforcement agency per K.S.A. 38-2226 (c):

- a. An employee of DCF or KDADS identified as an alleged perpetrator, or
- b. The child(ren) of persons employed by DCF or KDADS identified as alleged victim(s), regardless of the role of the employee in the report.

The referral shall contain a request for a report of the completed law enforcement investigation returned to the PPS Assessment and Prevention Administrator for the purposes of a case finding.

Refer to PPM 1660 for reports containing Family In Need of Assessment (FINA) concerns regarding DCF employees.

Foster parents, day care providers, or others who are employed by agencies that contract with DCF are not considered employees of DCF.

4. Reports of Abuse/Neglect of an Adult Victim Not in the Custody of the Secretary

The alleged victim is age 18 or older reporting current abuse and the adult victim is not in the custody of the Secretary. An Adult Protective Services report shall be completed. For reports of abuse occurring in the past see PPM 1370.

B. Reports Involving a Memorandum of Understanding

Reports regarding a family living on a Native American Reservation or military installation shall have an initial assessment made in agreement with the current Memorandum of Understanding with the Native American Tribe or Memorandum of Agreement with the Military Installation.

Native American Reservations that currently have Memorandums of Understanding with the State of Kansas include the following:

1. Iowa
2. Kickapoo
3. Prairie Band Nation
4. Sac & Fox

Military Installations that currently have Memorandums of Understanding with the State of Kansas include the following:

1. Fort Riley
2. Fort Leavenworth
3. McConnell Air Force Base

CB. Reports Which Involve a Conflict of Interest

In some cases, a person may not technically be a DCF employee but has such a close working relationship that the appearance of a conflict of interest is created such as a work/training participant. KPRC shall make an initial assessment decision, and the assigned worker and their supervisor shall determine if it is preferable to request assistance from a law enforcement agency or a worker from another DCF office/ region may be requested to assess the report. See PPM 0240.

Reports with a Child Welfare Case Management Provider employee listed as an alleged perpetrator shall be referred to a different region/county or office from where the employee regularly works to ensure there is no real or perceived conflict of interest to complete the investigation/assessment. The office where the case is open in FACTS is the responsible office and will complete the tasks per PPM 1421. The office completing the investigation shall complete the tasks per PPM 1422.

1352 Non-Family/Unregulated Caregiver - Third Party Reports Referred to Law Enforcement

Publication Date: July 1, 2026

A. A non-family/unregulated care giver report is a report alleging a child has been abused or neglected by a person other than the child's parent, relative, custodian/care giver or member of the household. Such persons may include, but are not limited to the following:

1. Teachers, administrators, or other employees of a school, other than a home school.
2. Employees and administrators of recreational and/or character-building organizations.
3. Babysitters.
4. Acquaintances of the family.
5. Strangers.

All non-family/unregulated care giver reports shall be assessed to determine if there is criteria to assign for further assessment regarding the parental action or inaction.

B. Reports of alleged abuse or neglect by a non-family/unregulated caregiver, with the exception of Human Trafficking concerns and reports received from law enforcement containing abuse or neglect concerns, may be placed on preliminary inquiry and referred to the appropriate law enforcement agency. Reports with Human Trafficking concerns shall be assigned for further assessment per PPM 1325. Reports received from law enforcement alleging abuse or neglect shall be assigned for further assessment per PPM 1230.

KPRC staff shall contact the appropriate law enforcement agency to verify whether or not the law enforcement agency will investigate the allegation.

A.C. The following shall be considered for the Initial Assessment decision:

1. If law enforcement accepts the report for investigation and is not requesting DCF assistance with the investigation the Initial Assessment may be completed with the decision to Not Assigned for Further Assessment for the reason the incident has been or is being assessed by DCF and/or law enforcement [AAS].

2. If law enforcement accepts the report and requests DCF assistance with the investigation, the report shall not be assigned for further assessment and forwarded to the responsible region as a courtesy interview using the following email addresses.

- a. Kansas City Region: DCF.KCPRC@ks.gov
- b. East Region: DCF.EastIntake@ks.gov
- c. Wichita Region: DCF.WICIntake@ks.gov
- d. West Region: DCF.WPRC@ks.gov

3. If law enforcement does not accept the report for investigation, the report shall be accepted for further assessment if it otherwise meets criteria to assign for further assessment.

1370 Reports Alleging Abuse or Neglect in the Past

Publication Date: July 1, 2026

All reports received which occurred in the past shall receive an Initial Assessment, regardless of the current age of the child/adult. There is no specific time period in which a report of child abuse or neglect is received by the Kansas Protection Report Center to consider allegation(s) which occurred in the past for further assessment. ~~1230 regarding incidents reported by law enforcement.~~

A. The department may occasionally receive a report from a person who is now an adult, alleging they were abused or neglected as a child. **The KPRC will screen these reports with the same guidelines as any other report of abuse or neglect that occurred in the past.** ~~The law is silent regarding reports from or concerning a person 18 years of age and older about an incident that occurred during childhood. The adult victim should be encouraged to make a report to a law enforcement agency, especially if it is within 5 years after the alleged abuse or neglect occurred or was discovered, whichever is later.~~

any other actions, including civil lawsuit, available to the adult victim.

B. The issue of whether a report of prior abuse or neglect shall be investigated is within the discretion of the KPRC staff responsible for completing the Initial Assessment on the report. A report shall not be completed with the decision to not assign for further assessment needed for the sole reason it occurred in the past.

C. Guidelines for deciding whether to accept a report of past abuse or neglect:

1. Does it appear likely, without investigation, that the same child or other children under the same care are currently being maltreated or likely to be maltreated?

Factors to be considered in making this determination are: current allegations of abuse, other reports or incidents regarding the alleged perpetrator based on a FACTS search, any affirmed, confirmed, substantiated or validated findings regarding the alleged perpetrator, and the age or ages of any children currently under the care of the alleged perpetrator.

2. Does it appear likely at this time an investigation would be able to obtain enough information to determine a case finding decision using **clear and convincing the preponderance standard of**

Factors to be considered in making this determination are: how old the participants are, where do the participants currently reside, and is it reasonable to believe participants can be located?

If the answer to one or both of these questions is "Yes", the need for an investigation is presumed unless the alleged perpetrator is not known or the current whereabouts of the alleged perpetrator are unknown. If the answer to both questions is "No", the case may be completed with the decision to not assign for further assessment for the reason the report does not meet the definition of a child in need of care.

D. For reports received regarding an alleged victim 18 years old or older, if the report is assigned for further assessment, the adult may or may not be considered an alleged victim but will likely be a collateral contact or witness in any event. If there is no current abuse or neglect or suspicion of abuse or neglect of a child, the department is neither obligated to respond with an investigation and assessment nor prohibited from doing so.

1386 Reports Involving KDADS Licensed Facilities

Publication Date: July 1, 2026

For the purposes of this policy, KDADS Licensed Facilities shall include Community Mental Health Centers, Affiliated Community Mental Health Service Providers and Private Psychiatric Hospitals only. KDADS licensed facilities are not the same as institutions operated by KDADS. See 1340 for institutions operated by KDADS.

Child abuse/neglect reports received with the alleged perpetrator being a provider of CMHC services shall be referred to Law Enforcement as a non-family/unregulated care giver per PPM ~~1350~~ 1352. Notification of the reports shall be forwarded as outlined in 1386 D.

Child abuse/neglect reports received with the alleged perpetrator residing in the facility shall be assessed and assigned per policy based on the PPM definitions of abuse/neglect. Notification of the reports shall be forwarded as outlined in 1386D.

A. Reports with the decision to not assign for further assessment
Initial Assessment completed with the decision to not assign for further assessment on all reports regarding KDADS licensed facilities shall be forwarded by the Kansas Protection Report Center to Mental Health Performance Improvement Field Staff.

B. Reports involving KDADS Licensed Facilities accepted for investigation by Law Enforcement
If law enforcement accepts the report of child abuse/neglect for investigation, KPRC staff shall complete the Initial Assessment decision to not assign for further assessment. The Kansas Protection Report Center shall:

1. Forward a copy of the report including the "Basis" to Mental Health Performance Improvement Field Staff.
2. Forward a Notification of Investigation, PPS-1008, to the KDADS Licensed Facility, attention: Director of Children Services, identified in the report as a notification of a report being investigated and identify the alleged facility staff and agency responsible for investigation.

C. Reports accepted for investigation by DCF
Reports assigned for investigation as a 3rd party alleged perpetrator and forwarded for assessment according to regional procedures. The Kansas Protection Report Center shall:

1. Forward the Notice of Investigation, PPS-1008 and a copy of the report to the Mental Health Performance Improvement Field Staff.
 2. Forward a Notification of Investigation, PPS-1008, to the KDADS Licensed Facility, attention: Director of Children Services, identified in the report as a notification of a report being investigated and identify the alleged facility staff and agency responsible for investigation with a copy to the assigned CPS Specialist to add to the case file.
- D. Notification to Mental Health Performance Improvement Field Staff shall be made by selecting INT KDADS CMHS in the Notification to Outside Agencies box on the KIPS intake page.

1388 Reports Requiring Notification to Kansas Department for Aging and Disability Services (KDADS) or Community Support Services (CSS)

Publication Date: July 1, 2026

A. Child subject of the report with a disability or on a waiver:

When a report is received which alleges the child subject of the report is on an HCBS waiver the report shall be sent to KDADS.CSSPRC@ks.gov by selecting INT KDADS

1. Autism (AU);
2. Intellectual and Development Disabilities (ID);
3. Physical Disability (PD);
4. Technology Assisted (TA);
5. Serious Emotional Disturbance (SED); and
6. Brain Injury (BI) or has a disability, related to physical or cognitive development,

If the reporter is unsure if the child is on an HCBS waiver, KPRC staff shall check waiver status by searching in KEES. If KEES does not show an active waiver, but the reporter believes the child has a disability as specified above, the report shall be sent to the KDADS.CSSPRC@ks.gov (KDADS.CSSPRC@ks.gov) mailbox by selecting INT KDADS Waiver in the Outside Agencies notification box on the KIPS intake page.

B. Child or family member receiving services from a behavioral health program: mental health services:

If a report is received which identifies anyone in the family as receiving services from a behavioral health program mental health services, the report shall be sent to

the KDADS.MHPRCReports@ks.gov (KDADS.MHPRCReports@ks.gov) mailbox intake page.

The behavioral health programs include the following:

1. Certified Community Behavioral Health Clinics (CCBHC)
2. Private Psychiatric Hospital (PPH)
3. Residential Care Facility (RCF)
4. Crisis Intervention Center (CIC)
5. Community Mental Health Center (CMHC)
6. Substance Use Disorder Treatment Program (SUD)
7. Intellectual Developmental Group Home (IDD)

1390 Reports Alleging Abuse/Neglect Out of State

Publication Date: July 1, 2026

A report alleging abuse or neglect may be assigned in the following circumstances:

- A. If the incident occurred in Kansas
- B. If the alleged victim resides in Kansas, regardless of where the incident occurred.
- C. If the alleged victim is temporarily found in Kansas and protective actions may need to be taken before they return to their home state.

Consider the factors found in PPM 1301 and PPM 2300 when determining if assignment is warranted. ~~Refer to PPM 1230 regarding incidents reported by law enforcement.~~

1405 Assigning Allegations when the Person Responsible is a Minor

Publication Date: July 1, 2026

A. Peer-to-peer fighting, peer bullying, and siblings fighting shall not be assigned with the minor identified as the alleged perpetrator. Consideration should be given to the caregiver(s) responsibility in the situation to determine if an abuse/neglect investigation is needed. If the family or child appears to need additional services not already in place, a FINA case may be considered.

~~Allegations where the alleged perpetrator is a minor may be assigned in serious situations, such as allegations of sexual abuse.~~

~~To assign an investigation for neglect in Kansas, the acts or omissions resulting in harm~~

B. The intake may be assigned for further assessment in reports where the alleged perpetrator is a minor and one or more of the following concerns are present:

1. Severe physical injury. Refer to PPM 0510(4)(a) for the definition of severe physical injury.
2. Serious deterioration
3. Sexual abuse
4. Neglect and the minor was acting as a caregiver

1431 Initial Assessment of a FINA Event on an Open Case

Publication Date: July 1, 2026

Reports received indicating Family in Need of Assessment (FINA) concerns shall receive an initial assessment to determine whether criterion is met to assign for further assessment. When FINA criteria is met, and it is determined the case is open to PPS for assessment, family services, family preservation, or foster care a preliminary inquiry to the worker with the open case may provide information to inform the initial assessment decision.

Generally, when there is an open abuse/neglect investigation, FINA concerns are not assigned for further assessment and forwarded to the CPS Specialist with the open case in FACTS. The report may be assigned for further assessment when there is a request from the PPS supervisor to assign. Some cases remaining open on FACTS may warrant assignment of a FINA event when it is determined the Child Welfare Case Management Provider (CWCMP) is not responsible for services. Such cases may include, but are not limited to, reports received with an open foster care case on a newborn in the removal home, or on children in the removal home with the case plan of adoption. The case plan goal in FACTS may not always indicate adoption when there is concurrent planning. A preliminary inquiry to the worker with the open case may inform this initial assessment decision.

When there is not a request from the PPS supervisor to assign the subsequent FINA concern, the initial assessment may be completed with the decision to not assign for further assessment and addressed as part of the open case. See PPM 1432 for forwarding procedures.

~~All reports containing human trafficking concerns per K.S.A. 38-2202 shall be assigned for further assessment of abuse/neglect Human Trafficking Sex or Human Trafficking-Labor, regardless of the current open case type, unless, criteria per PPM 1430 Report of the Same Specific Abuse/Neglect Incident by a Different Reporter on an Open Case are met.~~

Reports faxed from Juvenile Intake Assessment Services (JIAS) involving a child in the custody of the Secretary receiving foster care services who has run away shall be reviewed by KPRC staff. When it is determined the report contains runaway concerns only, and any abuse/neglect concerns have already been assessed, the report shall be forwarded to the region with the open case, via the intake e-mail. These reports are not required to be entered in KIPS.

1530 Determination of Joint Investigation With Law Enforcement

Publication Date: July 1, 2026

Joint investigations between DCF and the appropriate law enforcement agency or agencies are mandated by statute (K.S.A. 38-2226(b)) when a report alleges serious physical ~~injury harm~~ (PPM 0510(4)(a)) to, serious deterioration of or sexual abuse of the child; and action may be required to protect the child.

KPRC staff shall assess all abuse/neglect assignments to determine whether a joint investigation with law enforcement is required.

- A. When this criterion is met, KPRC staff shall complete PPS 1002 Section ~~X~~ VI, indicating a joint investigation is required according to statute.
- B. If a joint investigation is not required, an explanation shall be documented on the PPS 1002 Section ~~X~~ VI.

1700 Override of Accepted Reports

Publication Date: July 1, 2026

A decision to reverse the Initial Assessment Decision of a report assigned for further assessment may be warranted when additional information becomes available.

A. Sufficient Information Needed to Request to Reverse the Initial Assessment Decision:

A request to reverse the Initial Assessment Decision shall be allowed only with sufficient documentation and under the following circumstances:

1. The specific incident assigned was recently assessed or is currently being assessed.
 - a. Reports previously investigated or
 - b. Multiple reports on the same incident have been assigned for investigation.
 - i. Review shall be done by the Kansas Protection Report Center (KPRC) supervisor to determine if both allegations can be addressed through one report.
2. Law enforcement assessed the assigned incident, sufficient information is available to determine criteria is not met to assign for abuse/neglect or FINA, the safety of the child(ren) was determined per PPM 2310 and no other potential safety or risk factors were found which may require further assessment.
3. Additional information is received indicating the report does not meet the statutory definition of abuse/neglect or FINA or PPM directives.
4. DCF does not have authority to proceed and/or a conflict of interest. See PPM 1310C and PPM 1340.
5. FINA case and services are no longer indicated.
6. Reasonable attempts to determine safety as defined in PPM 2300 were made to contact a family of unknown identity, and the agency was unable to identify the family. If the family's identity is known the assessment shall be completed. Available resources to attempt to contact shall be exhausted. For example, searching all DCF systems- KIDS, KIPS, FACTS and KEES, contacting the reporter, if known, attempting to locate through current address via mail or landlord, school records, employment, known friends or relatives. Any additional information received

from these contacts to locate the family shall be pursued. Documentation of all attempts shall be attached to the report as a note in KIPS.

7. PWS case with a subsequent Abuse/Neglect or FINA case assignment and services shall be assessed and provided in the new event.

B. Submitting Request to Reverse the Initial Assessment Decision:

1. Prior to submitting a request to reverse the Initial Assessment Decision, the CPS specialist shall consult with the PPS supervisor.

2. The PPS supervisor shall review the documentation prior to submitting a request for a reverse of the Initial Assessment Decision to the Kansas Protection Report Center to determine whether any potential safety/risk or FINA concerns are present which suggest the need for further assessment.

3. The PPS supervisor shall submit supporting documentation to the Kansas Protection Report Center supervisors.

4. The request shall be made by the Family Based Assessment due date per PPS 1002, Section IX.

C. Reversing the Initial Assessment Decision:

1. A KPRC supervisor shall determine whether the documentation submitted meets criteria to reverse the Initial Assessment Decision.

2. Upon review of the information, the KPRC supervisor may request additional information from the PPS supervisor.

3. Upon determining the submitted information is sufficient, the KPRC supervisor shall make a decision by the next working day.

4. KPRC supervisor shall provide documentation supporting the decision in the Basis of the PPS 1002 Section V. The original basis statement indicating the acceptance of the report shall not be deleted.

D. Situations excluded from requesting to reverse the Initial Assessment

Decision includes:

1. The alleged victim(s) denies the allegations, or does not disclose abuse or neglect, requiring further investigation and assessment.

2. There is an indication additional interviews with siblings, care givers, or collaterals may provide information needed to complete a comprehensive assessment to address the allegations safety and/or risk concerns.

~~3. Law Enforcement reports received per K.S.A 38-2231 (d) require further investigation and assessment when abuse or neglect concerns are identified, unless,~~

- ~~a. law enforcement determined the child(ren) to be safe, and~~
- ~~b. law enforcement addressed the concerns in the report, and~~
- ~~c. law enforcement does not want DCF assistance, and~~
- ~~d. per DCF contact, the family is not in need of additional services.~~

2050 Plan of Safe Care

Publication Date: ~~January~~ July 1, 2026

The Comprehensive Addiction and Recovery Act of 2016 (CARA) added new requirements to the Child Abuse Prevention and Treatment Act (CAPTA). CARA addresses the impact of substance use on infants, children, and families, with the goal of early identification and intervention to support families affected by substance use disorders.

A. Purpose of the Plan of Safe Care

1. To meet CARA requirements, Child Protection Specialists (CPS) shall document the needs of infants born affected by substance use, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD) in the PPS 2007 Plan of Safe Care to ensure the infant's safety and well-being.
2. The Plan of Safe Care differs from a PPS 2021 Immediate Safety Plan, which addresses only danger. Instead, the Plan of Safe Care is a continuous and long-term plan for the family that focuses on risks and dangers to the infant's health, development, safety, and well-being. A CPS' work with a family may require both a PPS 2021 Immediate Safety Plan and a PPS 2007 Plan of Safe Care and both may identify similar risks, dangers, and supports to reduce risk.

B. Criteria for a Plan of Safe Care

1. When the Kansas Protection Reporting Center (KPRC) assigns a FINA with the sub-type Infant Positive for Substances, the CPS shall determine whether the assigned event meets either of the following criteria for a Plan of Safe Care:
 - a. A medical professional who treated the infant made the report to the KPRC
 - b. A medical professional who treated the infant and confirms substance use, withdrawal symptoms or FASD affect the infant
2. The medical professional may be the infant's doctor, a nurse, or a medical social worker with access to the infant's chart or medical records.
3. At any point while an assigned event is open, if new information meets the criteria, the CPS shall develop a Plan of Safe Care with the family.

C. Engagement with the Family

1. The CPS shall explain to the family that the purpose of the Plan of Safe Care is to identify needs and provide services that keep the infant and other children safe at home.

2. The CPS shall give the family a PPS 2008 What is a Plan of Safe Care?
3. The CPS shall discuss with the family the concerns in the report and any other concerns. Together the family and CPS shall develop the Plan of Safe Care by identifying:
 - a. The physical health, substance use disorder treatment, general functioning, development, safety, and any special care needs of the infant who may be experiencing neurodevelopmental effects, physical effects, or withdrawal symptoms from prenatal exposure to substances
 - b. The physical or mental health, social, and substance use disorder treatment needs of the parents or caregivers
 - c. Strengths and resources already in the family
 - i. CPS may consider individuals such as family members, family friends, church members, and neighbors as supports for the infant and family to solve identified needs and reduce identified danger and risk.
 - d. Services and supports to strengthen the parents' or caregivers' capacity to nurture and care for the infant
4. The PPS 2020 Assessment Map, **PPS 2019 Conversation Note**, PPS 2005 UNCOPE, and service provider assessments may inform the Plan of Safe Care. Appendix 2L Factors to Guide the Plan of Safe Care may guide the development of the Plan of Safe Care.
5. Once the family and CPS identify needs, the CPS shall offer the family a referral to community programs, Family Preservation Services, or another prevention service provider which will help the family meet the identified needs.

D. Documenting the Plan of Safe Care

1. Before the infant leaves the hospital, the CPS shall develop and document a PPS 2007 Plan of Safe Care. If the CPS receives the event after hospital discharge, they shall develop and document a PPS 2007 Plan of Safe Care within three working days of their first contact with the family.
 - a. The CPS shall document all identified needs, supports, and referrals in the appropriate sections of the PPS 2007 Plan of Safe Care.
 - b. The CPS shall upload the PPS 2007 Plan of Safe Care to KIDS and send it to FACTS.
2. The CPS shall give the family a copy of the PPS 2007 Plan of Safe Care.
3. If the family declines services, the CPS shall staff with their supervisor for next steps.

4. If, despite engagement efforts, the family declines to help develop the Plan of Safe Care, the CPS shall:

- a. Document this decision in the PPS 2007 Plan of Safe Care signature block.
- b. Develop a Plan of Safe Care based on available information, including identified needs and recommended services.
- c. Give the family a copy of the PPS 2007 Plan of Safe Care.
- e. Explain to the family they may want to share the Plan of Safe Care with other community programs if they seek services on their own.

E. Monitoring the Plan of Safe Care

- 1. The CPS or service provider should update the plan as the infant's and family's needs change.
- 2. When the family accepts a referral, the CPS shall work with service providers to include identified needs, risks, dangers, and supports in the family's plan.
- 3. The CPS shall monitor the Plan of Safe Care until they have completed their event to determine whether the family has referrals to appropriate services, and whether services are supportive for the infant, family, or caregiver.
- 4. Whenever possible, the service provider should monitor the needs identified in the Plan of Safe Care until they have completed their case.

Past Publication Dates: January 1, 2026

2105 Requests for Courtesy Contact or Interview Between DCF Offices

Publication Date: July _____

A DCF office with investigation responsibilities may request a courtesy contact or interview from a different DCF office to assist with the assessment of an assigned report when the interview or contact requires an in person contact and significant travel for the assigned office. A county or regional boundary does not automatically require a request for a courtesy interview (CI).

A. When the CI request occurs within normal business hours the office requesting the contact shall send an e-mail to the regional mailbox in the region responsible (as shown below in F), and provide the KIPS event number, if available. If the KIPS event number is not yet available, provide as much intake information available at the time of the request, such as a police report or JIAS report, etc. The subject line shall identify the urgency of the request.

1. When the CI request is for a law enforcement referral per K.S.A 38-2231(d), the office responsible for the CI request shall provide documentation of the interviews to the office requesting the CI within the 24-hour time period.

2. When the contact is for a safety determination, the office completing the contact shall communicate with the requesting office to facilitate a timely safety determination and safety staffing. Within 5 working days of completion of the courtesy interview, the worker completing the courtesy contact shall forward all applicable assessment documentation to the requesting office/worker.

B. When the CI request is for a law enforcement referral per K.S.A 38-2231(d) and is needed outside of regular business hours:

1. The office requesting a courtesy interview shall

- a. Send an email to DCF.LEOReport@ks.gov DCF.PPSAllStaff@ks.gov. The subject line of the email shall identify the request is for a 24-hour response and the region where the courtesy interview is needed. The email shall have no other case information.

- b. When the worker assigned to the CI is identified, the requesting office will provide to the assigned worker the KIPS event number, if available, and information and documentation as indicated below in C.

2. The office responsible for completing the request shall

- a. Respond back to the individual requesting the courtesy interview by identifying the worker who will be completing the CI request.

b. Provide documentation of the contact to the office requesting the CI within the 24-hour time period.

C. The office requesting the contact shall provide documentation in the request to include:

1. Specific information the courtesy interviewer should gather from the person being interviewed
2. Information learned from any background checks or DCF history with the family
3. Information about family relationships, and other information known about the family
4. A summary regarding information gathered in the investigation to date
5. The response time for the requested interview
6. Identify if contact is needed for the safety determination

D. See PPM section 2800 for entering these cases in FACTS.

E. The following provides the regional e-mail addresses:

1. Kansas City Region: DCF.KCPRC@ks.gov
2. East Region: DCF.EastIntake@ks.gov
3. Wichita Region: DCF.WICIntake@ks.gov
4. West Region: DCF.WPRC@ks.gov

Past Publication Dates: January 1, 2026

2140 Interviewing Children

Publication Date: July 1, 2026

DCF staff shall consider the following when interviewing children:

A. Parental Permission Abuse/Neglect Assignments: Parental permission is not required to interview a child who is the subject of a report of suspected child abuse and/or neglect. If it is determined parental cooperation is essential to an adequate investigation of a report, parental permission to interview a child shall be sought. Circumstances in which a child may be interviewed without parental consent include:

1. The parent is alleged or suspected to be involved in the maltreatment.
2. The safety of the subject child or any other child in the same care might be jeopardized by delay or notice.
3. There is reason to believe that essential evidence would not be available if there is delay or notice.
4. Whenever it is necessary to interview a child without parental consent, attempts shall be made to notify the parent/caregiver the same day as the interview with the child and an explanation provided for the interview.
5. DCF staff shall not enter a residence to interview a child regarding alleged abuse or neglect unless a parent or other adult resident at that address has given permission for that DCF person to enter the domicile.

B. Interviewing in a Neutral Setting: DCF staff shall consider the importance of conducting interviews of children who are identified as alleged victims of abuse/neglect out of the presence of a alleged perpetrator. It is preferred practice to interview children identified as alleged victims of abuse/neglect in a neutral setting, such as at school per K.S.A. 38-2226(g).

C. Interviewing Children at School: Whenever a child is to be interviewed at school the following guidelines should be followed:

1. Whenever possible, advance notice should be given the school administrator of the need for an at-school interview. A mutual understanding should be reached between DCF and the school administration that a parent should NOT be notified of the interview unless such notice is approved by DCF or a law enforcement officer on a case-by-case basis. DCF is responsible to notify the parent of the interview at a time when it will not interfere with the investigation.

2. When DCF staff is on school premises, the school administrator should be immediately notified and identification provided. The worker should also notify the school when leaving the premises.

3. Form PPS 2000, Request to Interview a Child at School or PPS 2001 Parental Consent to Interview Child at School for Family in Need of Assessment (FINA) assignments, should be presented to the school administrator.

4. If possible, the child should be excused from classroom activities and escorted to the interview in a manner that does not identify the purpose of the interview. The interview should be conducted in a place which provides confidentiality and, if possible, comfort to the child.

5. If it will provide support for the child, a school employee may be present in the interview, but may not participate unless invited to do so by DCF or a law enforcement officer. School employee presence in the interview shall be at the discretion of the agency conducting the interview, giving consideration to the best interests of the child. [K.S.A. 38-2226(g)].

6. If a child needs to be taken off-premises, a law enforcement officer shall be requested to place the child in protective custody and transport the child. The child shall not be taken off premises by a DCF employee unless there is a court order giving DCF temporary custody, or if accompanied by a parent, or with written parental consent.

D. Interviewing Children in a Child Care Setting: There are no statutes or regulations providing for interviewing children as alleged victims of abuse/neglect in a childcare setting. However, under Kansas law all persons with information and /or evidence concerning abuse or neglect of a child are encouraged to cooperate with investigations conducted by law enforcement and/or DCF. Licensed childcare providers are mandated to report suspected abuse or neglect of children in their care and are required to cooperate with investigations of suspected child abuse/neglect. K.S.A. 38-2223 and K.A.R. 28-4-118.

E. Interviewing Children Identified as Non-Familial Collateral Contacts:

1. If there is a need to interview non-familial children who are identified as potential collateral contacts in an abuse/neglect investigation, written parental permission shall be obtained in advance for children who need to be interviewed away from parents. See PPM 0317 for guidance on confidentiality.

2. Written parental consent is preferred and shall be documented on the PPS 2001 Parental Consent to Interview Child at School. When concerted efforts to obtain written parental consent have been completed and documented, the following methods of obtaining consent may be used: (listed in order of preference)

a. Signed PPS 2001 Parental Consent to Interview Child at School

- b. Written e-mail consent documented in case logs.
- c. Text message (a screen shot of the text in case logs shall be used for documentation)
- d. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/caregiver signature line, with a date and time the verbal consent was provided.

F. FINA and PWS Assignments: FINA are for the purpose of assessing the needs of the child and family for services. Family involvement from the onset of the case assists in engaging the family in the assessment process. Concerted efforts shall be made to interview a child subject of a FINA with parental consent.

1. FINA Interviewing at School:

- a. Kansas Statute does not address interviewing children subject of a FINA at school without parental consent. Children subject of a FINA shall not be interviewed at school without parental consent.
- b. Written parental consent is preferred and shall be documented on the PPS 2001 Parental Consent to Interview Child at School. When concerted efforts to obtain written parental consent have been completed and documented, the following methods of obtaining consent may be used: (listed in order of preference)
 - i. Signed PPS 2001 Parental Consent to Interview Child at School
 - ii. Written e-mail consent documented in case logs
 - iii. Text message (a screen shot of the text in case logs shall be used for documentation)
 - iv. Verbal consent may be used when the parent has been informed by PPS staff that his/her consent is being documented on the PPS 2001, on the parent/caregiver signature line, with a date and time the verbal consent was provided.

2. FINA Interviewing in Other Settings (Excluding Schools): When an interview is needed with a child(ren) subject of a FINA who is in a setting other than at school, such as police protective custody (PPC) or detention, it is allowable to interview without parental consent. Attempts shall be made on the same day as the interview with the child(ren) to notify the parent/caregiver that the interview took place, and to explain the purpose of the interview.

2210 Joint Procedures with DCF and Law Enforcement Agencies

Publication Date: July 1, 2026

A. Child Protection Specialists (CPS) shall conduct joint investigations between DCF and with the appropriate law enforcement agency or agencies are mandated by statute (K.S.A. 38-2226(b)) when a report alleges when there is an allegation or evidence of:

1. Serious physical harm to, serious deterioration of, or sexual abuse of the child; and action may be required to protect the child; per K.S.A. 38-2226 (b)

2. A methamphetamine lab in a home where children are present or reside (see PPM 0210 Staff Safety)

3. Human trafficking of a child per K.S.A. 38-2202

B. The Kansas Protection Report Center (KPRC) will determine if the allegations in a report meet these criteria and is documented document the determination on the PPS 1002. Reports assigned alleging a methamphetamine lab in a home where children are present or reside, shall be forwarded to law enforcement for joint investigation. (See PPM 0210 Staff Safety)

C. It shall be is the responsibility of the assigned local office and the assigned CPS to notify the responsible appropriate law enforcement agency of any allegation or evidence which meets the criteria for joint investigations. DCF meets its statutory responsibility when a request is made and documented for law enforcement assistance. The CPS shall document the notification to law enforcement. DCF shall not delay the initial safety determination and/or required protective action to prevent (further) abuse if law enforcement does not respond.

1. If conditions are known or suspected at the time the report is accepted allegations or evidence which would require a joint investigation are present when the KPRC assigns a report, the CPS should involve the law enforcement agency should be involved from the initial contact whenever practical and consistent with child safety.

2. If the CPS discovers evidence which requires a joint investigation during an investigation or assessment, they should notify the appropriate law enforcement agency as soon as practical and consistent with child safety.

3. DCF shall not delay the initial safety determination or required protective action to prevent further abuse if law enforcement does not respond.

In the event a law enforcement agency was not involved in an investigation or assessment conducted by DCF and information later indicates abuse or neglect which

is required to be reported to a law enforcement agency, the report to the law enforcement agency shall be made without delay. If the assigned CPS specialist becomes aware of new or additional concerns for human trafficking per K.S.A. 38-2202, a report shall be made to the appropriate law enforcement agency without delay.

D. If a law enforcement officer requests assistance from DCF in the investigation of a report of child abuse or neglect, the department will assist. Nothing shall prevent the department from providing assistance prior to receiving or assessing a report being made to and assessed by at the Kansas Protection Report Center KPRC.

2450 CARE Referral and Medical Examination or Treatment Related to Abuse/Neglect

Publication Date: July 1, 2026

The Child Abuse Review and Evaluation (CARE) is a referral process from DCF to a child abuse Medical Resource Center an established medical network to improve recommendations about the care, safety, and placement of the child. services provided to a child alleged to be a victim of abuse or neglect while supporting the DCF Teams in assessing immediate and lasting safety. (K.S.A Chapter 38, Article 22)

A. Upon assignment of investigation listed for physical abuse or physical neglect of children under the age of 6, the CPS Child Protection Specialist (CPS) shall make a Child Abuse Review and Evaluation (CARE) CARE referral for each child under the age of 6 listed as an alleged victim of physical abuse or physical neglect or later determined and added as an alleged victim per K.S.A. 38-2226. The CPS shall make a CARE referral shall be made within three business working days from the date of when the CPS Specialist or designee first observes the child. In situations where the child is unable to be located, the CPS shall make referral before case closure is still required.

1. The criteria for a required CARE referral are:

- a. Child under age 6; and
- b. Allegation of Physical Abuse; and/or c. Physical Neglect

2. The CPS may make a CARE referral at their discretion may be completed for any child listed identified as an alleged victim of any allegations of Abuse/Neglect other than physical abuse or physical neglect at the discretion of the CPS Specialist and or CPS Supervisor.

B. The CPS shall use the Integrated Referral and Intake System (IRIS) to make the CARE referral. IRIS is a confidential community system DCF uses to make statutorily required CARE referrals. The CPS shall provide the parents and/or caregivers of the child the Form PPS 2451 CARE Referral Handout. The CPS shall have a conversation with the parents or caregivers about the purpose, timeline, and steps of the CARE referral.

1. The CPS shall submit all necessary information in the IRIS system to send the CARE referral to the Medical Resource Center. Parent or caregiver consent is not necessary to make a referral.

C. Upon receipt of the recommendations from the Medical Resource Center and/or CARE provider, the CPS Specialist shall:

1. Discuss the recommendations with the caregiver of the child
2. If recommended, connect the family with a CARE provider and forward the recommendations to the CARE provider
3. Consider the recommendations and outcome of a CARE referral when making assessment decisions.

~~C. The Integrated Referral and Intake System (IRIS) shall be used to make the CARE referral. Parents and/or caregivers of the child shall be provided the CARE Referral Handout Form PPS 2451 and the CPS Specialist shall have a conversation with the parents and/or caregivers obtaining consent to the usage of IRIS.~~

~~1. Form PPS 2450 shall only be used in the following situations via an encrypted email to the Medical Resource Center:~~

- ~~a. Parent and/or caregiver does not consent to usage of the IRIS Referral System~~
- ~~b. Concerted efforts to obtain consent from the parent and/or caregiver have been unsuccessful~~
- ~~c. Report is a conflict of interest and needs to be confidential~~

D. Medical Treatment

1. When it is determined medical services related to Abuse/Neglect are needed by a child who is the subject of an Abuse/Neglect report, reasonable actions shall be taken to obtain medical treatment.

2. If a CPS Specialist determines a child is in need of a medical examination or treatment and the child's parents fail or refuse to obtain a medical examination, the CPS Specialist should take the actions a reasonable person would take in similar circumstances. The policy requiring the department to seek medical care applies to medical needs resulting from suspected child abuse or neglect only. The department is not responsible to try to meet other medical needs of the child (such as immunizations or eyeglasses) unless failure to meet such needs constitute neglect.

3. CPS Specialist shall document on the PPS 2019 Kansas DCF Conversation Note if the children required medical treatment due to Abuse/Neglect and reasonable actions taken to provide the medical care.

2500 Case Finding Resulting from an Investigation of Alleged Abuse or Neglect

Publication Date: July 1, 2026

The purpose of the case finding is to inform when abuse/neglect has occurred; and whether the alleged perpetrator should be permitted to reside, work, or regularly volunteer in a childcare facility.

A case finding shall be completed for each assigned allegation associated with a child alleged or suspected to have been abused or neglected. The Child Protection Specialist (CPS), in consultation with a supervisor or designee shall make the finding decision based on information gathered by the CPS or Child Protection Investigator during investigatory activities. The decision is made by weighing the facts and circumstances learned during the investigation and assessment and applying the definition of abuse/neglect. **The applicable standard of evidence to all case findings shall be clear and convincing evidence.** ~~The standard of evidence applied to all case finding decisions regarding abuse and neglect is preponderance of the evidence.~~

A case finding is not required on a Family in Need of Assessment (FINA) or Pregnant Woman Using Substances (PWS) case assignments. An assessment of the family is completed to determine if the family is in need of services.

2502 Allowable Case Findings

Publication Date: ~~January~~ July 1, 2026

For each allegation of Abuse/Neglect the Child Protection Specialist (CPS) in consultation with their supervisor shall make one of the following case finding decisions shall be made:

A. Unsubstantiated: The facts or circumstances do not provide clear and convincing evidence to meet the Kansas Statutes Annotated (K.S.A. 38-2202(z), (ee), and (mm)) and Kansas Administrative Regulations (K.A.R. 30-46-10(b), (i), and (j)) definition of abuse or neglect.

~~A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).~~

B. Substantiated: The facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. (K.S.A. 38-2202(z), (ee), and (mm)) and K.A.R (K.A.R. 30-46-10(b), (i), and (j)) definition of abuse or neglect. When a determination is made the facts and circumstances meet abuse and/or neglect definitions per PPM 0160, the Child Protection Services (CPS) specialist in consultation with his/her supervisor shall evaluate the facts and circumstances of the alleged incidents to determine whether criterion for a substantiated case finding is met. When criterion is met, a substantiated case finding shall be considered. A substantiated case finding results in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. Per Kansas statutes and regulations, the perpetrator is not ~~A substantiated perpetrator is not~~ permitted to reside, work, or regularly volunteer in a childcare facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing. A substantiated case finding shall include ~~meet~~ the following:

1. A determination is made the facts and circumstances meet one of the required definitions per PPM 0160 for abuse, neglect, and/or abandonment of a child; and
2. A determination is made the perpetrator's actions, behaviors, or omissions occurred and meets at least one of the following criteria:
 - a. There was an intent to commit the act that resulted in harm; and/or
 - b. A reasonable person would have anticipated harm would occur to the child; and/or
 - c. The harm was a result of failure or refusal to protect the child; and

3. There was serious harm, injury or deterioration to the child; or there was a likelihood of, or endangerment of serious harm, injury or deterioration to the child. Serious harm, injury or deterioration may include, but is not limited to:

a. Death of a child.

b. Condition which required medical care, hospitalization, or surgery whether received or not, including but not limited to:

i. Fractures;

ii. Bruises on a child's body, including but not limited to, the face, head or abdomen;

iii. Burns;

iv. Injuries which are disfiguring;

v. Injury resulting in severe or prolonged pain;

vi. Multiple severe non-accidental injuries;

vii. Failure to thrive or malnourishment;

viii. Medical condition such as asthma or diabetes exacerbated by home conditions and/or failure to provide medication.

c. An indicated need for mental health treatment, whether received or not, due to serious mental and/or emotional harm or causal deterioration to the extent the child's emotional well-being is impaired or endangered. Such serious harm or deterioration may include, but not be limited to, characteristics exhibited to a serious degree: anxiety; depression; withdrawal; aggressive or self-harming behavior; or a substantial and observable change in the child's behavioral, emotional or intellectual functioning considering age and development of the child.

d. Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child to:

i. Be photographed, filmed or depicted in obscene or pornographic material; or

ii. Be subjected to aggravated human trafficking, as defined in K.S.A. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6419 or 21-

6422, and amendments thereto. (See K.S.A. 38-2202 and Appendix 2A for Kansas Statutes Annotated references)

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10 (i)

e. Outcomes listed above in a.-d. would likely have resulted except discovery or intervention or accidental circumstances occurred prior to such outcomes.

f. A pattern of continuing, repeated, or progressively more severe behavior which indicates abuse or neglect. For purposes of determining whether a pattern exists, verified information from Kansas or any other state, federal enclave or Native American tribe or association using the standards of that state or entity. This may include Confirmed, Validated, Substantiated, Affirmed, or Unsubstantiated findings of abuse or neglect from Kansas, another state, federal enclave, or Native American tribe or association. Verified evidence of a prior conviction of a crime against a child may also be considered when determining if a pattern of abuse or neglect exists.

Past Publication Dates: January 1, 2026

2511 Case Finding Decision Points for Family Reports

Publication Date: July 1, 2026

A case finding decision is made weighing the facts and circumstances learned during the investigation and assessment. To make a substantiated case finding, the facts and circumstances must provide clear and convincing evidence of Abuse/Neglect as defined in 0160 Glossary. The facts and circumstances shall provide a preponderance of the evidence of abuse and neglect as identified in the definitions in order to consider a substantiated case finding.

A. Same Finding for Child and Alleged Perpetrator:

1.

unless the alleged perpetrator is unknown. If the information gathered during an investigation provides convincing a preponderance of the clear and convincing a preponderance of perpetrator caused the Abuse/Neglect, a substantiated finding is made for the child regarding an alleged perpetrator.

B. Contact with Alleged Victim Required for Finding:

with the alleged victim, a finding of unsubstantiated or substantiated is made based on information available. For the alleged victims which were not located, "unable to locate" should be selected as the status in the Finding field on the KIDS application.

C. Time Frame:

or district attorney, the court, health care professionals, mental health professionals or for similar exceptional circumstances documented in the case file. Failure to receive information from law enforcement, county or district attorney, the court, health care professionals, mental health professionals, or any other information from relevant professionals or individuals may be considered an exceptional circumstance justifying a delay in an allowable late case received, the PPS supervisor will review the information every 60 days to determine if additional time should be allowed and document such decision in the case file. A

CPS specialist may be designated for the PPS supervisor's absence. See PPM 2531 to document late case findings.

2. The date of the case finding is the date the CPS specialist and the supervisor staffed the case to determine the finding decision. The date of the staffing/consultation is entered on the PPS 2011 in the Date of Finding field. The PPS 2011 is signed and dated electronically in KIDS by the supervisor and CPS specialist. See PPM 2530 for additional information on documenting case finding decisions. The supervisor's electronic signature in KIDS verifies the approval of the case finding.

D. Due Process for Alleged Perpetrator:

1. A substantiated finding on the alleged perpetrator cannot be made unless the alleged perpetrator has been afforded the opportunity to be interviewed by DCF, a law enforcement officer, or a duly appointed member of a multi-disciplinary child protection team. If the whereabouts of an alleged perpetrator are unknown, the opportunity to be interviewed may be documented by sending a letter offering an interview to the alleged perpetrator's last known address.

E. Location of Incident and Victim:

1. A finding of abuse or neglect may be made on the alleged perpetrator and victim in the following situations:

1. a. The incident occurred in Kansas, regardless of where the victim is currently found or resides, or
- The incident occurred in Kansas, regardless of where the alleged
3. c. The child resides in Kansas or is found in Kansas, regardless of where the incident occurred.

F. Minor Case Finding:

1. All investigations of a case with an alleged perpetrator who is a minor and case finding is recommended as substantiated shall be reviewed by the Regional Director prior to completion of the finding. A minor shall be substantiated only if the criterion for substantiation has been met and the alleged perpetrator is at least 10 years old.

G. Addition of a Different Allegation Type:

1. Upon investigation, if the facts and circumstances indicate a substantiated finding on a different allegation type from the allegation type identified on the PPS 1002 Initial Assessment, a substantiated finding shall be made on the allegation type that best describes the facts and circumstances. The allegation type resulting in the substantiated finding shall be added into KIDS by the CPS Supervisor.

2. See PPM 2842 for FACTS instructions.

2530 Documenting the Case Finding

Publication Date: July 1, 2026

The GPS specialist _____

A. The CPS shall document third party and facility case findings ~~shall always be~~

B. Unsubstantiated Case Findings

1. Assessment Map in the Guided Practice App (GPA)

a. The _____

- i. Current and Past Harm
- ii. Current and Past Safety
- iii. Complicating Factors
- iv. Family Resources

b. The CPS shall document the rationale for the case finding ~~shall be~~

2. PPS 2011 Case Findings in KIDS

a. The CPS shall complete Sections I, II, III, V ~~shall be completed~~ in KIDS.

b. Section IV

- i. The CPS shall complete the Date of Finding ~~shall be filled out~~ on the PPS 2011.
- ii. ~~Basis for finding shall state "See Assessment Map."~~ The CPS shall enter "See Assessment Map" in the Basis for Findings

C. Substantiated Case Findings

1. The CPS shall complete all sections ~~shall be completed~~ on the PPS 2011 in KIDS.

2531 Basis for Finding

Publication Date: July 1, 2026

The basis for ~~decision finding~~ should ~~document for~~ **explain to** someone unfamiliar with the investigation why the evidence supports the finding decision. ~~The basis shall include rationale on which the case finding decision is based, the "why" of the finding decision, as related to the specific facts considered from the investigation and assessment.~~

A. In the basis, the Child Protection Specialist (CPS) shall include the rationale for the case finding decisions. This includes addressing the PPS 1002 Initial Assessment and the facts resulting from the investigation.

B. A. Examples of specific facts to ~~considered~~ **consider** basis, as it applies to the circumstances, include, ~~but not limited to:~~

1. ~~;~~
2. **The** child's condition,
3. **The** date of the incident,
4. **A** detailed description and location of ~~bruises/marks/injuries,~~ **bruises, marks, or injuries**
5. ~~how bruises/marks/injuries were determined to be caused,~~ **What caused bruises, marks, or injuries**
6. How ~~it was determined~~ the alleged perpetrator caused the injury,
7. What was ~~found or not found to be~~ harmful to the child,
8. **The** child's reaction to the alleged incident(s),
9. How the child's environment caused harm or likelihood of harm to the child,
10. **The** child and alleged perpetrator's disclosures related to the alleged incident(s),
11. **A** description of impairment to child,
12. **A** detailed description of any physical evidence found,
13. Any additional information to establish **clear and convincing** ~~a preponderance of the evidence.~~

C. B. Refer to Appendix 2B for suggested documentation per allegation type.

D. G. Unable to Locate

1. If a finding hasn't been made due to not being able to locate the child or alleged perpetrator, the basis for finding should summarize attempts made to locate the involved parties.

D. Delay in Case Finding

1. If the case finding is late delayed and the decision exceeds 30 working days from the date of acceptance, the CPS shall document an explanation. shall be given in the basis for decision on the PPS 2011. See PPM 2511 D C. for allowable reasons to delay a case finding.

2. Allowable Late Case Findings

- a. When a case finding is late for an allowable reason per PPM 2511 C., the CPS shall enter "Allowable Delay" on the PPS 2011 Case Findings Section IV: Basis for Findings in KIDS on or before the case finding due date.
- b. When the CPS closes the case, the CPS shall leave the phrase "Allowable Delay" on the PPS 2011 Case Findings Section IV: Basis for Findings in KIDS.

3. Non-Allowable Late Case Findings

- a. If the case finding is delayed late due to a reason not allowable per policy PPM 2511 C., the CPS shall document the following statement shall be documented on the PPS 2011; with the case finding per PPM 2530: "The case finding is delayed due to a non-allowable reason per policy."

2540 Notice of Department Findings

Publication Date: ~~January~~ July

A. The PPS 2012 Notice of Department Findings informs people who have a need to know the outcome of an investigation of child abuse or neglect. The Notice of Department Findings also provides information about the appeal process. The following shall receive the Notice of Department Findings:

1. Parents, including parents not residing in the home of their child who was an alleged victim. ~~The parent not residing in the home of their child shall receive notice because they have equal rights and responsibilities for their child unless there is a court order abridging those rights through a divorce, parentage, or CINC action. A Child Protection Specialist (CPS) and supervisor may decide not to send the notice to the parent not residing in the home of their child if the notice might result in danger to the child or family.~~

a. If there is a court order limiting access to the child's information through a divorce, parentage, or CINC action, the Child Protection Specialist (CPS) shall follow that order.

b. The CPS, after consulting with their supervisor, may decide not to send a notice to a parent not residing with the alleged victim if the notice might result in danger to the child or family.

2. Child, as applicable, if the child lives separate from the family.

3. Alleged Perpetrators, if they are not already receiving a notice as a parent to a child who was an Alleged Victim. If the location of an Alleged Perpetrator is unknown, a copy shall be mailed to the last known address and maintained in the case file.

4. Child Welfare Case Management Provider (CWCMP) if the family is receiving services from a CWCMP.

5. Director of the facility or the child placing agency of a foster home if abuse occurred in a facility or foster home.

6. Kansas Department of Health and Environment (KDHE) if the investigation of abuse/neglect involved a facility licensed or regulated by KDHE.

7. Director of Psychiatric Residential Treatment Facilities (PRTF) if abuse/neglect occurred in such Certified Facility.

8. Regional Mental Health Program Improvement field staff if abuse/neglect occurred in a Licensed or Certified Facility.

9. DCF Foster Care and Residential Facility Licensing if the investigation of abuse/neglect involved a facility licensed by DCF.

~~The Notice of Department Finding shall be mailed, on the same day, or the next working day, as the case finding decision.~~ The CPS or Child Protection Investigator (CPI) will mail the PPS 2012 Notice of Department Findings, or "finding letter," on or before the day they sign the PPS 2011 Case Findings in KIDS. ~~The date on the Case Finding PPS 2011, Date of Finding field.~~

B. Notice of Department Findings on all Case Findings: To be considered adequate notice, the Notice of Department Findings shall contain the following information regarding the following:

1. Names of { }
2. Names of { }
3. Allegation{ }

C. Notice of Department Findings on unsubstantiated case findings: If the case finding is unsubstantiated, the "Basis of Decision" section shall include only the following statement: "Facts and circumstances do not support a substantiated finding by clear and convincing preponderance of the evidence."

D. Notice of Department Findings on substantiated case findings: If the case finding decision is substantiated, the "Basis of Decision" section notice shall also include:

1. Date of report, as documented on PPS 1001 "Report Date"
2. Use of language indicating the standard of evidence being clear and convincing preponderance
3. A specific A brief 's finding decision

Past Publication Dates: January 1, 2026

2550 Findings on Reports Investigated by a Law Enforcement Agency, Native American Tribal Agency, or Military Authority

Publication Date: July 1, 2026

Substantiated findings made on reports received from law enforcement, Native American Tribal Agency or Military Authority shall be documented on the case finding form (PPS 2011) and notices shall be sent as indicated in PPM 2540. There is no entry required in the KIDS computer application.

A. Law Enforcement Agency

- 1.** If DCF receives a report of abuse or neglect which has been investigated by a law enforcement agency and that report contains clear and convincing evidence of child abuse or neglect, DCF shall make a finding with the reported evidence. ~~shall be made if the report contains sufficient information to reach a conclusion using the department preponderance standard of evidence.~~
- 2.** When a case finding is made based on the information received from law enforcement, the case is not required to be assigned for investigation. If the report does not contain sufficient information to make a finding, and the case otherwise meets the criteria for accepting the report, the report shall be investigated/assessed and a finding made using established DCF policies and procedures.
- 3.** If the agency becomes aware of a child's death associated with allegations of abuse and neglect through the media, word of mouth or any source, DCF shall request the law enforcement reports regarding the child's death, even if DCF has not been involved in the investigation. DCF shall review report for the purposes of making a case finding.
- 4.** A case finding is only made when law enforcement reports meet the criteria for substantiation. The substantiated perpetrator is entered into the **Kansas Child Abuse and Neglect Registry** ~~Central Registry~~ based on the law enforcement finding.
- 5.** If the report from law enforcement is regarding a DCF employee as the alleged perpetrator, the finding will be made on the law enforcement report alone without additional investigation. The case finding will be entered into FACTS as described above.

6. Policies regarding Notice of Department Findings apply to reports investigated by Law enforcement, including a DCF employee as the alleged perpetrator.

B. Native American Tribal Agency Tribes with Whom DCF Executed a Memorandum of Understanding:

1. DCF may have a memorandum of understanding with the Iowa Tribe of Kansas and Nebraska Native American Family Services (NAFS), Prairie Band Potawatomi Social Services (PBPSS), the Kickapoo Social Services (KSS) and Sac and Fox Social Services (SFSS) for these agencies to provide protective services to members of their respective tribes.
2. Substantiated findings by NAFS, PBPSS, KSS, and SFSS will be accepted and the substantiated perpetrator entered in the **Kansas Child Abuse and Neglect Registry** ~~Central Registry~~ via the KIPS system. When a case finding is made based on the information provided, the case is not assigned for investigation/assessment. Native American Tribal Agencies will send any notice of substantiation.
3. If a report of an investigation by other tribes is received by DCF concerning a report of abuse or neglect over which the tribe has jurisdiction, a finding shall be made if the report contains sufficient information to reach a conclusion using **clear and convincing** ~~the preponderance standard of~~ evidence. When a case finding is made based on the information provided, the case is not assigned for investigation/assessment. If the report does not contain sufficient information to make a finding, and the case otherwise meets the criteria for accepting the report, the report shall be investigated and a finding made using established DCF policies and procedures.
4. Only reports from other tribes which meet the criteria for substantiation will be entered into the Central Registry via the KIPS system. Policies regarding Notice of Department Findings apply to reports investigated by other tribes. See PPM section 2540.

C. Military Authority

1. DCF shall enter a finding on any investigation conducted by the military or jointly by DCF and military authorities or agencies. If the investigation was conducted by military authorities within the boundaries of the military enclave, and sufficient information was provided to DCF to make a finding, the case is not assigned for investigation/ assessment.
2. Only reports from military authority which meet the criteria for substantiation will be entered into the Central Registry via the KIPS system. Policies regarding Notice of Department Findings apply to reports investigated by military authorities. See PPM section 2540.

D. Entering Findings into the Central Registry

1. The report shall be sent to the Assessment and Prevention Program Manager at PPS Administration. When substantiation criteria is met, the finding shall be entered into the Central Registry via KIPS. The Program Manager shall notify the region when the finding has been entered. The region is responsible for sending the appropriate notices. The “Report Date” on the PPS 2012 Notice of Department Findings shall be the date the Assessment and Prevention Program Manager enters the report in KIPS. The region shall maintain the hard copy file of the report for potential appeals and expungement requests.

2580 Requests for Expungement

Publication Date: July 1, 2026

A person who has been identified as a confirmed (before 07/01/1997) or validated (on and after 07/01/1997) or substantiated (on or after 07/01/2004) perpetrator of abuse or neglect may apply in writing to the Secretary to have his/her name expunged from the child abuse and neglect ~~Central~~ registry. ~~when:~~ The Secretary may expunge the name of an individual placed on the registry when:

A. Three years ~~has~~ve elapsed since the ~~aforementioned~~ perpetrator's name was entered on the ~~central~~ registry, and

B. ~~a change of circumstances or identification of new information, and if~~ The Secretary has considered the following:

1. The nature and severity of the abuse or neglect case against the applicant
2. The number of other substantiated reports of abuse or neglect involving the applicant, circumstances that no longer exist that contributed to the finding
3. whether the applicant was a juvenile at the time of the finding
4. actions taken by the applicant since the incident to prevent the reoccurrence of abuse or neglect

The Secretary shall provide notice to the individual indicating whether a request for expungement was granted or denied, and the notice shall include or be accompanied by information on how to appeal the decision. If the Secretary does not grant an expungement, the individual may appeal such decision to the district court pursuant to the Kansas judicial review act within 30 days after the notice is provided.

~~C.~~ If an expungement is not granted, the individual may request another expungement to the Secretary of DCF after twelve months have passed since the last request was submitted.

If a person requests their name to be expunged from the registry, the person should be directed to make the request by writing to the Secretary of DCF stating the basis for their request. The letter need not follow any particular form and can be emailed to DCF.ChildRegistryExpungements@ks.gov, or by posting a letter to the Secretary of the Department for Children and Families, attention: Prevention and Protection Services, 555 S. Kansas Ave. Topeka, KS. 66603.

3201 Development of the Case Plan

Publication Date: ~~January 1, 2026~~ July 1, 2026

- A. Case plans shall be documented on the PPS 3050 series, determined by type of case and service. A copy of the activities shall be provided to the child and family immediately following the case planning conference. The family and young person shall receive a fully signed copy of the PPS 3050 for family preservation, or PPS 3051 for permanency services.
- B. B. All case plans shall contain the following:
 - 1. At least one objective which describes the desired outcome, what needs to happen differently, and what the anticipated positive impact will be;
 - a. There should be no more than four objectives.
 - 2. At least one activity for each objective which measurably describes what needs to be done and states who is responsible for completing the activity to move towards meeting the objective;
 - 3. Progress for each activity that clearly describes what has occurred since the last conference;
 - 4. What led DCF to refer to family preservation services or foster care services, written in family language and including family perspective;
 - 5. Family support network members, as identified by the family, including relationship to the child;
 - 6. Worries described by the parents or primary caregivers, child, family support network, and other members of the conference;
 - 7. Strengths and areas described as working well by the parents or legal caregivers, child, family support network, and other members of the conference;
 - 8. A review of how the worries noted by members of the conference may impact achieving the case plan goal;
 - 9. What may happen to the child and family if the case plan objectives and activities are not completed;
 - 10. At least 3 specific activities described by the child or young person age 4 and older;
 - 11. Documented list of the persons who were invited to the case plan conference;

12. Educational needs of the child, including grade level and performance;
13. Signatures and participation codes of individuals who participated in the case plan or provided input;

C. Case plans for Family Preservation Services, shall also include:

1. The needs identified by the PPS 2007 Plan of Safe Care, when applicable;

D. Permanency plans for youth in the custody of the Secretary, shall also include:

1. A Permanency Goal per PPM 3231 and concurrent permanency goal, if appropriate;
2. Information on the child or young persons current placement;
3. A completed PPS 3060 when a child or young person is assessed by an independent assessor for placement in a Qualified Residential Treatment Program;
4. The PPS 3052 and PPS 3053 shall be provided to DCF with each PPS 3051;
5. Services documented on the PPS 3057. When there are IL services for youth, regardless of age, they should only be marked on the PPS 3057 if the service meets the definition of an IL service in the PPS 3057A.
6. For young persons, age 14 and older, at least one independent living skill requested by the young person;
7. How a safe and least restrictive placement has been considered;
8. The consideration and proximity in which the child or young person is to a parent when reintegration is the primary goal;
9. The consideration and proximity in which the child or young person is to their school of origin;
10. An activity to complete Casey Life Skills Assessment (CLSA);
11. The 3059A for all youth aged 14 and older in out of home placement. Youth 14 and older in out of home placement and on the I/DD waiver or waitlist shall have a PPS 3059B instead of the PPS 3059A;

Past Publication Dates: January 1, 2026

3204 Accommodations for Participants

Publication Date: July 1, 2026

If any of the participants are non-English speaking or ~~hearing-impaired~~ **Deaf or Hard of Hearing**, the Child Welfare Case Management Provider is responsible for making arrangements to have an interpreter present at the case planning conference.

Consideration shall be given to ensure parents/children with disabilities to have adaptive/supportive services and/or adaptive equipment to maximize their participation in the case planning process.

The CWCMP shall provide transportation to parents/caregivers for case planning conferences, as needed, when the case plan goal is reintegration.

3207 Case Planning Participation and Signatures

Publication Date: July 1, 2026

Participants in case planning conferences are selected based on their involvement in the life of the child(ren) and the type of case plan being developed. All participants shall have equal opportunity to participate and shall be encouraged to actively engage in discussions and work together to address any danger that led to agency involvement or is preventing the family from achieving their permanency goal.

A. Participants

1. Participants Required for Every Case Plan

a. Parents and Other Legal Caregivers

- i. Diligent and ongoing efforts shall be made to locate and engage all parents and legal caregivers in case planning and documented in the case file.
- ii. For case plans with a goal of maintenance at home, one of the parents with whom the child lives shall be present at the case planning conference, either in person or by phone.
- iii. For out-of-home service cases, if after diligent and ongoing efforts, including notice as described in ~~C-B~~.1, a parent does not attend, the meeting may continue, and activities can still be assigned to the absent parent. Following the case planning conference, the CWCMP must continue to attempt to review the case plan with absent parents.
- iv. Incarceration, living out-of-state, or other exceptional circumstances that restrict the ability to participate in person do not automatically preclude a parent or legal caregiver from being engaged as a participant in their case plan. Alternative methods to participate shall be offered to the parent, including the option to provide input in advance of the meeting. If there is not a child in DCF custody, the same efforts to involve the non-custodial parent are required when appropriate.
- v. If there is a no contact order, the parent or legal caregiver maintains the right to have full information regarding their child,

unless otherwise stated in the no contact order. Notification of the case planning conference shall be sent with additional information informing the parent:

- a. That due to the no contact order they will not be able to attend the meeting in person.
- b. A description of the alternative method(s) by which they will be engaged in development.

b. Child(ren)

- i. Children, age 7 or over, shall be included in the case planning meeting unless it has been determined they do not have the cognitive ability to understand the process and to participate. If the child does not have the cognitive ability to participate, diligent efforts shall be made to collect their input on the plan prior to the case planning conference. These efforts and the child's contributions shall be reviewed during the conference and documented in the case file.
- ii. For out of home placement cases, when children, age 14 or older, are not present for the conference, the case manager shall discuss the diligent efforts to include the youth with the case planning team in addition to documenting the efforts in the case file. If the youth's absence is due to a reason other than reduced cognitive ability (I/DD) or a youth missing from care, the case plan shall be rescheduled at a time that allows the young person to participate. After two attempts to hold a case plan for which the youth is not present, the case planning team may continue with the plan's development at the third meeting to ensure timeliness of the case plan completion.

c. The responsible case manager from the Child Welfare Case Management Provider (CWCMP), DCF, or the Community Family Services Provider.

- i. If the worker assigned to the case is unexpectedly unable to participate, their supervisor or another worker familiar with the case may conduct the case plan in their absence.

2. Additional Participants Who Shall be Invited for Out-of-Home Service Cases:

a. Third Party

- i. The third-party participant is a person who may have involvement with the family but is not directly responsible for providing services to the child and family. An out-of-home case plan may not be held without a third party present.
 - b. The DCF staff assigned
 - c. The guardian ad litem
 - d. The resource family, including relative and non-related kin providers, for a child in out-of-home placement
 - e. The Court Appointed Special Advocate (CASA), if applicable
 - f. The tribal representative for children when ICWA applies. The tribe shall also receive a copy of the signed case plan
 - g. The DCF Regional Independent Living Coordinator or designee
 - i. Required participant for all youth in out-of-home placement with a case plan goal of APPLA, beginning at age 16, and all youth age 17 and older, regardless of case plan goal, to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The youth's updated PPS 3059A *My Plan for Successful Adulthood* or PPS 3059B *My Adult Services Plan* shall be sent to the Regional Independent Living Coordinator with the case planning conference invitation.
 - h. The responsible HCBS waiver agency and the HCBS waiver case manager for youth receiving HCBS waiver services.
 - i. If the family/youth intends to move to a different area to receive HCBS waiver services, this may involve inclusion of more than one service provider.
 - i. For children age 14 and older:
 - i. No more than two case planning team members selected by the youth, who are not the youth's case manager or foster parent, and are able to represent the best interests of the youth.
3. Additional participants who shall be invited, when applicable:
- a. Residential or institutional setting treatment staff if the youth is in a residential placement

- b. The prospective custodian and network, if permanent custodianship or SOUL Family Legal Permanency is the permanency goal
 - c. The prospective adoptive parent(s)
 - d. Teachers
 - e. The education advocate assigned to the child
 - f. The youth's positive supportive adult(s)
 - g. Any other individuals important to the family or the child who can contribute to the case planning process
 - h. The case manager or a guardian of a parent with a disability, either physically or cognitively, who is involved with a Center for Independent Living (CIL) or a Community Developmental Disability Organization (CDDO)
 - i. The corrections counselor for an incarcerated parent or parole officer for a paroled parent
 - j. Child Placing Agency staff responsible for support to the foster family where the child is placed
 - k. Individuals from Community Corrections or Court Services who are working with youth involved in the juvenile justice system
4. When an invited participant who is not indicated as a required participant cannot attend the case planning meeting but would like to provide their input in advance, the CWCMP shall receive that input and include it in consideration when developing the plan with the family.

B. Notification of Conference Participants

1. Any child or youth in the custody of the Secretary, notification shall be given to required participants in writing at least 10 days prior to the date of the case planning conference. Documentation of the notice shall be retained in the case file.
- a. Parents and legal caregivers shall be the only case plan participants who may request the case plan be held without the opportunity for providing the 10-day notice to required participants. The request and decision shall be documented in the file.

- b. The 10-day notice shall be provided by e-mail, fax, or letter. If mailed, allow three (3) additional working days for mail delivery time to provide sufficient notice to all parties.
2. If the family is being served by a CWCMP and it is anticipated the permanency goal may be different from what it was at the last case planning conference, the notice shall include notification of the possible change.
3. If DCF is providing Family Services, DCF shall provide the notification.
4. If services are provided by a Child Welfare Case Management Provider, the Child Welfare Case Management Provider shall provide the notification.

C. Participant Education

1. All participants shall be educated on the purpose of the case planning conference.
 - a. This education shall be accomplished by making available to the participants the handout "An Introduction and Parents Guide to Family Service and Family Preservation (child not in custody) Case Planning Conferences", PPS 3049A, for family service, and Family Preservation cases. For children in custody cases, the parents will be provided "An introduction and Parents Guide to Child in Custody Case Planning Conferences". The parents shall also be referred to the Family Handbook, PPS 5137, for the initial case planning conference.
2. For the initial case planning conference, the Child Welfare Case Management Provider or DCF CPS Specialist, for cases not referred to provider, shall meet with the family in person to describe its purpose. This education shall be documented in the case logs.

D. Participant Signatures

1. To be approved by DCF, case plans must contain a signature for every person who participates in the case planning conference.
2. In-Person participants must sign the form, either by hand or electronically. If a person participates by phone or by video, a copy of the PPS 3050 or 3051 shall be sent to them for an electronic signature or to sign by hand and return. The CWCMP shall document, at minimum, one effort to obtain signatures from each participant and provide to DCF alongside the case plan. Provision of these efforts meets requirements for case plan approval. Should the CWCMP obtain more signatures after submission, the CWCMP shall provide the additional signatures.

3. a. If a person who has participated by phone or by video does not have the resources or ability to sign the document electronically or by hand, the CWCMP may accept written acknowledgement of participation in the case plan and consent in the form of an e-mail or text message from the participant to sign on their behalf. This written consent shall be documented and included with the case planning documents when submitted to DCF for approval.

4. All Signatures shall be dated with the date the person participated in the case planning conference.

3231 Development of Permanency Goals

Publication Date: July 1, 2026

There are six possible permanency goals: maintenance of the child at home, reintegration, permanent custodianship, adoption, SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency, and Another Planned Permanency Living Arrangement (APPLA).

Each case plan shall contain a permanency goal for the child. Each child in the Secretary's custody and in out of home placement shall have a concurrent permanency goal established, if appropriate, pursuant to Appendix 3F. Also, see Section 3232. The permanency goal shall be established at the first case planning conference. The case plan shall be monitored until the permanency goal is achieved. The permanency goal may be changed when it is apparent the original goal cannot be met within a reasonable time frame.

Permanency goals and progress toward meeting the goals are documented on the PPS 3050 Family Service/Preservation Plan or PPS 3051 Permanency Plan.

A. Maintenance of the Child at Home

1. Maintenance of the child at home is the preferred goal. The child's safety must be assured. Family services or family preservation services shall be considered as options to prevent out-of-home placement of the child.
2. The DCF CPS Specialist has the primary responsibility for the initial assessment of the family and for determining the safety of the child. Once the case is referred to a provider, the DCF CPS Specialist and the Child Welfare Case Management Provider (CWCMP) case manager are responsible for continuing to assess the safety of the child.
3. The tasks required to meet the goal of maintaining the child safely at home are recorded on the PPS 3050, Section 4, Maintenance Objectives.

B. Reintegration of a Child in Out-of-Home Placement

1. For children who cannot remain with their family and must be placed in out-of-home care for their safety and well-being, the preferred permanency goal is reintegration. Case planning is directed toward addressing concerns which led to the child being removed from their home. The CWCMP shall provide an array of

services to allow the parents to safely resume responsibility for the child in the home in the shortest time possible.

2. The initial permanency goal for children in out-of-home placement shall be reintegration and efforts shall be made by the CWCMP to achieve that goal, unless the court has found that no reasonable efforts to reunify are required. (See Section 3371)

3. Activities needed to accomplish the permanency goal of reintegration are recorded on the PPS 3051, Section 3, Permanency Objectives, **Services and Activities**.

4. Agency efforts and family progress toward meeting the goals in the case plan are documented in the case logs. This information is reported to the court at every hearing.

C. Adoption

1. When reintegration is not viable, adoption is the preferred permanency goal in most cases.

a. If a child has been placed out of home for 12 continuous months at the time of the most recent case planning conference, the permanency goal of adoption shall be considered.

2. Factors to consider when determining if adoption should be the permanency goal include:

a. The parent's lack of progress in completing the goals and objectives of the case plan successfully;

b. A youth's interest in adoption if age 14 or over;

c. The probability an adoptive family can be developed for the youth;

d. The youth is already placed with relative or non-related kin;

e. Age, disability, acute or chronic illness, behavioral issues, or any other single decision element shall not be the deciding factor when considering whether or not to pursue termination of parental rights and to select adoption as the permanency goal for a specific child. The best interests and well-being of the child are the goal for any plan for a child's permanency.

3. If adoption was considered but not established as the goal, the reasons shall be documented in the summary section of the PPS 3051, Section 6.
4. If adoption is established as the goal, the possibility of obtaining a relinquishment of parental rights from the parent(s) shall be considered during the case planning conference and by the 12th month of out-of-home placement.
5. Relinquishment, if deemed appropriate, shall be discussed with the parents and documented in the summary section of the PPS 3051, Section 6.
6. Activities needed in order to achieve the permanency goal of adoption are recorded on the PPS 3051, Section 3 Permanency Objectives.
 - a. More than three objectives may be added to this section if necessary.
7. Progress toward meeting the objectives associated with the permanency goal of adoption is recorded on the PPS 3051, Section 6.

D. Permanent Custodianship

1. Permanent custodianship allows the custodian to exercise all the rights and responsibilities of a parent without the on-going oversight of DCF, as determined by the Permanent Custodianship order. Custodianship may be an option for youth with or without the termination of parental rights.
2. The activities required to meet the goal of permanent custodianship are recorded on the PPS 3051, Section 3, Permanency Objectives.
 - a. More than three objectives may be added to this section if necessary.
3. Refer to Appendix 6F for more extensive information on Adoption vs. Permanent Custodianship.

E. SOUL Family Legal Permanency

1. SOUL Family Legal Permanency is defined as "Support, opportunity, unity, legal relationships family legal permanency" or "SOUL Family Legal Permanency" means the appointment of one or more adults, approved by a youth who is 16 years of age or older and the subject of a child in need of care proceeding, pursuant to the child in need of care code and amendments thereto. SOUL Family Legal Permanency also recognizes additional relationships with a broad network of caring adults.

2. The CWCMP shall assess if appointment of a SOUL Family Legal Permanency custodian(s) best meets the youth's needs. The CWCMP shall also prepare all identified SOUL Family Legal Permanency Custodian(s) for the responsibility associated with becoming a SOUL Family Legal Permanency Custodian.
3. Factors to be considered in the case planning conference when determining if a youth might be appropriate for SOUL Family include: age, agreement and approval of the youth, sibling connections, consent of the youth's parent's if parental rights are still intact, connection to the identified SOUL Family, the agreement and suitability of the potential custodian(s) to care for the youth.
 - a. SOUL Family Legal Permanency may be considered as a permanency goal if the young person is above the age of 18 and the Child in Need of Care court case remains open as long as the requirements in E.4. have been met.
 - b. Siblings of eligible youth may not be appointed a SOUL Family Legal Permanency custodian unless all identified requirements are met per E.4.
4. The permanency goal of SOUL Family Legal Permanency may be appropriate when the requirement below has been met;
 - a. Agreement and approval of a youth aged 16 years of age or older.
5. If there is more than one SOUL Family Legal Permanency Custodian identified, one individual shall be designated as primary custodian by the court with the approval of the youth and the individual to serve in such role in the event a dispute arises.
6. Agreement and consent of the youth's parent(s) is required for appointment unless there has been a finding of unfitness or termination of parental rights and consent is no longer required.
 - a. Should the youth's parent(s) be unwilling to consent to the appointment of SOUL Family Legal Permanency, CWCMP must explore other permanency goals for the youth. If a parent has consented to appointment of SOUL Family Legal Permanency based upon a belief that the youth's other parent would also consent or be found unfit, and such parent does not consent, the consent shall be null and void.

b. Should the youth's parent(s) location be unknown, the CWCMP shall attempt to locate and engage the parent(s), at minimum, with 3 attempts, utilizing different methods of communication.

c. If the young adult is above the age of 18, agreement and consent of the young adult's parent(s) is still required, if parental rights are intact.

7. Appointment of a youth with a SOUL Family Legal Permanency ends DCF custody and allows the SOUL Family Legal Permanency Custodian(s) to make decisions and be responsible for the day to day care of the youth.

8. SOUL Family Legal Permanency may recognize other individuals identified as supportive connections for the youth by the youth. These identified individuals shall testify to the courts they accept the role. These supportive connections are acknowledged by the court that they will provide support for the youth agreed to by the youth and the SOUL Family Legal Permanency Custodians. Such individuals shall have no legal obligations or rights related to the youth per the court's recognition.

9. While DCF custody ends upon appointment of SOUL Family Legal Permanency, court jurisdiction continues until terminated pursuant to statute.

F. Another Planned Permanency Living Arrangement (APPLA)

1. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation shows compelling reasons exist which make all other permanency options unacceptable. The compelling reasons may include:

a. An older teen requests emancipation;

b. A parent cannot care for their child regardless of supports due to limitations of their own disability, but a significant bond exists between them, while the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;

c. A tribe has identified a planned permanency living arrangement for an Indian child.

2. Choosing this option is appropriate only when there is a specific, long-term placement for the child. Long-term out of home placement is not an acceptable permanency option and shall not be chosen as a planned permanency living arrangement.

3380 Reports to the Court

Publication Date: July 1, 2026

The Child Welfare Case Management Provider (CWCMP) shall provide ~~comply with providing~~ the court any information needed for hearings. The information shall be provided in a timely manner. ~~to ensure the court receives the information before a hearing is held.~~

For a child in DCF custody, ~~placed at home or out of home~~, a report must be submitted to the court of jurisdiction within 30 calendar days of the date the child entered custody and at least 180 days thereafter. The court does request a report prior to the permanency hearing, and may request interim reports at any time. The Child Welfare Case Management Provider shall comply with all such requests.

Reports shall effectively document all case activities, service needs and plans for the child and family, progress being made to achieve the goal, and substantial consideration of grandparents, as outlined in PPM 3341. The report shall also include recommendations for further work with the child/family. The CWCMP shall use the Court Report form, PPS 3003, if required by the court, and other attachments as necessary, including reports from other professional providing services to the child/family. A copy of the Court Report, PPS 3003, if required by the court, and any attachments shall be sent to DCF at the same time it is sent to the court. ~~a report must be submitted as ordered by the court, or in the absence of a court order within 15 calendar days of the hearing, as determined by the court. the date the child entered custody and at least 180 days thereafter.~~

The initial permanency hearing takes place within 9 months of the date the court authorized the child's removal from the home, and at least every 6 months thereafter.

A. Reports shall effectively document:

1. Individual court case number, hearing type, county in which court is held
2. Names, DOB, age, gender of all children in the family
3. If medical card, social security card, birth certificate and driver's license (if applicable), have been obtained or requested
4. List of children whom the Interstate Compact on Placement of Children (ICPC) applies
5. If the Indian Child Welfare Act (ICWA) applies
 - a. Provide the name of the tribe and communication with the tribe or active efforts to communicate with the tribe
 - b. If the tribe has responded to notices, include their current position regarding monitoring, intervention, or request to transfer
6. Provide documentation of kinship, relative and non-related kin, exploration efforts
 - a. Names, address, phone number, and relationship of relatives.

b. Provide information on genetic testing results if applicable

i.

paternal grandparents.

7. Information on child(ren)'s current and former placements

a. Name, address, phone number and placement type

8. All case activities, service needs and plans for the child and family.

9. Progress being made to achieve the goal and recommendations for further work with the child/family

a. The CWCMP's opinion and basis for the opinion regarding whether reintegration remains a viable alternative

10. Child well-being, physical, mental and emotional health, and educational information for each child, including:

a. School, grade, accommodation plans, and anticipated graduation date.

b. Steps to ensure that the child's foster family home or child care institution follows the reasonable and prudent parenting standard

c. Regular, ongoing opportunities to engage child in age or developmentally appropriate activities

11. Recommendations to the court regarding permanency goals

12. If a child is a cross over youth involved with court services or community corrections.

13. Any medication the child is taking

a. Include name of the medication, reason, and dosage

14. Any additional information requested from the court.

B. The CWCMP shall use the Court Report form, PPS-3003, If required by the court, other attachments as necessary, including, but not limited to reports from other professional providing services to the child/family.

C. For children with a case plan goal of APPLA, at each permanency hearing, the CWCMP shall document in the court report:

1. The intensive, ongoing efforts to place the child/youth with a fit and willing relative, legal guardian, or adoptive parent;

2. That the child's placement follows the reasonable and prudent parenting standards and opportunities to participate in appropriate activities;

3. What permanency outcome the child's desires.

4. Programs and services that are being provided to the child that will help the child prepare for the transition from custody to a successful adulthood.

D. For children with the case plan goal of adoption, the CWCMP shall complete the Adoption Tracking Tool (ATT) and the ATT shall ;

1. Be provided to DCF and,

2. Be filed separately with the Court using the Adoption Tracking Tool file type. The adoption tracking tool should not be attached to the Court Report.

3815 Entering Removal Information

Publication Date: July 1, 2026

Enter Removal codes, dates, and reasons and other circumstances are entered only for those children in DCF custody who were have been removed by a type of court order ("C") from their home or been voluntarily relinquished ("V") by a caregiver to the agency by their care giver. The date of removal Removal Date is the date when the child was removed from the home and should must match the Initial Foster Care Referral or date of Relinquishment on the YA 2303. The removal date may be different than It may differ from the date of DCF custody date but cannot be earlier than the child custody Plan Start Date.; however, the removal date entered into FACTS cannot be a date prior to the start date of the child custody plan. A removal date is only entered Enter the Removal Date only once for each per custody episode. FACTS can record allows up to 15 (fifteen) removal reasons and circumstances. To the greatest extent possible, FACTS reasons and circumstances for removal shall match reason(s) and circumstance(s) on , which should align as closely as possible with the Foster Care Referral form. Enter Record the primary reason for removal from Primary Removal Reason, Secondary Removal Reason, Other Removal Reasons and Other Family Circumstances Present at Removal as indicated on the Foster Care Referral. These codes shall be entered on the PLAN screen in the order that they appear on the Foster Care referral. in the first reason for removal on the PLAN screen. Enter the secondary reason for removal from the Foster Care Referral in the second reason for removal on the PLAN screen. If a child is removed from the home for reasons of maltreatment (e.g. physical abuse or neglect) and reasons of non-abuse neglect/(FINA) (e.g. child behavior problem or caregiver inability to cope), then select and enter the reason (s) of maltreatment prior to entering the reasons of non-abuse neglect/(FINA) unless the non-abuse neglect/(FINA) reason is the primary reason for removal. The removal date is a field subject to timeliness error for AFCARS if not entered timely.

Removal address and event information shall be entered on the RMLA screen. Enter the Event number associated with the removal, the address of removal, the primary removal person and secondary removal person information as it appears on the Foster Care Referral. Utilize additional resources to obtain any unknown information. Enter the address of the removal home on the RMLA screen from the Foster Care Referral. If the address is unknown, such as in the case of abandonment or homelessness, the address will need to be listed shall be entered as Unknown and the zip code will be all zeros. The event # (intake) associated to the removal will also need to be entered on the RMLA screen and is located on the Foster Care Referral. Enter the First and

~~Second Removal Parent/Guardian names from the PPS 5110. If there is a female removal parent, enter them as the First Removal Parent/Guardian. Indicate if date of birth is estimated. If the date of birth(s) for the parent/Guardian(s) primary or secondary removal person cannot be obtained, enter an estimated birth month and day of 01/01, with a year of birth which is 20 years older than the estimated year of child's birth and indicate Y for being an estimated date of birth. Complete the Tribal Affiliation field.~~

4235 Recommendation for Continuation of Specific Services

Publication Date: July 1, 2026

When a family has specific, identified needs and is receiving services under a Client Purchase Agreement (PPS 2833) is referred for Family Preservation Services, the CPS Specialist may recommend the current Client Purchase Agreement be continued. If a recommendation to continue services under the existing Client Purchase Agreement is made, DCF is responsible for the costs associated with the Client Purchase Agreement.

The continuation of such services is to be authorized at the time of the referral and documented on the Family Preservation Services referral form (~~PPS-5000~~)(PPS 4200). For purchases under \$1,000, the supervisor's signature is required; for services between \$1,000 and \$4,999, the Regional Program Administrator or designee's signature is required. Services for more than \$5,000, require a state contract. (See PPS Handbook for Client Purchases) When a referral to Family Preservation Services has been made and the family has accepted services, no additional Client Purchase Agreements for services are to be approved by DCF.

PPM 5228 Genetic Testing

When a court orders genetic testing for a child in the custody of the Secretary who is placed out of home, the assigned Child Welfare Case Management Provider (CWCMP) for that child is responsible for completing a referral for testing, supporting completion of testing, and receipt and dissemination of results.

A. Each CMP shall develop and maintain one designated shared e-mail inbox for the purpose of sending and receiving genetic testing information.

B. Once filed with the court, the CMP shall send the court order for testing and a completed PPS 5480 Referral for Genetic Testing to the DCF.PPSCSS@ks.gov mailbox and copy the assigned DCF Regional Foster Care Liaison or, if applicable, the shared regional DCF Foster Care inbox.

1. The court order and referral documents must come from the CMP shared inbox. Any request received that does not come from or include the shared mailbox will not be processed.

C. Once the referral has been received, the Child Support Services(CSS) contractor will begin the process of facilitating testing. The CMP shall ensure prompt communication with the contractor and support facilitating testing of the child when necessary.

D. Once testing is complete, results will be returned by the CSS contractor directly to the CMP inbox which submit the request. Once Results are received, the CMP shall:

1. File them as soon as possible with the court

2. Notify the parents in writing of the results and document the notification

3. Provide a copy of the results to the assigned DCF Foster Care Liaison or, if applicable, the shared regional DCF Foster Care inbox.

a. If the CSS contractor included the assigned DCF Foster Care Liaison or, if applicable, the shared regional DCF Foster Care inbox in the correspondence that included results, an additional copy does not need to be provided to DCF.

5233 Placement Definitions

Publication Date: July 1, 2026

Children and Youth in the custody of the Secretary may experience various types of placement, in diverse settings, throughout their time in out-of-home care. Having a clear and consistent understanding, across placement providers of placement options, supports, informed and consistent decision-making to meet the individual needs of youth. Having a clear, shared understanding of placement options and supports among placement providers enables consistent, informed decisions that meet each youth's individual needs.

A. Placement Settings

As a result of being placed out-of-home, youth in the custody of the secretary may experience placement in the following settings:

1. Family-Like
 - a. Relative Homes
 - b. Non-Related Kin Homes
 - c. Licensed Family Foster Homes
2. Congregate Care Facility
 - a. Detailed information on the different congregate care settings available for youth in the custody of the Secretary can be found in the DCF Placement Standards Manual.
3. Residential Medical Care Facility
 - a. Psychiatric Residential Treatment Facility
 - b. Other Medical Type Residential Treatment

B. Placement Types

Youth in the custody of the secretary may experience the following types of out-of-home placement:

1. Long-Term
 - a. Placement providing continuity in caregiving and intended to remain stable until youth reunify with their family, find a permanent family arrangement through adoption, permanent custodianship, SOUL Family Legal Permanency, or reach adulthood.
 - b. Long-term placement in a relative or non-related kin setting is the preferred placement for children and youth in the custody of the secretary.
2. Transitional
 - a. Placement providing continuity in caregiving and intended to remain stable only until the Child Welfare Case Management Provider

(CWCMP) locates a long-term, therapeutic, or group care placement which meets the youth's individual needs.

3. Overnight

- a. Placement providing care during overnight hours only.

4. 3. Therapeutic

- a. Placement for youth addressing specific mental or behavioral health challenges through a designed treatment plan. Therapeutic placements provide care until a youth achieves readiness for either reunification or long-term placement in a family-type setting.
- b. Families who wish to provide the therapeutic placement type must be approved to do so.

5.4. Group Care

- a. Placement in a congregate care setting is intended to support youth while any challenges preventing them from maintaining in a family-like setting are addressed. This placement type supports readiness for either reunification or a move to long-term placement in a family-like setting.

6.5. Crisis

- a. Brief placement for children who need immediate care due to an unpredictable, urgent, or emergent situation until other care meeting the youth's individual needs can be located.

C. Other Placement Terms

1. Short-Term

- a. Any placement, regardless of setting or type, with a duration of 14 days or less.

2. Respite

- a. Temporary care of a child outside of their current placement. Respite is a service providing relief to a family-like placement provider.

3. Night-to-Night

- a. A one calendar day placement that is not the same residence address for consecutive days.

4. Overnight

- a. Placement providing care during overnight hours only
- b. Overnight placement may only occur in rare and exceptional circumstances where the overnight hours meet the specific needs of the child

- c. CWCMP are responsible for ensuring no child experiences overnight placement unless there is a rare or exceptional circumstance.

4. ~~Re-Occurring Overnight~~

- a. ~~An overnight placement re-occurring at the same address for consecutive days.~~
- b. ~~Instances of weekend placement in homes that were providing transitional overnight placement immediately prior to or following the weekend shall continue to be considered re-occurring overnight.~~

5. Failure to Place

- a. Child or youth who is temporarily housed or maintained overnight at a CWCMP office or other location including but not limited to:
 - i. hotels or motels
 - ii. other commercial non-foster care establishments
 - iii. cars retail establishments unlicensed homes of DCF's,
 - iv. Contractor's or Grantees' employees
- b. Failure to Place occurs when the child has arrived at a CMP's office before 12:00 a.m. (midnight) of one day and there is failure to place the child in an appropriate placement before 6 a.m. of the following calendar day, absent extraordinary circumstances.
 - i. "Extraordinary Circumstances" shall be defined as an immediate or imminent crisis whereby measures must be taken to protect the safety and security of the child or youth. A lack of safe and/or appropriate placement options does not constitute extraordinary circumstances.
 - ii. Examples of extraordinary circumstances may include:
 - a. Weather or road conditions which create hazardous or unsafe travel conditions,
 - b. Public health advisors (shelter in place orders), or
 - c. Similar emergency situations.
- c. CWCMP are responsible for ensuring no child experiences failure to place.

6. Pre-Adoptive

- a. Refers to a long-term placement who has signed a PPS 6130 Adoption Assistance Agreement.

7. Stand-by

- a. Refers to transitional placement provided through the Standby Bed Network.

5238 ~~Teen Parents/Infants~~ **Pregnant or Parenting Youth**

Publication Date: July 1, 2026

The Child Welfare Case Management Provider (CWCMP) shall arrange placements and coordinating services for teen parents with their infants when infants are not in DCF custody.

A. ~~The CWCMP shall provide necessary child care expenses for children and for the infants of teen parents when funds for child care are not available from other sources.~~

B. ~~A. Teen Parents/Infants~~ **Parenting Youth** (infants **child** not in custody)

1. ~~The CWCMP shall provide necessary childcare expenses for children and for the infants of teen parents to support parenting youth when funds for childcare are not available from other sources.~~
2. ~~Teen parents~~ Parenting youth in the custody of the ~~S~~Secretary and their ~~infants~~**child** shall be placed together. The ~~teen parents~~ **parenting youth** shall be given every opportunity to parent the ~~infant~~ **child** with support from the ~~care~~ **placement** provider.
3. ~~The Child Welfare Case Management Provider CWCMP shall arrange placements and coordinating services for teen parents parenting youth with their infants child, when infants child is are not in the DCF custody of the secretary.~~
4. The ~~teen parent's~~ **parenting youth's** case plan shall reflect a need for services, goals, and objectives which will allow the ~~infant~~ **child** to remain in placement with their parent.
5. Pregnant and parenting youth in the custody of the ~~S~~Secretary with ~~infant/ a~~ **child** not in the custody of the ~~S~~Secretary are eligible for Family First Prevention Services. The CWCMP will complete the Prevention Plan which is integrated in ~~into~~ the ~~child's~~ **pregnant or parenting youth's** Permanency Plan and will notify the PPS Foster Care Liaison to make the appropriate referral to ~~the services needed~~ **needed services**.

C. ~~B. Teen Parents/Infants~~ **Parenting Youth and Child** in ~~C~~ custody

1. When both the ~~teen parent and the infant~~ parenting youth and child are placed in the custody of the Secretary, a referral of the ~~infant child~~ shall be made to the CWCMP serving the parenting youth.
2. The CWCMP shall place the ~~teen parent~~ parenting youth and infant ~~their child~~ in the same placement setting, ~~as long as~~ if there are no issues involving the safety of the ~~infant child~~ that would preclude the placement together. The CWCMP shall provide services to the ~~teen parent~~ parenting youth to facilitate the parent's youth's ability to provide on-going care for the ~~infant child~~.
3. Placement of the parenting youth and child in the same placement, while both are in the custody of the secretary, is not considered reintegration.
4. The ~~infant child~~ shall only be considered reintegrated when:
 - a. When released from custody to their parent, regardless of the parenting youth's custody status;
 - b. ~~The teen parent parenting youth is released from the custody of the Secretary,~~ when placed with their parent who is the custody of the secretary and the parenting youth is in an independent living situation
 - i. Except when the teen parent is in the custody of the secretary while in an independent living situation, if the ~~infant child~~ is placed with their parent, who is in custody of the secretary at the time they move into the independent living situation, ~~shall be considered to be~~ the reintegrated as of the date shall be the date the parenting youth the ~~teen parent~~ enters the independent living situation.
 - ii. A. The court shall be informed the ~~teen parent~~ parenting youth will be responsible have the responsibility of for the care of the ~~infant child~~ when they are both moving to an independent living arrangement.
 B. If the ~~teen parent is leaving care at age 18 and waives aftercare services,~~ the infant shall continue to receive 6 months of aftercare until completed.

c. If the parenting youth is leaving care at 18, and chooses to not engage in aftercare services during the 6 month period for themselves, the child shall continue to receive 6 months of aftercare.

5239 Paternity, Presumed Fathers, and Putative Fathers

Publication Date July 1, 2026

A. Paternity is the relationship between a father and his child. Establishing paternity is the process of making this a legal relationship. Paternity is established through marriage, signing the Acknowledgment of Paternity or Court Order. An acknowledgment of paternity creates presumption of paternity.

B. Establishing paternity is the process of determining a legal relationship and until this occurs; ~~putative family are not defined as a relative and would be recognized as non-related kin placement.~~

C. A presumed father is the **an** individual the law presumes, until shown otherwise, to be the legal father of a child. ~~This may not be the actual~~ **Legal presumption of paternity could exist regardless of whether the individual is the** biological father of the child. It is possible to have multiple presumed fathers. **Reasons that** Kansas Law presumes a man is the father of a child if **include are outlined in K.S.A 23-2208.** ~~, but are not limited to:~~

- ~~1. The child was born during the marriage or within 300 days after the filing of~~
- ~~2. He attempts to marry and voidable marriages still count to create a presumption. A void marriage also creates a presumption as long as the child was born within 300 days from the end of cohabitation;~~
- ~~3. He notoriously or in writing recognizes paternity of the child;~~
- ~~4. Genetic tests show probably greater than 97% that he is the father; and/or~~
- ~~5. He is obligated to support the child by court order; K.S.A. 23-2208~~

D. A putative father is an individual alleged, identified, or claiming to be the biological father of a child whose legal paternity has not been established, and who doesn't meet criteria for being a presumed father. A putative father has not been legally determined or presumed to be the child's father, though the individual may still have a relationship with the child.

E. When determining whether a putative or presumed father should be involved in case planning, the Child Welfare Case Management Provider (CWCMP) shall not

rely solely on legal establishment of paternity to determine whether or not to engage them in planning.

1. CWCMP's shall include presumed and putative fathers in ongoing engagement and case planning unless one of the following is documented:

a. their identity or whereabouts remain unknown despite ongoing efforts to locate;

b. they have declined involvement;

c. a court has ordered they shall not be involved;

d. their involvement is determined by the CWCMP to not be in the child's best interest. Documentation should include rationale for this determination by the CWCMP.

F. The Kansas Putative Father Registry was established pursuant to K.S.A. 23-36,201(a)(7) in 1994. This statute directs that the Registry shall be kept by the Secretary of the Department for Children and Families. The statute does not require that the Registry be searched prior to proceeding with an adoption (although anyone may make an inquiry to see if someone is registered). It also does not require DCF to take any action other than to maintain the Registry. DCF is not responsible for ensuring information is accurate or current. DCF is under no obligation to notify a registrant if an inquiry is made. Finally, registering with the Putative Father Registry subjects a putative father to the jurisdiction of the state if he is a non-resident. To add a father to the registry please contact Child Services Support and they will direct you.

5252 Assessing for Child Social Security Income and Other Federal Benefits

Publication Date: July 1, 2026

DCF requires, ~~alongside~~ Child Welfare Case Management Providers (CWCMP), ~~are required to~~ screen all children in the custody of the Secretary and apply, or refer for application, for federal benefits.

A. Assessment of potential benefits shall be completed by the CWCMP using the Appendix 3J1, Screening Tool for Federal Benefits. Federal benefits that should be explored include:

1. Child Supplemental Security Income (SSI),
2. Parents' retirement benefits (RSDI),
3. Parents' Veteran Administration benefits (VA),
4. Parents' Social Security Death Income (SSA),
5. Parents' Railroad retirement benefits (RR).

B. The CWCMP ~~for the child or young person~~ shall use the Appendix 3J1 tool to determine if an application referral packet shall be completed for Child SSI. If any answers are yes on the tool, the CWCMP shall send the **completed** tool, along with the application and any supporting documentation to the DCF Foster Care Liaison and ~~the applicable entity designated for SSI Determination~~ **the regional DCF IV-E Specialist.**

C. ~~The DCF Foster Care Liaison shall send the completed screening tool, along with supporting documentation provided by the CWCMP to the regional IV-E eligibility specialist.~~ The DCF IV-E specialist shall apply for federal benefits on behalf of the child or young person in the custody of the **S**ecretary. ~~RR benefits, VA benefits, SSA, and RSDI shall be applied for~~ according to PPM 5927.

D. The following timeframes and requirements shall be followed:

1. The CWCMP shall use Appendix 3J1 to assess ~~a~~ **the** child ~~or young person~~ within 20 **calendar** days of referral. ~~child or young person being referred to foster care services.~~ If information is unknown, the CWCMP shall note the unknown information in the comments section.
2. The CWCMP shall rescreen the child or young person every 6 months using the Appendix 3J1, checking the Bi-Annual Screen checkbox.

- a. If all information remains no, the CWCMP has no further actions until the next bi-annual screen.
- b. For Social Security Disability benefits, when the youth does not have benefits established, if the information remains the same and includes any questions answered yes, the CWCMP shall send the tool, along with the application and any supporting documentation to the DCF Foster Care Liaison and the **regional DCF IV-E Specialist.** ~~applicable entity designated for SSI Determination,~~ regardless of any previous denials based on those yes answers.
- c. If any new information has been obtained using Appendix 3J1 bi-annual screen, supporting documentation shall be sent to the DCF Foster Care Liaison and **the regional DCF IV-E Specialist.** ~~applicable entity designated for SSI Determination.~~

5300 Adoption Services

Publication Date: July 1, 2026

When children cannot be safely reintegrated with their parents ~~/or~~ caregivers, adoption is the preferred permanency plan. Adoption is a lifelong commitment for the entire family. Most children and youth in the custody of DCF in need of an adoptive family have experienced trauma due to ~~separation resulting from being removed from their parents/caregivers because of abuse or neglect.~~ **All children need families who will provide love, commitment and assistance to reach their full potential.**

Adoption services are delivered using a family centered, strengths based, and trauma informed approach, working alongside children, families, and their identified support networks to promote safety, permanency, and well-being. Efforts shall prioritize engagement, family voice, and shared decision-making throughout the adoption process.

All children need families who will provide love, commitment, and support to help them reach their full potential, while maintaining important relationships and connections when appropriate.

A. Initiation of Adoption Services

Adoption services shall begin when the primary case plan goal changes to adoption and are delivered in partnership with the child, caregivers, and their identified support network, ensuring ongoing engagement and collaboration throughout the process.

B. Adoption services involve collaborative, family-centered practices that prioritize the voice of the child and family and include:

1. Matching children with families through a process that considers the child's strengths, needs, relationships, and connections, as well as the family's capacity and support network ~~in need of adoptive homes with parents who wish to adopt them;~~
2. Recruiting and preparing prospective adoptive families using strengths-based and trauma-informed approaches ~~Recruiting and training appropriate prospective adoptive families;~~
3. Preparing the child(ren) for adoption through ongoing, developmentally appropriate engagement that honors their experiences, relationships, identity, and voice ~~Preparing the child(ren) for adoption;~~
4. Preparing prospective adoptive families for adoption by building understanding of the child's history, needs, and the lifelong nature of

adoption Preparing prospective adoptive families for the process of adoption of child(ren) from foster care;

5. **Facilitating thoughtful matching decisions through shared decision-making**

meet the child's needs over time Matching child(ren)'s needs to the family's ability to meet those needs;

6. **Supporting transitions by working alongside the child, family, and their identified supports to promote stability, maintain important connections, and reduce trauma during the transition from foster care to adoption and beyond** Supporting child(ren) and families, through the transition from foster care to adoption and beyond;

7. **Supporting children and families through adoption finalization and beyond by promoting long-term stability, well-being, and connection to ongoing resources and supports;** Helping formalize the relationship through finalization of adoption

8. **Supporting the child's cultural, relational, and personal identity, including maintaining important connections to siblings, relatives, and other significant individuals when appropriate.**

5301 Adoption Roles and Responsibilities

Publication Date: July 1, 2026

Adoption responsibilities are to be carried out through a collaborative, team based, family centered, strengths based, and trauma informed approach that promotes timely

~~When parental rights are terminated or relinquished, the following responsibilities apply:~~

A. Child Welfare Case Management Provider() Pre-Adoptive Casework

1. The CWCMP shall:

- a) Engage the child, when developmentally appropriate, in permanency planning and adoption preparation to support informed
- b) Prioritize timely permanency by utilizing practices that maximize the likelihood of adoption while minimizing delays and trauma for the
- c) Implement concurrent planning, when appropriate, to support early identification of relatives or caregivers who are willing and able to adopt if reunification is not achieved;
- d) Prepare and support prospective adoptive families, ensuring they understand and are equipped to meet the child's needs, including providing trauma-informed education and planning for successful transitions;
- e) Actively work to prevent placement disruptions, maintaining stability and minimizing trauma associated with placement changes;
- f) Collaborate with Child Placing Agencies (CPAs) when multiple adoptive resources are being considered, including coordinating
- g) Utilize adoption tracking tool to identify barriers, monitor progress, and promote accountability for achieving timely permanency;
- h) Prepare and submit a complete Adoption legal review packet to Foster Care Liaison and Adoption Specialist, ensuring accuracy and readiness for DCF review;

- i) Prepare and submit a complete Adoption Packet, to the Foster Care Liaison and Adoption Specialist, ensuring accuracy and readiness for DCF review and Consent to Adopt;
 - j) Engage in ongoing community collaboration, including coordination with schools, mental health providers, courts, and other service systems to support permanency and stability;
 - k) Facilitate timely transitions to adoptive placement, ensuring that once an adoptive home is approved—whether in-state or out-of-state—the child’s move occurs without unnecessary delay and in a manner that supports the child’s emotional well-being;
 - l) Document all permanency efforts, including identified barriers, decisions, and progress toward adoption, within the case record.
- B. **Recruitment Responsibilities** ~~When a family has not~~ **no Adoptive family has** been identified. ~~for a child the Child Welfare Case Management Provider~~ **CWCMP** shall:
 - 1. Submit the PPS 5310, Adoption Exchange Information Form, to the Adoption Exchange Provider within five (5) working days of:
 - a) DCF acceptance of relinquishment; or
 - b) The conclusion of the Parental Rights Termination (PRT) appeal period for both parents, if no appeal has been filed;
 - 2. Update and resubmit the PPS 5310 at least annually, or more frequently as needed to reflect the child’s current needs and circumstances;
 - 3. Submit the PPS 5315, Adoption Exchange Child Status Update Form, whenever there is a significant change in the child’s circumstances;
 - 4. Actively participate in recruitment efforts, including identifying potential connections and adoptive resources that align with the child’s needs, relationships, and best interests.
- C. ~~Child Welfare Case Management Provider~~ **CWCMP** Responsibilities Post-Finalization
 - 1. The CWCMP shall:
 - a) Provide a minimum of six (6) months of aftercare services following finalization, including monthly contact with the family and submission of required reports to DCF, in accordance with PPM 5270;
 - b) Support adoptive families in accessing appropriate services and resources;
 - c) Provide families with information regarding available post-adoption supports and referral to the Kansas Post Adoption Resource Center (K-PARC).

D. DCF Responsibilities

1. Collaborate with the CWCMP to identify and address barriers to adoption, support timely decision-making, and consideration is given to the child's best interests;
2. Review relinquishment documents upon receipt and determine whether to accept or decline the relinquishment based on the best interests of the child;
3. Provide notification of the decision and return accepted relinquishment documents to the CWCMP within three (3) business days of receipt;
4. Ensure timely legal review, including forwarding the PRT Journal Entry or Voluntary Relinquishment to the Regional Attorney for determination of legal sufficiency;
5. Review and submit a complete legal packet to the DCF Regional Attorney,
 - a) Vital Records and Identification
 - b) Termination of Parental Rights (TPR) Documentation
 - c) Relinquishment Documentation (if applicable)
 - d) Paternity Documentation
 - e) ICWA determination, notices, and affidavit
 - f) Register of Actions (ROA) confirming no appeal, or appellate documentation if applicable
 - g) Adjudication Journal Entry confirming Child in Need of Care (CINC) status
6. Ensure all deficiencies in legal documentation are addressed prior to proceeding with adoption actions;
7. Review the Adoption Consent Packet within five (5) business days and forward to the Regional Director for approval;
8. DCF Regional Director shall have 30 days to review and sign the Adoption Consent Packet;
9. Provide the signed Consent to Adopt to the CWCMP within three (3) business days of Regional Director approval;
10. Review the Aftercare Contact Agreement, ensuring it reflects the child's best interests and supports ongoing connections when appropriate;
11. Determine eligibility for Adoption Assistance, in accordance with policy and funding requirements;

12. Engage with the CWCMP and adoptive family, and include the child when appropriate, to review and execute the Adoption Placement Agreement;
13. Engage with the CWCMP and adoptive family, to review and execute the Adoption Assistance Agreement through a collaborative discussion that:
 - a) Identifies and considers the child's needs and the family's capacity to meet those needs;
 - b) Explores available supports and services to promote stability and well-being; and
 - c) Results in an agreed-upon Adoption Assistance Agreement that supports the child and family.

~~E. DCF Responsibilities~~

- ~~1. Forward the PRT Journal Entry or Voluntary Relinquishment of Parental Rights immediately to the regional attorney for review of legal sufficiency.~~
- ~~2. Issue the Consent to Adopt.~~
- ~~3. Review and approve Aftercare Contact Agreement.~~
- ~~4. Sign the Adoption Placement Agreement.~~
- ~~5. Negotiate and execute the Adoption Assistance Agreement.~~
- ~~6. Determine child's eligibility for Adoption Assistance.~~
- ~~7. Send the Child Welfare Case Management Provider the approved Journal Entries terminating parental rights or accepted relinquishments on both parents within three (3) working days of receipt of documents.~~
- ~~8. Assess whether parental relinquishments should be accepted.~~

~~F. Child Welfare Case Management Provider Pre-Adoptive Casework Responsibilities:~~

- ~~1. Utilizing practices to maximize children's likelihood of adoption and minimize the trauma children experience;~~
- ~~2. Utilizing concurrent planning, as appropriate, to facilitate placing children~~
- ~~3. Reducing placement disruptions as much as possible and minimizing the~~
- ~~4. Collaborating with Child Placing Agencies when a child has more than one adoptive resource needing assessments, and to complete additional family/home assessments when needed.~~

5. Utilizing the Rapid Permanency Review (RPR) tracking tool to understand the barriers to permanency and enforce accountability for achieving it.
6. Preparing the Adoption Packet, in collaboration with the Foster Care Liaison and Adoption Specialist for DCF Adoption Consent;
7. Ensuring effective networking within communities and with schools;
8. Ensuring once an adoptive home has been approved, whether in-state or

1. Provide 6 months of aftercare with monthly contacts and reports to

2. Refer families to the Kansas Post Adoption Resource Center (K-PARC).

H. When a family has not been identified for a child the Child Welfare Case

1. Send the Adoption Exchange Provider the completed PPS 5310, Adoption Exchange Information form for the child within 5 working days of DCF acceptance of relinquishment or within 5 working days of the end of the Parental Rights Termination (PRT) appeal period on both parents if no appeal has been filed. The PPS 5310 shall be completed annually.
2. Send the Adoption Exchange Provider the PPS 5315, Adoption Exchange Child Status Update Form, when there is a change in

E. Adoption Exchange Provider Responsibilities:

Send the CWCMP the completed PPS 5305 Individual Recruitment Plan for Child in Need of Adoption Resource annually from date of initial referral.

5330 Assessing the Adoptive Family

Publication Date: July 1, 2026

A. General Requirements

1. All families considering adoption from foster care shall receive the Appendix 5T Adoption from Foster Care brochure.
2. A comprehensive assessment of a family interested in adopting a child in the custody of the Secretary of DCF, including sponsored adopt-only families, shall be completed by a Child Placing Agency (CPA) using the Family Assessment and Preparation Study, PPS 5318 prior to being considered at a Best Interest Staffing. The assessment shall include items listed in KSA 59-2132 and KSA 59-2130.
3. The PPS 5318 shall be updated at least annually and anytime there is a significant change, including but not limited to death in the family, divorce, or move to a new home.
4. The assessment shall address the prospective family's capacity to incorporate the child into their household in relation to their lifestyle, standard of living and future plans, and overall capacity to meet the immediate and future needs of the child, including but not limited to: social, emotional, mental health, physical, and educational.
5. Unlicensed staff may assist with gathering and compiling information for the assessment, but a licensed professional must review, approve, and sign the assessment.
6. In addition to evaluating the safety and suitability of prospective parents and the characteristics of child(ren) they are prepared to parent, the family assessment process provides an opportunity for the prospective parents to learn about caring for a child with special needs, and to explore their own worries, needs and strengths. The assessor is responsible for continuing to inform the family about adoption. The assessment shall include assess the family's capacity for successful

adoption and parenting, and guide the family in determining the appropriateness of adoption for their family. The assessor is also responsible for determining the appropriateness for the family to adopt a specific child from foster care, which shall be documented in an updated family assessment prior to consideration in a Best Interest Staffing.

7. A quality adoption preparation and assessment process shall include at least two in-person contacts by the adoptive home assessor. The total number of contacts shall be based on the family and circumstances of the case, and adoptive home assessors shall make as many contacts as necessary to complete a thorough and comprehensive assessment. A face-to-face in-home interview with each member of the household is required, if applicable, including the parents together, the parents individually, and the children individually.

B. The written assessment (PPS 5318) of the adoptive family shall include:

1. Motivation to adopt a child from foster care;
2. Family's attitude toward accepting an adopted child, and plan for discussing adoption with the child;
3. Emotional stability, physical health, compatibility and quality of relationship between adoptive parents;
4. Strategies to cope with problems, stress, frustrations, crises, and loss;
5. A statement from the potential adoptive parents' primary care physician regarding any medical or health conditions which would affect the applicant's ability to parent a child;
6. Record of convictions other than minor traffic violations;
7. Ability to provide for child's physical, educational and emotional needs;
8. Adjustment of children born to them, if any, including school reports;
9. Insights about parenting a child adopted from foster care;
10. Description of how caregiver gives and receives affection;

11. Physical, social, emotional, intellectual, developmental, and disabilities in children the family is willing and able to accept;
12. Physical, social, emotional, intellectual, developmental, and disabilities in children who would not be appropriate for the placement with this family;
13. Description of the home and physical space for the child;
14. References, to include a minimum of three, only one of whom may be a relative;
15. Interview with all children of the adoptive family, excluding foster children, who reside both inside and outside of the home.

~~Interview with all children, excluding~~
~~the home;~~

17.
18. The current capacity of the adoptive resource to serve in terms of the number, age, sex, characteristics, and special needs of the children;
19. Ability to access community resources to meet the child's specific needs;
20. Ability to incorporate the child into the family.
21. The current or ongoing role as foster parents shall be addressed including any relevant caregiving responsibilities and noted Assessor section of the Family Assessment and Preparation Study (PPS 5318).

C. Training Requirements

1. The Child Welfare Case Management Provider (CWCMP) or Child Placing Agency (CPA) shall ensure all prospective adoptive parents, except relatives, complete an approved preservice training for foster care licensure prior to a child's placement. ~~All prospective adoptive parents, except relatives, shall complete an approved preservice training for foster care licensure prior to a child's placement.~~
2. If a family completed a pre-service program not pre-approved by DCF, the Child Welfare Case Management Provider shall request a waiver for the family from the DCF Foster Care Program Administrator.

D. All prospective adoptive parents considered as an adoptive resource at BIS shall have the following completed:

1. A written adoptive family assessment completed on using PPS 5318, by a licensed Child Placing Agency which is updated at least annually; and
2. A completed Adoption Health Statement (PPS 5317), documenting medical or health information impacting the adoptive parent(s)' ability to parent a child, completed by a qualified healthcare provider and updated at least annually; and ~~Medical or health information on, adoptive parent or~~
~~_____~~
~~_____~~
~~_____~~
3. Clearance through KBI
criminal history fingerprint check.
 - a. If a national criminal history check has been completed on a foster parent who has been continuously licensed, a second check does not need to be done.
 - b. If the national criminal fingerprint check has been sent to the FBI two times and the fingerprints are not legible, a name check is acceptable.
 - c. Clearance through KBI for all family members 10 years of age and older.
 - d. Fingerprints for additional household members, 18 years and older shall be submitted to DCF.
4. A complete DCF history check on for all household members of the home who are age 10 and older. A complete DCF history check is comprised of shall include:
 - a. Web KDHE Request Processor (WKRP), Family and Children Tracking System (FACTS), Kansas Intake/Investigation Protections Systems (KIPS), Kansas Initiative for Decision Support (KIDS), Kansas Adult Abuse, Neglect, Exploitation Central Registry and Kansas Child Abuse and Neglect Central Registry Search (CERS) checks.
5. If the family resided out of state during the last five years, child abuse registry checks in all the state(s) where they resided shall be completed for all adults age 10 and older

See Section 5340 for additional information. For out-of-state adoptive parents adopting children from Kansas, see Section 9000 regarding the Interstate Compact for the Placement of Children.

5339 Best Interest Staffing

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Adoption from foster care is a service for the child, and a Best Interest Staffing (BIS) is held to select an adoptive family that can best meet the needs of the child. A BIS shall be convened and facilitated by the Child Welfare Case Management Provider (CWCMP) unless an exception has been made. (See PPM 5340) Once an adoptive family is identified and deemed a viable option, a BIS shall be held without delay.

A. Prior to a Best Interest Staffing:

1. If siblings are not being adopted together and have a permanency goal of adoption, the CWCMP shall document the reasons and complete a Sibling Split request, PPS 5147. (See also Appendix 5I) The request shall be approved by Sibling Split Request Review Team, which shall include the CWCMP Director or designee.
2. For children with no potential identified adoptive resource, the CWCMP shall seek to identify approved prospective adoptive families from the Kansas Adoption Exchange and AdoptUSKids to be considered in a best interest staffing for a specific child. When selecting families to be considered in the BIS, the CWCMP shall exclude families who do not have the capacity to meet the child's emotional and social needs, but they shall not exclude families based solely on their race, color, or national origin. (See the Multi-Ethnic Placement Act in Section 5231).
3. The CWCMP shall be responsible to schedule and provide notification to all attendees. All attendees shall be provided the Appendix 5S, Best Interest Staffing Brochure.
4. Persons who shall be invited to participate as a member of the BIS Team to provide input and reach consensus regarding selection of the adoptive family shall include:
 - a. County or District Attorney or Designee;
 - b. Child's Guardian ad litem (GAL);
 - c. Child's current Case Manager;
 - d. DCF Foster Care Liaison;
 - e. Court Appointed Special Advocate (CASA) representative, if applicable;
 - f. Court Services Officer, if applicable;

- g. Indian Child Welfare Act (ICWA) tribal representative for the affiliated tribe, if applicable;
- 5. Any member of the BIS Team not able to attend in person shall be included by conference call or video conference upon request. Input can also be submitted in writing prior to the staffing. Any member of the BIS Team may designate another individual within their agency to participate in their place.
- 6. The BIS Team shall include only one participant from any agency
- 7. Persons who may be invited to provide input for the BIS Team to consider include:
 - a. The Youth if age 14 or older;
 - i. The child may choose to provide their input in an alternative method, such as in writing or through the verbal representation of another identified, trusted, person on their case team.
 - ii. If the child does not participate, the reason shall be documented and the Child Welfare Case Management Provider shall be responsible to communicate the youth's perspective and input.
 - b. Assigned supervisors;
 - c. Child's former Case Manager;
 - d. Child's current or former Support Worker;
 - e. Child's therapist;
 - f. Teacher or other adult (coach, scout leader, youth pastor etc.);
 - g. Current placement resource, unless there is a conflict of interest,
 - h. Any other relevant service providers;
 - i. Worker for each family being considered;
 - j. Other identified positive supports or connections for the child.
- 8. For review prior to the BIS, The CWCMP shall submit documentation to the BIS Team which includes:

- a. Family Assessment and Preparation Study (PPS 5318), for each family being considered in the BIS;
- b. Child's current social history (PPS 3114);
- c. Approved Sibling Split Request (PPS 5147), if applicable.

B. BIS Meeting Process

1. The CWCMP shall present information about the child which includes the reason the child came into care, the completed child social history, the strengths and needs of the child, and the child's/youth's input. Attendees who know the child well may provide clarifying information and input as needed to ensure there is adequate knowledge presented for an informed decision regarding what is in the best interest of the child(ren).
2. The worker for each family, in partnership with the writer of the PPS 5318, if not the same person, shall present an overview of the family information including their strengths, limitations, and needs. See PPS 5320, Family Match Form as well as the PPS 5318.
 - a. Potential adoptive resources shall be given an opportunity to present the strengths of their family and discuss their desire and intent to provide permanency through adoption. They shall be given an opportunity to answer any clarifying questions as presented by other members of the case team, in a family friendly and solution focused manner.
 - b. Potential adoptive resources shall not participate in the entire BIS, rather only the portion in which their family is being presented. They are not required to attend, however may provide information about their family through alternative means such as a family photo album, or letter to the team. The professional completing the PPS 5318 may present information on their behalf. ~~Potential adoptive resources shall be given an opportunity to review the child(ren)'s social history; they shall not review the PPS 5318 for other families being considered as a potential adoptive resource.~~
3. Attendees discuss selection of the adoptive resource which is in the best interest of the child(ren). All factors shall be considered in identifying which family can best meet the needs of the child(ren). Together, attendees shall consider and document the impact of separation, loss, attachment, and subsequent reattachments for the child as well as each family's ability to:
 - a. meet the needs and temperament of the child currently and over time;

- b. understand the current and future impact on their family of adopting this child;
- c. recognize and advocate for the needs/interests of the child;
- d. understand and support the child through loss and grieving issues;
- e. recognize adoption is a life-long commitment with many unknown challenges;
- f. provide the child with a safe and secure environment;
- g. provide unconditional love and acceptance of the child;
- h. accept and incorporate the child's emotional, physical, social, educational, and developmental needs into the family;
- i. demonstrate application of knowledge of the effects of deprivation, abuse and neglect on a child and the potential impact on the child's behavior;
- j. encourage the child(ren) to develop at his/her own rate to reach his/her maximum potential;
- k. accept and support the child's background, culture, ethnicity, heritage, race, medical and mental health needs, and genetic and social history;
- l. help the child to learn and accept his/her background;
- m. understand the importance of planning and facilitating child/children's future contact with siblings and/or other family members as deemed appropriate;
- n. manage their financial resources.

4. The BIS Team achieves consensus by working together towards an agreement through consideration of all input from attendees and proposed adoptive resources. A child's GAL can provide input regardless of their participation in the BIS meeting. Consensus, for purposes of the BIS, is defined as the absence of objection from any member of the BIS Team.

5. Upon conclusion of the BIS, the CWCMP shall document the meeting and the decision that is achieved through consensus regarding selection of adoptive family that can best meet the needs of the child. Refer to PPM 5341.

a. If additional information is needed for consensus to be reached, the BIS shall be reconvened by phone or in person within 3 working days so a decision can be made. The new information gathered shall be documented on the PPS 5341 Best Interest Staffing Report and Approval Materials shall be reviewed prior to the BIS.

b. If consensus is not achieved within 3 working days of the original BIS date, the CWCMP shall make the final decision regarding what is in the best interest of the child within 24 hours.

6. Documentation of the BIS Decision:

a. The Child Welfare Case Management Provider shall document the BIS decision on the PPS 5341 Best Interest Staffing Report and Approval.

b. Within 3 working days of the BIS, the CWCMP shall send the child's complete packet as noted in PPM 5339.A.4., the PPS 5341 and the chosen prospective Adoptive Family Assessment to the CWCMP Program Director, or designee.

C. On occasion, new information may arise after the BIS is concluded and the decision has been approved. If the new information may impact the decision, that information shall be provided by the CWCMP to all members of the BIS Team. After receipt of this information the team shall:

1. Allow the BIS decision to stand or,

2. Reconvene the BIS to discuss the new information and reconsider the BIS decision. If the information causes the team to choose a different adoptive family, that decision shall be documented on the PPS 5341 and routed through to the CWCMP Program Director, or designee, for approval.

6204 Monthly Cash Subsidy Payments

Publication Date: July 1, 2026

The DCF Adoption Assistance Specialist shall negotiate a monthly subsidy with the adoptive family based on the child's needs and family's access to community resources and support services. While Benefits available to the child, such as i.e. Social Security benefits, Supplemental Security Income (SSI), or veterans benefits, may be considered when determining the amount of monthly cash subsidy payments, SSI is the only benefit that automatically impacts subsidy has an effect on the payments.

Once the family and DCF agency agree to the amount of the subsidy, it shall not

A. Monthly Subsidy Rates

1. The maximum amount of subsidy is \$500, unless a child is eligible for SSI prior to adoption finalization. (See section 6202B.) The monthly payments shall be negotiated with the adoptive family and based on the needs of the child and the family's access to community resources. Due to the established needs that qualify children for the Technology Assistance (TA) Waiver, children utilizing TA Waivers are eligible for subsidies higher than \$500 a month with a minimum amount at least 75% of the monthly foster care reimbursement rate. This also includes children on the IDD waiver who are receiving Specialized Medical Care (T1000).
2. Factors to consider when negotiating the amount of subsidy amounts include, but are not limited to:
 - a) Cost of medical transportation, if not covered through other resources or Medicaid;
 - b) Cost of adding the child to private health insurance;
 - c) Special equipment or other non-medical supplies needed by the child, if not covered through other resources or Medicaid;
 - d) Cost of day care Number of children in the sibling group being to be adopted (In certain situations where families are adopting large sibling groups, the added cost of food, clothing, and shelter may be taken into consideration when arriving at a subsidy amount);
 - e) Costs of special enrichment programs to benefit the child, if not covered through other resources or Medicaid;
 - f) Other costs unique to the needs of the child;
 - g) Home improvements required due to the child's special needs, if not covered through other resources or Medicaid;

h) SSI eligible children;

a) Children determined eligible for SSI prior to adoption

i) TA eligible children;

a) Children utilizing the Technology Assistance (TA) Waiver may be eligible for subsidy amounts exceeding \$500 due to the level of documented medical or support needs. For these children, the minimum amount of monthly subsidy amount shall be at least 75% of the monthly foster care reimbursement rate.

j) Children on the I/DD waiver receiving specialized medical care (T1000)

a) Children receiving Specialized Medical Care (T1000) through the I/DD waiver may be eligible for subsidy amounts exceeding \$500 due to the level of documented medical or support needs. For these children, the minimum amount of monthly subsidy amount shall be at least 75% of the monthly foster care reimbursement rate.

B. SSI Eligible Children

1. [REDACTED]

a) Children determined SSI eligible prior to adoption finalization, may [REDACTED]

b) Children determined disabled by Disability Determination Services (DDS), with the determination submitted to the Social Security Administration (SSA), may be presumptively considered SSI-eligible prior to adoption finalization and may receive IV-E adoption subsidy at the SSI rate. ~~Children determined SSI eligible prior to adoption finalization, may receive adoption subsidy at the SSI rate. The current rate is posted on the Social Security Administration web site at: www.socialsecurity.gov~~

i. The current rate is posted on the Social Security [REDACTED]

c) An adoptive assistance agreement shall be established whether the adoptive parents receive the SSI payment or a IV-E payment. The most common arrangement is for the agency to make a IV-E payment to the adoptive parents and the Social Security Administration suspends the SSI payment until finalization.

- i. If the Social Security Administration subsequently determines the child is not eligible for SSI, the child's adoption assistance eligibility shall be re-evaluated and funding shall be adjusted accordingly, including any required change from Title IV-E to state-funded adoption assistance.
- d) For children receiving state-funded adoption assistance who later become eligible for and receive SSI, the adoption assistance payment shall be reduced by the amount of the SSI benefit. A new Adoption Assistance Agreement shall be executed. ~~For children who receive state funded adoption assistance, and becomes eligible for SSI, and receives an SSI payment, the cash subsidy shall be reduced by the amount of the SSI payment as Kansas operates the Title IV-E and State funded adoption assistance programs the same. A new adoption assistance agreement shall be signed.~~

2. Post-finalization:

- a) ~~Upon adoption~~At finalization and release from the Secretary's custody, if the child continues to be SSI eligible, the adoptive family may ~~apply request~~ to become payee of the child's SSI benefit, ~~if the child remains eligible. A child who was SSI eligible while in the Secretary's custody~~ However, children eligible for SSI in foster care may not ~~remain~~ be eligible for SSI post-finalization because the adoptive family's ~~income and~~ resources may be considered ~~will be taken into consideration.~~
- i. If the child receives ~~both~~ adoption subsidy and SSI payments, ~~the adoptive family shall be advised the Social Security Administration will~~ ~~may~~ reduce the SSI payment by the amount of the adoption subsidy payment.
- b) At age 18, ~~a youth receiving Title IV-E adoption assistance and eligible for SSI~~ youth eligible for SSI and receiving Title IV-E Adoption Assistance: Assistance may continue ~~to receive adoption assistance until age 21 if documentation supports the continuation due to a physical or mental disability. past age 18 until age 21, if the youth has current documentation of a physical or mental disability which warrants continuation of adoption assistance beyond age 18.~~
- i. Prior to the youth's 18th birthday, the family shall submit current documentation from a ~~physician, hospital, clinic or~~

shall be placed in the financial file.

- ii. At the age of 18, ~~an adult~~ the youth, as a household of one,

C. Home and Community Based Services (HCBS) Eligible Children

- 1. Children receiving in-home services through Home and Community Based Services (HCBS) Waiver while in foster care continue to be eligible for services after adoption. (Refer to PPM 0606)

6312 Type of Support and Amounts for SOUL (Support Opportunity Unity Legal Relationships) Family Legal Permanency Monthly Subsidy

Publication Date: ~~January~~ July 1, 2026

A. SOUL Family Legal Permanency Monthly Subsidy Payment

1. SOUL Family Legal Permanency Monthly Subsidy cannot exceed \$500 per youth. It may be adjusted lower depending on the income and resources of the youth. The residential custodian shall not receive SOUL Family Legal Permanency Monthly Subsidy if the youth's social security income is higher.
2. Youth income and resources to be considered when determining the SOUL Family Legal Permanency Monthly Subsidy amount.
 - a. Social Security Survivors Benefits (SSA)- The residential custodian is to apply to become the youth's payee. The Social Security Survivor's Benefit may impact the SOUL Family Legal Permanency Monthly Subsidy amount.
 - b. The residential custodian may apply to become the youth's payee for Supplemental Security Income (SSI). However, SSI may impact the SOUL Family Legal Permanency Monthly Subsidy amount.
 - c. Income for the youth from a trust or annuity.
 - d. Other benefits, e.g. railroad or veterans benefits.
3. Residential SOUL Family custodians are expected to apply to be the payee for benefits on behalf of the youth. If parental rights are intact, parents may need to agree to the transfer of payee. The amount of benefits may affect the amount of subsidy and Temporary Assistance to Needy Families (TANF) payment. Once the subsidy amount is established it does not change unless there is a change in the youth's circumstances.
4. The residential custodian may apply for TANF on behalf of the youth and eligibility will be determined based on the Kansas Economic and Employment Services Manual (KEESM).

B. Medical Card

1. Foster care medical is to be maintained by DCF as a part of the SOUL Family Legal Permanency Monthly Subsidy benefits.
2. KAN Be Healthy Screens and all Medicaid rules are applicable.
3. If the residential custodian moves to a different state, the Kansas medical card shall remain active. The residential custodian will need to apply for medical coverage in the state of residency. A medical card may or may not be issued for the youth in that state. If medical becomes active in the receiving state, then Kansas will close medical.
4. Youth who achieve SOUL Family Legal Permanency shall remain eligible for Foster Care Medical coverage until age 18, or until completion of high school, GED, or an approved alternative education program if the youth remains enrolled beyond age 18. Thereafter, the youth will be eligible for Kansas aged-out foster care medical coverage until age 26. Medical coverage shall not be discontinued solely due to discontinuation of the SOUL Family Legal Permanency Monthly Subsidy. ~~Foster Care Medical coverage shall be discontinued when the SOUL Family Legal Permanency Monthly Subsidy is discontinued.~~
5. ~~Young adults participating in this program will be eligible for Kansas Aged Out Foster Care Medical coverage.~~

C. SOUL Family Legal Permanency One-time Payment

1. The SOUL Family Legal Permanency one-time payment shall be used to help the youth and residential custodian transition into their new living situation or arrangement, support costs associated with care of the youth, and ensuring their needs are met.
 - a. The SOUL Family Legal Permanency residential custodian shall receive a one-time \$3000 payment upon receiving the journal entry of appointment of SOUL Family Legal Permanency by the court.
 - b. The SOUL Family Legal Permanency one-time payment shall be issued once, unduplicated, per identified residential custodian with a lifetime maximum of \$9,000 per youth.

Past Publication Dates: January 1, 2026

7040 Self-Sufficiency Planning

Publication Date July 1, 2026

A. Self-Sufficiency planning is a continuous and ongoing process integral to decision making in partnership with the young adult. Self-Sufficiency planning is based on evidence-based practice and a strengths-based perspective, which include:

1. Engaging young adults in a person-centered service design
2. Treating young adults with respect
3. Respecting young adult's privacy
4. Involving young adult's identified supports and connections as active partners in case planning
5. Providing services in the most young adult friendly setting possible
6. Linking young adults to community-based and comprehensive supports and services
7. Strengthening the capacity of the young adult to function independently

B. All young adults receiving Independent Living services from Department for Children and Families (DCF) shall have a PPS 7000 Self Sufficiency Plan

1. The Independent Living Coordinator (ILC) ~~shall~~ **should** review and consider incorporating the court approved PPS 3059A Plan for Successful Adulthood or the PPS 3059B My Adult Services Plan **still relevant.**
 - a. ILCs shall review and explain program guidelines as well as the responsibilities of young adults and the ILC listed on the PPS 7002 Independent Living Acknowledgement form when completing the initial PPS 7000.
 - b. In Section IV of the PPS 7002, the ILC must explain communication methods and the risks of texting or social media.
 - c. The PPS 7002 may be reviewed with the young adult during future case planning meetings or during the ILC's monthly contact with the young adult, as needed.
 - d. A signed copy of all approved case planning documents shall be provided to the young adult.
2. ~~All subsequent Self-Sufficiency Plans shall incorporate the activities, services and supports of the young adult and be updated at least every 170 days~~ **The PPS 7000 shall be reviewed and updated at least every 170 days or earlier if needed.**

- C. Young adults shall be actively involved in the development of their Self-Sufficiency Plan. Young adults shall be assisted in assessing and identifying their strengths and needs and in developing realistic and achievable goals. Self-Sufficiency Plans shall:
1. Be relevant to the young adult's current circumstances
 2. Be realistic in terms of the emotional, physical, and intellectual capabilities of the young adult
 3. Be written in language that is clear and understandable to the young adult
 4. Specify the target dates
 5. Have the signature of all Self-Sufficiency Plan participants
- D. Young adults no longer in the custody of the Secretary who receive DCF Independent Living services shall contact the assigned DCF ILC a minimum of one time per month. If the ILC has not had contact with the young adult during the month, the ILC should make efforts to contact the young adult. Progress towards completion of case plan tasks shall be reviewed with the young adult at least once in between Self Sufficiency Plan dates and documented PPS 1010 Social Services Case Activity Log.
- E. ILC shall enter the following information, for all youth receiving Independent Living services, into the Self-Sufficiency Information System (SSIS) within five (5) working days of the case being opened in FACTS.
1. The young adult's case shall be identified as active.
 2. The young adult's corresponding DCF region of service and assignment of the ILC shall be designated.
 3. The Educational Training Voucher (ETV) plan dates shall be entered, if applicable

7252 Procedures for Post-Secondary Funding (ETV and SOUL PSCT)

Publication Date July 1, 2026

A. All ~~youth or~~ young adults enrolled in a post-secondary education program must have a completed PPS 7000 Self-Sufficiency Plan and ~~the~~ PPS 7001 Education and Training Voucher (ETV) Program Plan.

1. The DCF Independent Living Coordinator (ILC) shall complete both plans alongside the youth or young adult. The ~~youth or~~ young adult must be actively involved in all stages of the plan.
2. ETV Plans should not be used while the ~~youth or~~ young adult is being served by one of the Child Welfare Case Management Providers (CWCMP), unless approval is provided by IL Program Manager or designee.

~~B. The DCF ILC shall verify and document the youth or young adult's eligibility for ETV and/or SOUL Post-Secondary Education or Certified Training (PSCT) assistance on both the PPS 7000 Self-Sufficiency Plan and the 7000B IL Eligibility forms. All client eligibility shall be reviewed and approved by the regional DCF Independent Living (IL) Supervisor.~~

B. Young adults must do the following to begin an ETV Plan:

1. Complete the Free Application for Federal Student Aid (FAFSA) and provide confirmation of completed application or copy of financial aid award letter to their assigned DCF ILC ~~prior to receiving ETV or SOUL PSCT funds.~~
2. Submit individual cost of attendance (COA) from the school to their ILC, if not included on their financial aid award letter
3. Provide a copy of their class schedule and grades for each semester they receive ETV and/or SOUL PSCT funds.

~~D. Youth or young adults shall provide a copy of their class schedule. Youth and young adults shall provide grades at the end of each semester they receive ETV and/or SOUL PSCT funds.~~

~~E. Documentation to support all identified allowable expenses for the year shall be attached to the PPS 7001 ETV Plan. In addition, documentation of all Federal or State financial awards, scholarships, and loans associated with the ETV Plan must also be attached.~~

C. DCF ILCs must use the young adult's COA from the post-secondary educational institution to calculate allowable expenses when determining need for ETV and SOUL PSCT funds.

1. If the young adult has not received their individual COA, ILCs may use the estimated COA from the school's website or through a cost of attendance calculator.
2. The ETV Plan must be reassessed when the young adult receives the individual COA.
3. DCF ILCs shall assist young adults in requesting increases to their individual COA if the student has a higher need than what is calculated by the post-secondary educational institution.
4. Documentation to support all identified allowable expenses for the year shall be attached to the PPS 7001 ETV Plan. Documentation of all Federal or State financial awards, scholarships, and loans associated with the ETV Plan must also be attached.

~~F.~~ **D.** The PPS 7001 ETV Plan shall be signed by the ~~youth or~~ young adult, DCF ILC, and the DCF IL Supervisor or designee. For any ~~youth or~~ young adult served by the CWCMP who has IL Program Manager approval for an ETV plan, the CWCMP case manager and supervisor shall also sign the approved ETV plan.

~~G.~~ **E.** Tracking for ETV and SOUL PSCT semesters is done through SSIS and documented on the PPS 7001.

1. For purposes of ETV and SOUL PSCT a year is divided into two six-month periods from July 1 to December 31 and January 1 to June 30. ~~Youth and~~ Young adults may not participate for more than five years, or ten six-month periods, which do not need to be consecutive. Participation is defined as a payment having been made within, or for, one of the six-month periods.
2. ~~The~~ DCF ILCs shall enter every semester of an approved ETV plan into SSIS within 10 working days of supervisor approval or payment request. If no expenditures are made for that semester, the ILC shall delete the semester to preserve the eligibility ~~youth or~~ young adult.
3. ~~The~~ DCF ILCs shall ensure the total ETV and/or SOUL PSCT expenditures do not exceed the maximum allowable funds per year or the total cost of attendance for the ~~youth or~~ young adult.

~~H.F.~~ **F.** All ~~youth or~~ young adults with current ETV plans shall be notified at least thirty (30) calendar days prior to a change in their ETV plan. The DCF ILC shall explore additional resources with ~~youth or~~ young adults receiving ETV and/or SOUL PSCT funding to maximize assistance for post-secondary education.

~~I.G.~~ **G.** Services and supports through ETV and SOUL PSCT are subject to funding availability.

10000 Adult Protective Services Glossary

Publication Date: July 1, 2026

A

Abuse: Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult including: infliction of physical or mental injury; any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult; unreasonable use of physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult; a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult. K.S.A. 39-1430(a)(c).

Administrative Hearing: A due process hearing which is held to appeal a decision made by a state agency.

~~Adult with an Impairment in need of a Guardian or Conservator or both: A person 18 years of age or older whose ability to receive and evaluate relevant information, or to~~

~~persons' estate, or to meet essential needs for physical health, safety or welfare and is~~

Adult: A person 18 years of age or older alleged to be unable to protect such person's own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through such person's own action or inaction. K.S.A. 39-1430(b). Also referred to as vulnerable adult.

Adult Maltreatment: The abuse, neglect, and financial exploitation of an adult at risk of harm.

Adult Subject to Guardianship: ~~An adult for whom a guardian has been appointed~~

been appointed under the Kansas uniform guardianship, conservatorship, and other protective arrangement act. K.S.A. 59-30,101

Allegation: A claim of abuse, neglect, or financial exploitation of an adult maltreatment and/or self-neglect about each adult in a report made to APS.

Alleged Perpetrator: A person who has been accused of adult abuse, neglect, or financial exploitation.

Alleged Victim: A vulnerable adult who is suspected of experiencing adult maltreatment and/or self-neglect, being abused, neglected, or financially exploited.

Appropriate Alternative: Any program, service or use of a legal device or representative enabling a person with an impairment to adequately meet essential needs for physical health, safety welfare or to reasonably manage such person's estate. Appropriate alternatives may include but are not limited to; a power of attorney, a power of attorney for health care decisions, a living will, a trust, a joint tenancy or a representative payee K.S.A 59—3051(b).

Assessment: The assessment is an ongoing process based on the APS Protection Specialist's observations, interviews with the Involved Adult and the Alleged Perpetrator, and information obtained from collateral contacts to assess the adult's safety and mitigate risk.

Assistant Secretary for Aging: The position identified in section 201(a) of the Older Americans Act (OAA), 42 U.S.C. 3002(7).

At risk of harm: The strong likelihood that an adult will imminently experience an event, condition, injury, or other outcome that is adverse or detrimental to their well-being.

C

Caretaker: A person who has assumed responsibility whether legally or not, for an adult's care or financial management or both.

Case: Case means all activities related to an APS investigation of, and response to, an allegation of adult maltreatment and/or self-neglect.

Central Registry: Name-based list of persons who have been substantiated for adult abuse, neglect, fiduciary abuse, exploitation and/or financial exploitation. The name of the perpetrator is not entered in the Adult Abuse, Neglect, and Exploitation (ANE) Central Registry until they have been afforded an opportunity for an interview and have exercised their right of appeal or the time limit for appeal has expired without action.

Clear and Convincing: Clear and convincing evidence is defined as the evidence which shows the truth of the facts asserted is highly probable.

Coercion: Compulsion, constraint, compelling by force or arms or threat. It may be actual, direct, or positive, as physical force is used to compel act against one's will, or implied, legal or constructive, as in one party is constrained by subjugation to other to do what this free will would refuse.

Conflict of Interest: A situation that interferes with a program or program employee's ability to provide objective information or act in the best interests of the adult.

Conservator: Means a person appointed by a court to make decisions with respect to the property or financial affairs of an individual subject to conservatorship. Conservator includes a co-conservator, K.S.A. 59-30,102(e)

~~An individual or corporation appointed under law to act and make decisions regarding the financial resources or estate of an adult with an impairment, known as a "conservatee" K.S.A. 59-3051(d).~~

-

~~There are three (3) types of conservator:~~

-

~~**Ancillary Conservator**—Person appointed by the court for an individual who:~~

~~■~~

~~1.—~~

~~1. does not reside in Kansas;~~

~~2. a court in another state has determined the person is unable to manage their own estate and appointed a conservator in the state where the conservatee resides;~~

~~3. has property in Kansas for whom a conservator is required K.S.A. 59-3051(n).~~

~~**Temporary Conservator** (Emergency Conservator under former statute)—~~

~~Person or approved corporation appointed by the court when there is imminent danger that the estate will be significantly depleted. The court can appoint a temporary conservator pending the hearing on the petition for appointment of a permanent conservator K.S.A. 59-3073.~~

~~**Voluntary Conservator**—Created when an adult petitions the court to have a person or corporation appointed to make financial decisions. There is no judgment of impairment of the individual or lack of appropriate alternatives for managing the person's estate K.S.A 59-3056.~~

Corrective Action Plan (CAP): A written plan established and agreed upon between the APS Specialist and the alleged perpetrator(s) following the completion of the investigation and making of a substantiated finding of fiduciary abuse or exploitation.

D

Designee: A designee is a person appointed by PPS leadership or DCF legal to

Developmental Disability: K.S.A. 39-1803 Developmental Disability means a severe, chronic disability which:

1. is attributable to a mental or physical impairment, a combination of mental and physical impairments or a condition which has received a dual diagnosis of mental retardation and mental illness;
2. is manifested before 22 years of age;
3. is likely to continue indefinitely;
4. results, in the case of a person five years of age or older, in a substantial limitation in three or more of the following areas of major life functioning: self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency;
5. reflects a need for a combination and sequence of special interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individual planned and coordinated;
6. does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging.

Disability Rights Center of Kansas (DRC): (formerly Kansas Advocacy and Protective Services) is a public interest legal advocacy agency empowered by federal law to advocate for the civil and legal right of Kansans with disabilities. DRC is the official Protection and Advocacy System for Kansas and is part of the national network of federally mandated and funded protection and advocacy systems. As such, DRC advocates for the right of Kansas with disabilities under state or federal laws (ADA, the Rehabilitation Act, Federal Medicaid Act, Kansas Act Against Discrimination, etc.). DRC is a private nonprofit corporation, independent of both state government and disability service providers, allowing DRC to focus on the disability rights needs of Kansans with disabilities.

Dual Relationship: A relationship in which an APS staff member assumes one or more

Due Process for Guardianship or Conservatorship Hearings: The right of a proposed ward, respondent and/or conservatee to receive notice and opportunity to be heard, to have legal counsel and a court hearing.

Duress: An illegal imprisonment, or legal imprisonment used for an illegal purpose, or threat of bodily harm, or other means amounting to or tending to cause the will of another and actually inducing him to do an act contrary to his free will.

E

Elder Justice: Efforts to prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation and protect elders with diminished capacity while maximizing their autonomy; the recognition of an elder's rights, including the right to be free from abuse, neglect, and exploitation. (H.R. 3590- Elder Justice Act).

Emergency Protective Action: Immediate access to petition the court for temporary or

Ex parte: A judicial proceeding in which the court or tribunal hears only one side of the controversy (such as in temporary guardian or temporary conservator hearings).

F

Financial Exploitation: Means the unlawful or improper use, control or withholding of an adult's property, income, resources or trust funds by any other person or entity in a manner that is not for the profit of or to the advantage of the adult. "Financial exploitation" includes, but is not limited to:

1. The use of deception, intimidation, coercion, extortion or undue influence by a person or entity to obtain or use an adult's property, income, resources or trust funds in a manner for the profit of or to the advantage of such person or entity.
2. The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust or a guardianship or conservatorship appointment, as it relates to the property, income, resources or trust funds of the adult; or
3. The obtainment or use of an adult's property, income, resources or trust funds, without lawful authority, by a person or entity who knows or clearly should know that the adult lacks the capacity to consent to the release or use of such adult's property, income, resources or trust funds. K.S.A. 39-1430(e).

Financial Institution: Any bank, trust company, escrow company, finance company, savings institution or credit union chartered and supervised under state or federal law.

Findings: The agency's conclusion regarding whether abuse, neglect, or financial exploitation occurred based on facts gathered during the investigation as follows:

Unsubstantiated – The facts or circumstances do not provide clear and convincing evidence to meet the KSA definition of abuse, neglect, or financial exploitation.

Substantiated – The facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. definition of abuse, neglect, or financial exploitation.

G

Guardian: means a person appointed by the court to make decisions with respect to the personal affairs of an individual. The term shall include co-guardians, temporary substitute guardians, standby guardians, successor guardians, and emergency guardians, but does not include a guardian ad litem. K.S.A. 59-30,102 (j). means a person appointed by the court to make decisions with respect to the personal affairs of an individual. "Guardian" includes a co-guardian but does not include a guardian ad litem. K.S.A. 59-30,101.

Guardian ad litem: A person appointed to inform the court about, and to represent, the needs and best interest of an individual as defined by K.S.A. 59-30,102 (k).

An individual, or approved corporation or nonprofit corporation appointed under law to act and make decisions of "physical health or safety on behalf of an adult with an impairment known as a "ward" K.S.A. 59-3051(e).

Governmental Assistance Provider: An agency or employee of such agency, which is funded solely or in part to provide assistance within the Kansas Senior Care Act, K.S.A. 75-5926 et seq. and amendments thereto, including Medicaid and Medicare K.S.A. 39-1401(n)

H

Harassment: Words, gestures, and/or actions which tend to annoy, alarm, and verbally abuse another person.

Harm: Physical or psychological injury or damage.

Home and Community Based Waivers (HCBS): Community-based supports and services for persons in Kansas with disabilities. The program was authorized under Section 1915(c) of the Social Security Act. Through the waivers, Kansas targets services to people who need Long Term Services and Supports (LTSS). KDADS oversees the waiver programs below:

- Autism Waiver
- Brain Injury Waiver (BI)
- Community Supports Waiver (CSW)
- Frail and Elderly Waiver (FE)
- Intellectual and Developmental Disability Waiver (IDD)
- Physical Disability Waiver (PD)
- Serious Emotional Disturbance Waiver (SED)
- Technology Assistance Waiver (TA)

I

Initial Assessment: An Initial Assessment shall be completed on all reports received by the agency. The Initial Assessment is to determine when there are reasonable grounds to believe abuse, neglect or exploitation occurred and immediate steps are needed to protect the health and welfare of the abused, neglected or exploited adult. The Kansas Protection Reporter Center (KPRC) shall assess all reports received by the agency. The assessment shall determine the agency's response to the reported allegations.

~~**In Need of a Conservator:** A person who because of both impairment and the lack of appropriate alternative for managing such person's estate requires the appointment of a conservator K.S.A 59-3051(g).~~

~~**In Need of a Guardian:** A person who because of both an impairment and the lack of appropriate alternative for meeting essential needs, requires the appointment of a guardian K.S.A 59-3051(f).~~

In Need of Protective Services: An adult who is unable to provide for or obtain services which are necessary to maintain physical or mental health. K.S.A. 39-1430(f)).

Intellectual disability: means substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly subaverage intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas: Communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. K.S.A. 39-1803 (h).

Interview for Decisional Ability (IDA): IDA is an evidence-based, semi-structured interview tool, utilized to gather information about a client's decision-making abilities. APS Protection Specialists shall use the Weill Cornell-Penn Interview for Decisional Abilities (IDA) to determine decisional ability of the Involved Adult.

Investigation: Process by which APS examines and gathers information about a possible allegation of abuse, neglect, financial exploitation or adult maltreatment and/or self-neglect to determine if the circumstances of the allegation meet the State's standard of evidence for a finding.

Involved Adult: An adult who is the subject of a report of abuse, neglect, or financial exploitation under this act K.S.A. 39-1430(m)

K

Kansas Protection Report Center (KRPC): The 24/7 centralized call center within Department for Children and Families where reports of abuse, neglect, and financial

exploitation are received, initial assessments are completed, and if assigned response time is determined.

K.A.R.: Kansas Administrative Regulation

K.G.P.: Kansas Guardianship Program. KGP recruits volunteers to be guardians and conservators for certain eligible individuals.

K.S.A.: Kansas Statutes Annotated

L

Lacks Capacity to Consent: An impairment by reason of mental illness, developmental disability, organic brain disorder, physical illness or disability, to the extent that an adult lacks sufficient understanding of the nature or consequences of decisions concerning their person or property.

Law Enforcement: Public office which is vested by law with the duty to maintain public order, make arrests for crimes investigate criminal acts and file criminal charges, whether that duty extends to all crimes or is limited to specific crimes K.S.A. 39-1430 (l).

Least Restrictive Action: The provision of protective services and accommodation in a manner no more restrictive of an individual's personal liberty and no more intrusive than necessary to achieve acceptable and treatment objectives K.S.A 39-1442.

Legal Representative: An agent designated in a durable power of attorney, power of attorney or durable power of attorney for health care decisions or a court appointed guardian, conservator or trustee K.S.A. 39-1401(p).

Less Restrictive Alternative: An approach to meeting an individual's needs which

Life Estate: An estate whose duration is limited in duration to the life of the party holding it, or to the life of some other person (Black's Law Dictionary, Fifth Edition).

Likelihood: Implies more than speculation and less than certainty. An event is likely if a reasonable person using common sense, training or experience concludes that, given the circumstances, an event is probable without a change in those circumstances.

Limited Conservatorship: A conservatorship that grants the conservator less than all powers available under the Kansas uniform guardianship, conservatorship and other

Limited Guardianship: A guardianship that grants the guardian less than all powers arrangements act ~~this act~~ or otherwise restricts the powers of the guardian as defined in

M

Mandated Reporter: When any of the following persons has reasonable cause to suspect or believe that an adult is in need of protective services or being harmed as a result of abuse, neglect or financial exploitation, such person shall promptly report the matter as provided by the provisions of this section:

- A. A person licensed to practice the healing arts,
- B. Persons engaged in postgraduate training programs approved by the state board of healing arts;
- C. Person licensed by the Kansas board to engage in the practice of dentistry.
- D. Persons licensed by the board of examiners in optometry to engage in the practice of optometry,
- E. Persons licensed by the board of nursing to engage in the practice of nursing;
- F. Chief administrative officers of a medical care facilities,
- G. Persons licensed by the behavioral sciences regulatory board to provide mental health services, including psychologist, masters level psychologists, bachelors level social workers, masters level social workers, clinical social workers, marriage and family therapist, clinical marriage and family therapists, professional counselors, clinical professional counselors, behavior analysts, addiction counselors and clinical addiction counselors.
- H. Teachers, school administrators or other employees of any Kansas educational institution as defined in K.S.A. 75-53,112, and amendments thereto, that the adult is attending.
- I. Firefighters, law enforcement officers and emergency medical services personnel.
- J. Court services officers, community corrections officers, case managers appointed under K.S.A. 23-3508, and amendments thereto, and mediators appointed under K.S.A. 23-3502, and amendment thereto.
- K. Bank trust officers and any other officers of financial institutions.
- L. Rehabilitation counselors.
- M. Legal Representatives,
- N. Government Assistance Providers,
- O. Independent Living Counselors.
- P. Owners or operators of residential care facilities, as defined in K.S.A.20 Sup. 39-2002 and amendments thereto.
- Q. The chief administrative officer of a licensed home health agency as defined in K.S.A. 65-5101, and amendments thereto.

- R. The chief administrative office of an adult family home, as defined in K.S.A. 39-1501, and amendments thereto.
- S. The Chief Administrative Officer of any provider of community services and affiliates thereof operated or funded by the Kansas department for children and families or licensed under K.S.A. 39-2001, et seq., and amendments thereto. K.S.A. 39-1431(a) (1).

Meet Essential Needs for Physical Health, Safety or Welfare: Making determinations

Mental Illness: A mental disorder which is manifested by clinically significant behavioral or psychological syndrome or pattern and associated with either a painful symptom or an impairment in one or more important areas of functioning, and involving substantial behavioral psychological or biological dysfunction, to the extent that the person is in need of treatment K.S.A. 59-2946.

N

Neglect: The failure or omission by oneself, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness K.S.A. 39-1430(c).

P

Power of Attorney: ~~A written instrument authorizing another to act as one's agent or attorney in fact: means a written power of attorney, either durable or nondurable per K.S.A. 58-651~~ A power of attorney is a written document that allows a person (the principal) to appoint another person (the attorney in fact or agent) to act on their behalf. The power of attorney can be durable or nondurable. A durable power of attorney continues to be in effect if the principal is disabled or incapacitated. The nondurable power of attorney ceased to be in effect when the principal is incapacitated.

~~Durable Power of Attorney — A power of attorney by which a principal designates another as the principal's attorney in fact in writing and the writing contains the words "this power of attorney shall not be affected by subsequent disability or incapacity of the principal", or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or capacity K.S.A. 58-610. All acts done by an attorney in fact pursuant to a durable power of attorney during any period of disability or incapacity of the principal has the same effect as if the principal were competent or not disabled K.S.A. 58-611. All power of attorney documents may be filed at the Register of Deeds K.S.A. 58-602.~~

Durable Power of Attorney for Health Care Decisions: A durable power of attorney for Health Care Decisions is a power of attorney by which a principal designates another as the principal's agent in writing and the writing contains the

is a power of attorney by which a principal designates another as the principal's agent in writing and the writing contains the words "this power of attorney for health care decisions shall not be affected by subsequent disability or incapacity

Prehearing Conference: A procedure that is used in an administrative hearing to determine questions of discovery, witnesses, issues, procedures and to set a hearing date. Usually, this is done with the hearing officer and the attorneys for the Appellant and Respondent.

Preliminary Inquiry: A preliminary inquiry involves contacting the relevant parties to gather additional information needed to complete an initial assessment. It is used when a report cannot be immediately accepted for investigation or assessment based on the information provided by the reporter, and further details are required to determine if the concerns meet the criteria for assignment.

Property: Includes tangible and intangible property K.S.A. 59-30,102(z)

Protective Arrangement Instead of Conservatorship: A court order entered under K.S.A. 59-30,198

Protective Arrangement Instead of Guardianship: A court order entered under K.S.A. 59-30,197

Protective Services: Services provided by the state, or other governmental agency, or by private organizations or individuals that are necessary to prevent abuse, neglect, or financial exploitation. Such protective services include, but are not limited to, evaluation of the needs for services, assistance in obtaining appropriate social services, and assistance in securing medical and legal services K.S.A. 39-1430(h).

Q

Quality Assurance: The process by which Kansas APS ensures investigations meet or exceed established standards. Quality assurance reviews may include thorough documentation, case management activities, case closure reviews, and a formal case review process.

R

Report: Description or accounting of an incident or incidents of abuse, neglect, or financial exploitation under this act and for the purposes of this act does not include any written assessment or findings K.S.A. 39-1430(k).

Resident: Means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home. K.S.A. 39-923 (13). Any individual kept cared for, treated, boarded or otherwise accommodated in facilities licensed by Kansas Department of Health and Environment or Kansas Department for Aging and Disability Services

Respondent: An individual for whom appointment of a guardian or conservator or a protective arrangement instead of guardianship or conservatorship is sought K.S.A. 59-

Risk Assessment: The process by which the Involved Adult is evaluated for risk of harm and for physical and cognitive abilities to protect his or her interests and personal safety. Other factors such as the living situation and support systems are also evaluated to determine the impact on the individual's ability to become or remain safe.

S

Screening: The process for the Kansas Protection Reporting Center (KPRC) to review

Self-Neglect: An adult who fails to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter and health care for one's own needs. A serious risk of imminent harm to oneself or others created by an adult's inability, due to a physical or mental impairment or diminished capacity, to perform essential self-care tasks, including at least one of the following:

- A. Obtaining essential food, clothing, shelter, and medical care;
- B. Obtaining goods and services necessary to maintain physical health, mental health or general safety;
- C. Managing one's own financial affairs

Service Plan: A written plan (PPS 10500) which assists the APS Specialist and the Involved Adult in identifying services and goals to be achieved through APS intervention.

Services Necessary to Maintain Physical and/or Mental Health: Services that include, but are not limited to, the provision of medical care for physical and mental health needs, the relocation of an adult to a facility or institution able to offer such care, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from maltreatment, the result of which includes, but is not limited to, malnutrition, deprivation of necessities or physical punishment and transportation necessary to secure any of the above stated needs, except that shall not include taking such persons into custody without consent, except as provided in this act K.S.A. 39-1430(g).

Social Security Representative Payee: A person appointed by the Social Security Administration (SSA) to take control and responsibility of another person's Social Security funds. A person or agency interested in becoming a payee must apply to the SSA. The SSA is not required to appoint the conservator as payee. The SSA can appoint anyone they deem appropriate based on their standards.

State Agency: Any officer, department, bureau, division, board, authority, agency, commission or institution of this state, except the judicial and legislative branches, which is authorized by law to promulgate rules and regulations concerning the administration, enforcement or interpretation of any law of this state as defined in K.S.A 46-224.

Supported Decision Making: Assistance from one or more persons of an individual's choosing in understanding the nature and consequences of potential personal and

T

Temporary Guardian: ~~(Emergency Guardian under former statute): Person or approved corporation appointed by the court when there is an imminent danger to the health, or safety of the proposed ward.~~

Trust: ~~A right of property, real or personal, held by one party for the benefit of another. An irrevocable trust cannot be revoked or recalled after its creation. A legal arrangement where a third party, known as the trustee, manages assets on behalf of beneficiaries. Trusts are either revocable or irrevocable, and can be created by through various means, including the transfer of property during the settlor's lifetime or by will. And they can be either revocable or irrevocable. Revocable trusts allow the grantor to control the assets during their lifetime, while irrevocable trusts provide a higher level of asset protection once established. Trusts are often used in estate planning to simplify asset distribution and protect against creditors.~~

U

Undue Influence: Misuse of position of confidence or taking advantage of a person's weakness, infirmity or distress to change improperly that person's action or decisions.

V

Victim: An adult who has experienced adult maltreatment.

10112 Reports Not Assigned for Further Assessment

Publication Date: July 1, 2026

The following criteria will be used to determine if the report shall not be assigned for further assessment.

A. The adult does not meet the definition in K.S.A. 39-1430(a);

1. K.S.A 39-1430(b)(1) defines an adult as a person 18 years of age or older alleged to be unable to protect such person's own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction.

B. The allegations do not meet the definitions for Abuse, Neglect, or Exploitation in

C. The report is a consumer-to-consumer incident in a CDDO or affiliate and there is no indication of neglect by staff. (Forward a copy of the PPS 10100 and 10110, to the KDADS.CSSPRC@ks.gov mailbox.)

D. The incident has been previously investigated or is currently being investigated,

E. DCF does not have the statutory authority to investigate and/or report is responsibility of another agency;

1. Kansas Department of Health and Environment (KDHE) investigates consumer-to-consumer and staff-to-consumer allegations in the following settings:

- a. Abortion Facilities – Licensed
- b. Ambulatory Surgical Centers (ASC) – Licensed and Certified
- c. Birthing Centers – Licensed
- d. Comprehensive Outpatient Rehabilitation Facilities (CORF) – Certified
- e. Critical Access Hospital (CAH) - Licensed and Certified
- f. End Stage Renal Disease Facilities – Certified
- g. Home Health Agency (HHA) – Licensed and Certified

h. Hospice – Certified

i. ~~Hospitals (General, Acute Care, or Specialty Hospitals)~~ – Licensed and Certified

j. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – KDHE surveys these facilities but they are licensed by KDADS

k. Mobile X-Ray – Certified

l. Outpatient Physical Therapy (OPT) – Certified

m. Rural Health Clinic (RHC) – Certified

Reports of this type received by DCF shall be forwarded by PRC to KDHE.Complaints@ks.gov.

2. Kansas Department of Aging and Disability Services (KDADS) licenses and investigates resident-to-resident and staff-to-resident allegations in the following settings:

a. Adult Care Homes:

i. ~~(Nursing facilities,~~y

ii. Nursing facilities~~yes~~ for mental health,

iii. Intermediate care facilities~~ies~~ for Mental Retardation ~~people with~~ intellectual disability, ~~(ICF/IDD,~~

iv. Assisted living ~~facility,~~

v. Residential healthcare ~~facility,~~

vi. Homes Plus ~~and~~

vii. Boarding care home,

viii. Adult day care facility ~~and Care facilities).~~

b. Long term care units ~~within a~~ hospitals

3. Native American Tribes investigate reports of alleged abuse, / neglect, / or exploitation when the involved adult is a registered, ~~member,~~ or citizen of a tribe and resides on a tribal reservation. When reporter informs KPRC intake staff the involved adult resides on a tribal reservation, KPRC staff shall

forward these reports to the appropriate tribal office. Tribal social service and/or law enforcement staff may request DCF assistance with the investigation. DCF staff is not authorized to make ~~with~~ a person residing on a tribal reservation unless such a request for assistance has been made by the tribal staff.

The following tribes have reservations in Kansas:

- a. Iowa Tribe of Kansas and Nebraska
- b. Sac and Fox ~~Tribe of~~ Nation of Missouri in Kansas
- c. Prairie Band of Pottawatomie Nation
- d. Kickapoo

4. Reports indicating a need for a guardianship

based on K.S.A. 39-1 (c), (d), (e) ~~(a) reference in number 1.~~

5. Reports that indicate a need for

PPS 10110 to the APA in the region where the youth is residing. See PPS 10630 for guidance on these reports.)

6. Youth/Adult is under 21 years of age and remains in the DCF-Custody of the Secretary as a CINC. (These are investigated by PPS child-side per PPS 1385 Reports Involving Adults Under 21 Years of Age and in Custody of the Secretary of DCF.)

7. The alleged incident occurred in another state, DCF will screen out due to no jurisdiction to investigate.

8. Adult has left the state, with no plans to return.

9. Alleged Perpetrator (ALP) is a law enforcement officer. (See policy-PPMS 10200 F E for guidance.)

a. ~~When a report alleges abuse, neglect or exploitation by a law enforcement officer, the report shall be referred to the Kansas Bureau of Investigation or internal affairs of the law enforcement agency, if one exists.~~

b. ~~If there are parts of the report alleging abuse, neglect or exploitation by others or self-neglect, the report shall be assigned to APS if screened in,~~

~~however the part that alleges wrong doing by a Law Enforcement Officer~~

10. Report is the responsibility of another agency.

F. If a report meets criteria for non-assignment under sections A–E and identifies concerns related to Medicaid fraud involving Medicaid recipients or Medicaid

10110 to MFCU@AG.KS.GOV.

If the allegation of abuse, neglect, or financial exploitation involves:

1. Involved adults in programs or residential care facilities receiving federal healthcare funds; or

2. The alleged perpetrator is either a provider or an employee of a provider receiving federal healthcare funds; or

3. The setting where the abuse occurred was that of a federally funded healthcare provider.

G. If information indicates a criminal act may have occurred, and the report is not assigned for further assessment, law enforcement shall be notified, via e-mail by KPRC, using the PPS 10100 and 10110.

H. If KPRC receives a report the alleged vulnerable adult has died and the report is not assigned for further assessment, KPRC shall forward this intake in an e-mail to the APS Program Administrator.

10118 Notification to Quality Management Specialist of Reports Not Assigned

Kansas Department of Aging and Disability Services (KDADS) Quality Management Specialist shall be notified when one of the following reports is not assigned for investigation.

Notification of reports not assigned shall be sent by the Kansas Protection Report Center (KPRC) specialist by sending the PPS 10100 and 10110 to the appropriate mailbox.

1. Reports indicating the involved adult is residing in or receiving services from:

- a. Residential Facilities (RF);
- b. Community Developmental Disability Organizations or an affiliate (CDDO);
- c. ~~or an~~ Independent Living Resource Center (ILRC);

2. Reports indicating the involved adult is receiving ~~services on waivers~~ ~~services~~:
Notification shall be sent to KDADS.CSSPRC@ks.gov.

- a. Intellectual ~~and~~ Development Disabilities (I/DD);
- b. Physical Disability (PD);
- c. Frail Elderly (FE), ~~Technology Assisted (TA)~~, ~~Money Follows the Person~~
- d. Autism (AU);
- e. Community Support (CSW); ~~and~~
- f. Brain Injury (BI);

3. Reports indicating the involved adult is receiving ~~mental health~~ services from a behavioral health program. Notification shall be sent to KDADS.BHSDDataReporting@ks.gov. ~~Community Mental Health Center.~~

- a. Certified Community Behavioral Health Clinics (CCBHC)

b. Private Psychiatric Hospital (PPH)

c. Residential Care Facility (RCF)

d. Crisis Intervention Center (CIC)

e. Community Mental Health Center (CMHC)

f. Substance Use Disorder Treatment Program (SUD)

g. Intellectual Developmental Group Home (IDD)

4. Reports indicating the involved adult is receiving Money Follows the Person (MFP) services. Notification shall be sent to KDADS.CSSPRC@ks.gov.

5. Reports indicating the involved adult is residing in an Adult Care Home and the alleged perpetrator is not a consumer to consumer or staff of the facility. Notification shall be sent to KDADS.CSSPRC@ks.gov.

Adult Care Homes include:

a. Nursing facility

b. Nursing facility for mental health

c. Intermediate care facility for people with intellectual disability

d. Assisted living facility

e. Residential healthcare facility

f. Home plus

g. Boarding care home

h. Adult day care facility

6. Reports indicating the involved adult is receiving services through Program for All-Inclusive Care (PACE). Notification shall be sent to KDADS_PACE@ks.gov.

7. Reports indicating the alleged perpetrator is employed in the following profession. Notification shall be sent to KDADS.BHSDDataReporting@ks.gov.

a. Adult Care Home Administrator and Operator

b. Certified Activity Director

c. Certified Social Service Designee

g. Dietitian

h. Speech-Language Pathologists & Audiologists

Notification of reports not assigned shall be sent by the Kansas Protection Report Center (KPRC) specialist by sending the PPS 10100 and 10110 to the appropriate mailbox below. —

A. If the report alleges the adult is on an I/DD waiver, BI Waiver, PD Waiver, FE Waiver, TA Waiver, AU Waiver, PACE Waiver, GSW or MFP Waiver the report shall be sent to the KDADS CSSPRC@ks.gov mailbox.

The subject line of the e-mail shall contain specific information necessary to identify the type of report for KDADS: —

1. Type of communication: Intake
2. Type of Facility or Service: Residential Facility (RF), a Community Development Disability Organization or an affiliate (CDDO), or an Independent Living Resource Center (ILRC)
3. County where the facility is located: Two letter code
4. Name of RF, CDDO/affiliate, or ILRC, RF, CDDO, ILRC.

For example, the subject line of the e-mail shall read: Intake CDDO-SN-Sheltered Living

B. If the report indicates the involved adult is receiving mental health services from a Community Mental Health Center the report shall be sent to the KDADS.MHPRCReports@ks.gov mailbox.

1. Type of communication: Intake
2. Type of Service: Community Mental Health Center (CMHC),
3. County where the Community Mental Health Center is located: Two letter code
4. Name of Community Mental Health Center

For example, the subject line of the e-mail shall read: Intake CMHC-DG-Bert Nash

10200 Conducting an Investigation

Publication Date: July 1, 2026

Conducting a thorough investigation is critical to increasing ensuring the safety and well-being of the Involved Adult (IA). Investigation means the process by which APS gathers and examines information about an allegation of abuse, neglect, financial exploitation or self-neglect. The investigation includes determining whether the definition of the allegation and the standard of evidence were met. APS Specialist shall use their professional judgment throughout the investigation and consult with a supervisor as necessary.

~~A. Statutes pertaining to the investigation KSA 39-1433(a)~~

A. The Kansas Department for Children and Families, upon receiving a report that an adult is being, or has been harmed as a result of abused, neglected or financial exploitationed, or is in need of protective services per KSA 39-1433(a) shall:

~~Review report for immediate concerns. When a criminal act has occurred or has appeared to have occurred, immediately notify, in writing, the appropriate law enforcement agency; by sending the PPS 10100, 10110, and 10120A.~~

1. APS Contact with the Involved Adult

The APS Specialist or designee shall Mmake a face-to-face visit with the Involved Adult:

- a. Within 24 hours when the information from the reporter indicates imminent danger to the health or welfare of the Involved Adult;
- b. Within three (3) working days for all reports of suspected abuse, when the information from the reporter indicates no imminent danger;
- c. Within five (5) working days for all reports of neglect or financial exploitation when the information from the reporter indicates no imminent danger.

2. The investigation and evaluation shall include, but not be limited to, consultation with those individuals who have having knowledge of the facts of the particular case. If conducting the investigation within thirty (30) or sixty (60) working days would interfere with an ongoing criminal investigation, the time period for the investigation shall be extended for no more than, but the investigation and evaluation shall be completed within ninety (90) working days.

3. Complete all other tasks associated with investigations, within thirty (30) working days of receiving a report for cases involving abuse, neglect, and self-neglect. Sixty (60) working days will be allowed for cases assigned for Financial

Exploitation. APS Specialist shall assess the adult's condition to determine necessary actions or services to mitigate the involved adult's risk and make a case finding. A thorough investigation and evaluation to determine the situation relative to the condition of the Involved Adult and what action and services, if any, are required.

~~KSA 75-723 Section 3 (7) (e)~~

~~Whenever a state agency reports a matter involving suspected abuse, neglect, or exploitation of an adult to a law enforcement agency or a county or district attorney, such state agency shall simultaneously forward such report to the Abuse, Neglect, Exploitation (ANE) Unit of the Kansas Attorney General's Office. Notification to the ANE Unit shall be made by sending the PPS 10100, 10110, and 10120A.~~

A. ~~The Medicaid Fraud unit has authority to investigate allegations of abuse, neglect and financial exploitation of Medicaid recipients and Medicaid facilities. Unredacted Reports (PPS 10100 and 10110,) of this type shall also be forwarded to MFCU@AG.KS.GOV.~~

~~1. The APS Specialist or designee shall determine if the allegation of abuse, neglect, or financial exploitation involves:~~

~~a. Persons in programs or residential care facilities receiving federal healthcare funds; or~~

~~b. The alleged perpetrator is either a provider or an employee of a provider receiving federal healthcare funds; or~~

~~c. The setting where the abuse occurred was that of a federally funded healthcare provider.~~

~~2. If the allegation involves any one of the three listed above, the APS Specialist shall provide a copy of the PPS 10100 and 10110, to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office~~

~~3. APS Specialists shall provide the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office with copies of all reports required to be filed with the Department of Health and Human Services with respect to its activities under the Department's regulations, and referrals to the Department of Health and Human Services.~~

B. Documentation in KIPS

1. Throughout the investigation, documentation shall be accurately and timely recorded in the appropriate chapters in KIPS. Timely Documentation shall be considered timely **when entered** no more than five (5) working days after the activity, event, or incident occurred.

2. APS Specialist shall request records relevant to the investigation within ten (10) working days of the face-to-face contact of the Involved Adult (IA).

See **A**ppendix 10C.

C. Reports on DCF Employees and/or Their Relatives Identified as Alleged Perpetrators

If a report has been assigned for investigation and a DCF employee is identified as the Alleged Perpetrator, the following shall occur:

1. The report shall be forwarded to the APS Supervisor by the assigned APS Specialist.
2. The APS Supervisor shall set the investigation to confidential in KIPS once it has been assigned.
3. Using the KPRC Supervisors' e-mail mailbox (PRC Sups), the APS Supervisor shall request ~~that~~ the intake be set to confidential.
4. The report shall be referred to the local law enforcement agency by the APS Supervisor.
 - a. The referral to law enforcement shall contain a request for a copy of the completed law enforcement investigation.
 - b. If law enforcement agrees to conduct an investigation, the APS Supervisor shall obtain a copy of the investigation report for the purposes of APS making a case finding.
 - c. ~~If law enforcement does not investigate~~ ~~If law enforcement is not going to pursue an investigation,~~ ~~determines to not to pursue an investigation,~~ the APS Supervisor shall consult with the APA to determine ~~request~~ that another region conduct the investigation. ~~If the investigation should be conducted by another DCF region.~~
 - d. The APS Assistant Program Administrator of the region investigating the abuse, neglect, or exploitation shall notify DCF personnel services that a DCF staff member has been named an alleged perpetrator in an APS investigation.
 - e. The exception is when the report alleges self-neglect of a DCF employee ~~by an employee of DCF.~~ In that situation, APS staff in the region in which the employee resides shall conduct the investigation or request a courtesy interview from another DCF region.
 - f. When the alleged perpetrator of abuse, neglect or ~~financial~~ exploitation ~~(ANE)~~ is a relative of a DCF employee, the investigation shall be conducted by APS staff in another portion of the region in which the involved adult resides, or the Supervisor shall ~~may~~ request for a courtesy investigation from another region. ~~a request for a courtesy investigation from staff in another region shall be made by the Supervisor.~~ If ~~the~~ decision has been made to request a courtesy investigation, the APS APA shall send an email requesting the courtesy investigation to the APS APA for the region to which the request is being made, requesting a courtesy investigation.

D. Conflict of Interest

When an employee is given an assignment that is or could be construed as a conflict of interest, the employee shall notify the Supervisor who shall, in consultation and concurrence with the Regional APS Assistant Program Administrator, determine whether it is appropriate to continue the assignment in question or to reassign the work to another staff person.

E. Law Enforcement Report is the Alleged Perpetrator

When a report that alleges wrong doing abuse, neglect, or financial exploitation by a Law Enforcement Officer (LEO), the report shall be referred to the Kansas Bureau of Investigation or to the internal affairs of the law enforcement agency, if one exists. If there are parts of the report that allege abuse, neglect, financial exploitation ~~ANE~~ by others or self-neglect, the report shall be assigned to APS if screened in; however, the part that alleges abuse, neglect or financial exploitation ~~wrongdoing~~ by a LEO will not be investigated.

F. Joint Investigations with Law Enforcement

When a report of adult abuse, neglect or financial exploitation indicates that there is serious physical injury to or serious deterioration of the adult and that action may be required to protect the adult, the investigation may be conducted as a joint effort between the Kansas department for children and families and the appropriate law enforcement agency or agencies, with a free exchange of information between such agencies.

APS will coordinate with Law Enforcement when appropriate to ensure the APS investigation doesn't interfere with the criminal investigation.

~~There shall be a free exchange of information between the APS Specialist and law enforcement.~~ Upon completion of the criminal investigation by the law enforcement agency, a full report shall be provided to the Department for Children and Families, K.S.A. 39-1443(b). If a dispute develops between agencies investigating a reported case of abuse, neglect, or financial exploitation, the appropriate county or district attorney shall take charge of, direct, and coordinate the investigation.

~~A joint investigation between the APS Specialist and law enforcement may occur in the following situations:—~~

~~Per KSA 39 1433 Section 3 (1)~~

~~Immediately notify, in writing, the appropriate law enforcement agency when a criminal act has occurred or appears to have occurred.~~

~~The PPS 10100, 10110, and 10120A shall be used to notify law enforcement and includes a request for assistance from law enforcement in contacting the Involved Adult, if necessary~~

~~Supervisor/designee shall:~~

- ~~a. Notify law enforcement DCF will not conduct an investigation relating to the alleged criminal offense, but will complete an APS investigation, and offer protective services as needed and appropriate.~~
- ~~a. Check with law enforcement to ensure APS involvement does not interfere with the criminal investigation or case.~~
- ~~b. Document in KIPS record all contacts with law enforcement.~~

~~Per KSA 75-523 Section 3 (7) (e), whenever a state agency reports a matter involving suspected abuse, neglect or financial exploitation of an adult to a law enforcement agency or a county or district attorney, such state agency shall simultaneously forward such report to the ANE unit of Attorney General Office.~~

~~The PPS 10100, 10110, and 10120A shall be used to notify the ANE unit of all reports, excluding self-neglect, forwarded to law enforcement or county or district attorney of alleged abuse, neglect, or financial exploitation which include information regarding an alleged criminal act.~~

- ~~d. If the report/assessment indicates the Involved Adult is in a life endangering situation, including self-harm or neglect, the APS Specialist shall determine if law enforcement assistance is needed.~~
- ~~e. If determined there is a safety risk to the APS Specialist.~~

B. Notification to KDADS licensed community-based facility Chief Administrative Officer (CAO)

~~If the report is assigned for further assessment, and the allegation occurred in a KDADS licensed community-based facility or agency or the Involved Adult is receiving in-home services provided by a KDADS licensed community based facility and the Alleged Perpetrator is an employee of that facility, the assigned APS Specialist shall forward to the CAO of the involved KDADS licensed community based facility the following:~~

- ~~1. Completed PPS 10125 within five (5) working days~~
- ~~2. A copy of the PPS 10110 with the following information redacted (if provided in PPS 10110):~~
 - ~~a. Name and any identifying information about the reporter~~
 - ~~b. Name, address, and relationship of Alleged Perpetrator to the Involved Adult~~

~~A community-based facility or agency licensed by Kansas Department for Aging and Disability Services include:~~

- ~~1. Residential Care Facilities (RCF),~~
- ~~2. Community Service Providers (CSP),~~
- ~~3. Community Developmental Disability Organizations (CDDO) Affiliates,~~
- ~~4. Community Mental Health Centers (CMHC),~~
- ~~5. Affiliated Community Mental Health Service Providers, and~~
- ~~6. Private Psychiatric Hospitals which does not include psychiatric units in a local community hospital which are licensed by KDHE.~~

10206 Notifications at Case Assignment

Publication Date: July 1, 2026

When an adult is at risk of abuse, neglect, financial exploitation or self-neglect, the concerns may need to be investigated by other professional authorities. APS shall notify such authorities at case assignment when there are concurrent investigations.

Notifications shall occur within 5 working days of assignment. The five working days start on the first working day after the case is assigned.

A. The APS Specialist shall review the report for immediate concerns. When a criminal act has occurred or appears to have occurred, the APS Specialist or designee will immediately notify, in writing, the appropriate law enforcement agencies by sending the unredacted PPS 10100, 10110, and 10120A per KSA 39-1433(1):

1. Law Enforcement where the alleged concern occurred; and

2. Abuse, Neglect, Exploitation (ANE) Unit of the Kansas Attorney General's Office at ANE@AG.KS.GOV

B. The Kansas Attorney General's Office Medicaid Fraud unit has the authority to investigate allegations of abuse, neglect or financial exploitation of Medicaid recipients and Medicaid facilities. The APS Specialist or designee shall send the unredacted PPS 10100 and PPS 10110 to MFCU@AG.KS.GOV K.S.A. 39-1443

1. The APS Specialist or designee shall determine if the adult maltreatment involves:

- a. Adults in day and residential care facilities receiving federal healthcare funds; or
- b. The alleged perpetrator is either a provider or an employee of a provider receiving federal healthcare funds; or
- c. The setting where the abuse occurred was that of a federally funded healthcare provider.

C. KDADS Quality Management Specialists (QMS) have the authority to investigate adverse incidents for clients on HCBS Waivers. APS investigations regarding a client on a HCBS waiver shall be sent to KDADS QMS. The APS Specialist or designee shall determine if the involved adult is receiving HCBS Waiver services. If so, a redacted PPS 10100 and 10110 shall be sent to KDADS.CSSPRC@ks.gov

1. Adult HCBS waiver services include:

- a. Autism (AU),

- b. Intellectual and Developmental Disability (IDD),
- c. Physical Disability (PD),
- d. Brain Injury (BI),
- e. Serious Emotional Disturbance (SED),
- f. Frail Elderly (FE),
- g. Community Support (CSW).

D. KDADS Money that Follows the Person (MFP) program has the authority to investigate adverse incidents involving their clients. APS investigations involving an MFP client shall be forwarded to the KDADS MFP case manager. The APS Specialist or designee shall determine if the involved adult is receiving Money that Follows the Person services. If so, a redacted PPS 10100 and 10110 shall be sent to KDADS.CSSPRC@ks.gov

E. KDADS has the authority to investigate adverse incidents related to adults receiving services in adult care homes. The APS Specialist or designee shall determine if the adult is residing in an adult care home. If so, the redacted PPS 10100 and 10110 shall be sent to KDADS.CSSPRC@ks.gov pursuant to K.S.A. 39-923.

1. Adult care homes include:

- a. Nursing facility,
- b. Nursing facility for mental health,
- c. Intermediate care facility for people with intellectual disability,
- d. Assisted living facility,
- e. Residential healthcare facility,
- f. Home plus,
- g. Boarding care home
- h. Adult day care facility

F. KDADS Program for All-Inclusive Care (PACE) has the authority to investigate adverse incidents for adults receiving PACE services. The APS Specialist or designee shall determine if the involved adult is receiving services through PACE. If so, the redacted PPS 10100 and 10110 shall be sent to KDADS_PACE@ks.gov

G. KDADS Behavioral Health Program has the authority to investigate adverse incidents for adults receiving services from a KDADS licensed/certified behavioral health program. The APS Specialist or designee shall determine if the Involved Adult is receiving services from the following behavioral health programs. If so, the redacted PPS 10100 and 10110 shall be sent to KDADS.BHSDDataReporting@ks.gov

1. KDADS behavioral health programs include the following:

- a. Certified Community Behavioral Health Clinics (CCBHC)

- b. Private Psychiatric Hospital (PPH)
- c. Residential Care Facility (RCF)
- d. Crisis Intervention Center (CIC)
- e. Community Mental Health Center (CMHC)
- f. Substance Use Disorder Treatment Program (SUD)
- g. Intellectual Developmental Group Home (IDD)

H. KDADS has the authority to investigate adverse incidents involving the following professions. The APS Specialist or designee shall determine if the alleged perpetrator is employed in the following profession. If so, the redacted PPS 10100 and 10110 shall be sent to KDADS.BHSDDataReporting@ks.gov Professional positions include:

- 1. Adult Care Home Administrator and Operator
- 2. Certified Activity Director
- 3. Certified Social Service Designee
- 4. Certified Nurse's Aide
- 5. Certified Medication Aide
- 6. Certified Home Health Aide

I. Notification to KDADS licensed community-based facility Chief Administrative Officer (CAO) KSA 39-1435 and KSA 39-1436

If the report is assigned for further assessment, and the allegation occurred in a KDADS licensed community-based facility or agency, or the Involved Adult is receiving in-home services provided by a KDADS licensed community-based facility, and the alleged perpetrator is an employee of that facility, the assigned APS Specialist shall forward to the CAO of the involved KDADS licensed community-based facility the following:

- 1. A completed PPS 10125.
- 2. The PPS 10110 with the following information redacted (if provided in PPS 10110):
 - a. Name and any identifying information about the reporter
 - b. Name, address, and relationship of alleged perpetrator to the involved adult

3. A community-based facility or agency licensed by the Kansas Department for Aging and Disability Services includes:

- a. Residential Care Facilities (RCF),
- b. Community Service Providers (CSP),
- c. Community Developmental Disability Organizations (CDDO) Affiliates,
- d. Community Mental Health Centers (CMHC),
- e. Affiliated Community Mental Health Service Providers, and
- f. Private Psychiatric Hospitals, which do not include psychiatric units in a local community hospital, that are licensed by KDHE.

10210 Contacts During the Investigation

Publication Date: July 1, 2026

A. Reasonable Efforts to Determine Safety

K.S.A. 39-1433(a)(2) requires a face-to-face visit with the Involved Adult. Telephone or letter contact is not sufficient. The face-to-face visit shall be made within the assigned response time to assess the Involved Adult's safety. Reasonable efforts are made if the APS Protection Specialist attempts to contact the Involved Adult in person, at a location where the Involved Adult would reasonably be expected to be, on at least two occasions during the assigned response time.

B. Allowable Reasons to Not Determine Safety within Required Response Time

1. There may be instances when it is not possible to determine the safety of the Involved Adult within the assigned response time. If contact is not made in the assigned response time, notify the APS supervisor.

2. Allowable reasons include:

- a. Unable to locate Involved Adult;
- b. Involved Adult has left the state;
- c. Referred to Law Enforcement and APS Protection Specialist has been directed by law enforcement or the county/district attorney not to proceed;
- d. After two unsuccessful face-to-face attempts to locate the Involved Adult, APS shall mail the PPS 10231 Involved Adult Interview Request letter;
 - i. A Closure After Assignment (CAA) may be requested ten (10) calendar days after the PPS 10231 Involved Adult Interview Request letter has
- e. If the Involved Adult refuses contact and refuses to cooperate;
- f. Involved Adult fails to keep scheduled appointments;
- g. Natural or man-made disasters that create conditions making it unsafe to contact the Involved Adult. The attempts to contact the Involved Adult shall resume as soon as conditions allow. If the immediate safety of the adult needs to be assessed, contact law enforcement to request assistance;
- h. The Involved Adult is deceased.

C. Safety Determination of the Involved Adult

1. Initial contact with the Involved Adult shall be made within the time frame assigned on the intake and in accordance with PPM 10120 and K.S.A. 39-1433(a)(2)(A)-(C). During the interview with the Involved Adult the APS Protection Specialist shall:

- a. Gather information regarding the allegations contained in the report;
- b. Assess the safety of and risk to of the Involved Adult;

- c. Obtain information regarding any current services the Involved Adult is receiving from community agencies or informal providers, such as family or friends;
- d. Advise the Involved Adult the APS Protection Specialist is required to contact law enforcement if the APS Protection Specialist suspects a crime has occurred. If contacting law enforcement may increase the risk to the Involved Adult, discuss options with the supervisor prior to notifying law enforcement;
- e. Provide the Involved Adult with the client rights brochure, PPS 10205, if the allegation is self-neglect, or the PPS 10208 for all other allegations and document in KIPS.
 - i. If APS Protection Specialist did not provide the appropriate brochure during initial face-to-face contact, the brochure can be mailed using the reported address or last known address of the Involved Adult or provided to them on a subsequent visit.
 - ii. If the APS Protection Specialist is unable to make face-to-face contact with the Involved Adult and the address of the Involved Adult was provided in the report, the appropriate **client rights** brochure shall be mailed to the Involved Adult at that address.
 - iii. If the reporter did not provide the address for the Involved Adult and the APS Protection Specialist has not been able to obtain an address, this information shall be documented in KIPS as the reason the **client** brochure was not provided to the Involved Adult.
 - iv. If the Involved Adult has a guardian and the identity and contact information for the guardian is available, the appropriate **client's rights** brochure shall be provided to the guardian, rather than to the Involved Adult.

f. APS Protection Specialist shall provide information in a format and language that is understandable by the IA, and in alternative formats as needed. If assistance is needed to structure a document in a format the involved adult can understand, the APS Protection Specialist should contact the APS APA or Program Administrator.

D. Use of Authorized Collaterals for Safety Determination

- 1. On rare occasions, with supervisor approval, information gathered from authorized collaterals may be used to ascertain safety. The date of the in-person visit by the authorized collateral shall be entered into KIPS as the initial face-to-face date.
 - a. Authorized collateral may be any one of the following:
 - i. Another DCF Protection Specialist
 - ii. A law enforcement officer
 - iii. Director of Nursing, Charge Nurse, or Licensed Social Worker where the Involved Adult is currently located.

2. Once safety has been ascertained by one of the above collaterals, the assigned APS Protection Specialist shall interview the Involved Adult as soon as possible.

E. Contacting the Guardian

1. If the APS report indicates the Involved Adult has a guardian, the APS Protection Specialist shall make diligent efforts to contact the guardian to coordinate contact with the Involved Adult.

a. If the guardian is named as the alleged perpetrator, the APS Protection Specialist shall contact their supervisor or legal for advice on how to proceed.

b. If the APS Protection Specialist is unable to make contact with the guardian after making reasonable efforts, and further efforts to do so will cause the initial contact with the Involved Adult not to be made within the required time frame; the APS Protection Specialist shall proceed with face-to-face contact with the Involved Adult.

c. If the guardian was not contacted prior to the initial contact with the Involved Adult, the APS Protection Specialist shall continue to make reasonable efforts during the investigation to contact the guardian.

d. If the APS Protection Specialist does not learn until after contact is made with the Involved Adult there is a guardian; the guardian shall be notified as soon as possible.

F. Notification from KPRC of associated intakes that have been screened out due to a current open investigation.

1. APS Protection Specialist shall:

a. Review the associated intake for additional information and address any new concerns.

b. Document activities in the investigation record.

c. Review the associated intakes(s) with supervisor or designee at case finding.

G. Death of Involved Adult during Investigation

1. When an Involved Adult dies following an assignment of abuse, neglect, or financial exploitation, the investigation shall continue if:

a. The death may be related to the allegation, and the allegation was not self-neglect;

b. Collaterals or alleged perpetrator were interviewed by APS or law enforcement and a finding can be made;

c. Documentation (e.g. law enforcement, medical, banks) was obtained and a finding can be made or;

d. The alleged perpetrator was in a position of trust to the Involved Adult (e.g. Power of Attorney, Durable Power of Attorney, and Guardian or Conservator) or is employed as a caregiver.

2. The APS Protection Specialist shall also follow procedures for reporting critical incidents (PPM 10212) upon learning of the death of the Involved Adult for reasons which could be related to abuse, neglect, or financial exploitation at any time following case assignment.

10212 Critical or Significant Incident Notification Procedures

Publication Date: July 1, 2026

A. Definitions

1. Critical Incident: Includes any incident such as an adult death as defined below which may draw public, legislative, or media concern.
2. Significant Incident: Unanticipated event which does not rise to the level of a critical incident, but has the potential risk of a serious adverse outcome. This includes work related injury or death of a Department for Children and Families (DCF) staff or an incident in which staff safety was seriously compromised such as incidents involving threats with a gun or other weapons.
3. Adult Death: An adult who is the subject of an Adult Protective Services (APS) investigation whose death is related or potentially related to an allegation of abuse, neglect and/or exploitation or an adult who received adult protective services and dies under suspicious circumstances.
4. Near Death: An adult who is the subject of an APS investigation who is near death or dying related to an allegation of abuse, neglect or and/or exploitation.
5. DCF Critical Incident Team: Individuals and positions designated by the Secretary of DCF to receive information regarding critical incidents. DCF.CriticalIncident@ks.gov is the e-mail address.

B. A.

1. Critical Incidents Includes any incident such as an adult death or near death as defined below which may draw public, legislative, or media concern.

i. An adult who is the subject of an Adult Protective Services (APS) investigation whose death is related or potentially related to an

ii. An adult who received adult protective services and dies under suspicious circumstances.

b. Near Death:

i. An adult who is the subject of an APS investigation who is near death or dying related to an allegation of abuse, neglect, or exploitation.

2. Reporting an Adult Critical Incident

a. Information regarding critical incidents ~~and significant incidents~~ may be

e-mail by KPRC or
of knowledge of the

critical ~~or significant~~ incident.

~~1. Critical or Significant Incident Information Received by the KPRC~~

~~a. Critical Incidents~~

b. KPRC staff shall

i. If a critical incident is reported to the KPRC, during DCF business hours, the KPRC shall Send the report to the PRCSups email box, if the critical incident is received by KPRC.

ii. If the report meets the criteria for a critical incident, the supervisor monitoring the PRC Sups email box shall send the report to the PPS Director, Assistant Regional Director, KPRC Supervisors via PRCSups@ks.gov (PRCSups mailbox), APS Program Administrator, ~~and~~ the Regional APS Assistant Program

The Initial Assessment shall be completed on the report per

~~_____~~
~~_____~~
~~_____~~
~~_____~~

~~_____~~

i. Notify their immediate supervisor within 12 business hours of

ii. The supervisor shall notify the APS APA by e-mail no later than 12 business hours after receiving the notification from APS staff.

iii. The APS APA shall complete a written report using form PPS 10212 on the critical incident by the close of business on the next working day of their knowledge of the critical incident.

iv. A copy of the completed PPS 10212 shall be forwarded to the Assistant Regional Director, Regional Attorney, APS supervisor, other regional staff as appropriate, and APS Program Administrator and the

~~i. For critical incidents, the PPS 10212 shall be sent to the DCF Critical Incident Team using the DCF critical incident e-mail address.~~

~~b. Significant Incident~~

~~Reports involving a Significant Incident which are not assigned for further assessment are forwarded to the APS Program Administrator.~~

1. A Significant Incident is an unanticipated event which does not rise to the level of a critical incident but which has the potential risk of a serious adverse outcome. This includes work-related injury or death of a Department for Children and Families

~~a. Information regarding critical incidents and significant incidents may be~~

complete the initial notification verbally or by e-mail immediately and no later than 12 business hours of knowledge of the critical or significant incident.

~~2. Critical or Significant Incident Information Received by DCF staff~~

~~Upon receiving a critical or significant incident, the following shall occur:~~

i. ~~DCF~~ APS staff shall notify their immediate supervisor within 12 business hours of receiving a critical or significant incident.

ii. The supervisor shall notify the APS APA by e-mail no later than 12 business hours after of receiving the notification from ~~DCF~~ APS staff.

iii. The APS APA shall complete a written report using form PPS 10212 on the incident by the close of business on the next working day of their knowledge of the incident.

iv. A copy of the completed PPS 10212 shall be forwarded to the Assistant Regional Director, Regional Attorney, ~~APS APA~~, APS supervisor, other regional staff as appropriate, and APS Program Administrator.

C. Review of Critical Incident by DCF Critical Incident Team:

DCF Critical Incident Team: Individuals and positions designated by the Secretary of

If the Critical Incident involves a death as the result of abuse, neglect or exploitation, the APS Program Administrator shall schedule and coordinate a review of the facts within 2 working days, or as soon as practical, from the receipt of the Critical Incident Response. The review may occur via teleconference or in person. Participants invited include Critical Incident Team, the PPS Director or designee, PPS legal, the Regional Director or designee, APS Program Administrator, APS APA, and if needed the APS Supervisor and/or APS Specialist.

If the Critical Incident does not involve a death, the PPS Director or Regional Director may request a Critical Incident Review if it is believed the incident warrants review by the DCF Critical Incident Team.

D. Providing Additional Information and Updates

The DCF Critical Incident Team may request additional information or updates to case status. This information shall be provided as requested through the DCF Critical Incident e-mail address within 2 business days of the request, or within a timeframe designated by the Regional Director or designee. The subject line of the e-mail shall state, Case name- "Attorney/Client Privileged Information".

E. Review of a Significant Incident

Upon request of the PPS Director or designee, a review of the significant incident is scheduled and coordinated by the APS Program Administrator within two working days of receiving the request for a review. The review may be in person or teleconference. The Regional Director, or their designee, APS APA, PPS Director and Deputy Directors, PPS Legal, and APS Program Administrator shall be invited to participate.

10224 Assessment of Involved Adult

Publication Date: July 1, 2026

~~Within thirty (30) or sixty (60) working days of~~ When receiving a report, the APS Protection Specialist shall complete a thorough investigation, ~~assessment of the involved adult, and assessment.~~ The goal of the investigation and assessment is to determine the safety of the Involved Adult (IA) and to **recommend services that support the adult in the least restrictive environment and promote autonomy.** ~~address any needs identified needs, through the assessment.~~

If conducting the investigation ~~and assessment within thirty (30) or sixty (60) working business days~~ would interfere with an ongoing criminal investigation, the time period for the investigation ~~and assessment~~ shall be extended but **provided that the investigation and assessment shall be completed within ninety (90) working business days** from the finding due date.

The assessment ~~is based on~~ **of the involved adult** is an ongoing process **informed by** the APS Protection Specialist's observations, interviews with the involved adult **and the alleged perpetrator, and information** ~~obtained~~ from collateral contacts.

A. Components of the Assessment

The following areas may be considered in the assessment for each Involved Adult as part of the APS investigation.

1. Environment - The assessment of the physical environment should include identification of type and feasibility of needed improvements or changes to the Involved Adult's environment, and whether the adult is isolated in his or her environment.

a. Assess whether the daily living environment contributes to the Involved Adult's risk, including:

- i. The Involved Adult is sufficiently mobile to exit the home in case of an emergency or has an assistance plan for exiting in case of an emergency.
- ii. The living quarters are adequately heated or cooled.
- iii. Toilet facilities are available and in working condition.
- iv. There is refrigeration ~~and~~ or other adequate storage for food.
- v. There is ready availability of a telephone or other communication device to contact help.
- vi. There is no animal, rodent, or insect infestation.
- vii. Utilities are working.
- viii. There are no other endangering housing deficiencies.

2. Functional Ability - There is a direct relationship between an Involved Adult's risk of being abused, neglected, or exploited and his or her dependence on others for performance of activities of daily living (ADL's). An assessment of the Involved Adult's ability to manage these activities of daily living is one consideration in assessing his or her need for protective services.

Examples of ADL's include:

- a. Bathing
- b. Dressing
- c. Toileting
- d. Transferring
- e. Eating
- f. Shopping for essential supplies
- g. Preparing food
- h. Performing housekeeping and laundry tasks
- i. Traveling independently
- j. Assuming responsibility for medication
- k. Managing his/her own finances
- l. Using the telephone

3. Physical/Health - The assessment of the Involved Adult's physical health may be based on reports of illness, disabilities, and symptoms by the individual or by friends, relatives, or other contacts, or by the APS Protection Specialist's observation of apparent medical problems. Additional areas to consider when assessing physical health include:

- a. Current medical condition, including any diagnosis or prognosis available, and any services being used.
- b. Symptoms observed by the APS Protection Specialist or reported by the Involved Adult or other observers that may not have been diagnosed or treated.
- c. The number and types of medication(s) the Involved Adult is currently taking (prescription and non-prescription), and if multiple physicians are prescribing medication. ~~whether medication is being prescribed by multiple physicians.~~
- d. Eating habits (nutrition and hydration).
- e. Need for assistive devices (eyeglasses, hearing aids, dentures, and mobility aids to compensate for physical impairments, etc.)

4. Mental/**Behavioral Health**/Psychosocial Health - While an APS Protection Specialist's assessment of an Involved Adult's psychological functioning cannot take the place of a formal clinical evaluation, it can suggest a **psychiatric mental health** condition is present and is contributing to the Involved Adult's endangerment. ~~This assessment can provide~~ The APS Protection Specialist assessment can provide ~~with a basis-rational reason more complete~~ for a formal

mental health assessment. by mental health professionals. Areas to consider when assessing mental health psychosocial status include:

- a. General appearance is appropriate and consistent with age, social, and economic status. This includes, but is not limited to, an evaluation of the appropriateness of dress and personal hygiene.
- b. Perceived emotional or behavioral problem(s).
- c. Orientation to person, place and time as well as memory and judgment capacity.
- d. Manifestations of emotional or behavioral problems (e.g., insomnia, nightmares, crying spells, depression, agitation, unusual fears, thoughts, perceptions, delusions, hallucinations, etc.).
- e. Major life changes in the past year (e.g., death of a significant person, loss of income, a move, an illness, divorce, institutional placement, etc.).
- f. Ability to follow simple one-step instructions.
- g. Ability to manage financial affairs.
- h. Appropriate responses to questions.
- i. Self-endangering behavior of the adult (e.g., suicidal behavior, refusal of medical treatment, gross self-neglect, wandering, aggressive acts that are likely to precipitate retaliation, etc.).
- j. The APS Protection Specialist's evaluation regarding the Involved Adult's ability to make responsible, rational, and informed decisions as well as the ability to understand the probable consequences of his or her decisions.

B. Guidelines for determining ability to consent - Mental illness, intellectual disability, physical illness, memory impairment, developmental disability, behavioral health alcoholism, substance abuse, and other conditions may be reasons why an Involved Adult is unable to make, communicate, or carry out responsible decisions concerning his or her well-being.

A review of the following abilities will help the APS Protection Specialist differentiate between those who are and those who are not able to make, communicate, or and carry out responsible decisions concerning his or her their well-being.

1. Ability to communicate a choice.

Assess the Involved Adult's ability to make and communicate a choice from the realistic choices available. Assess the Involved Adult's ability to maintain the choice made until it can be implemented.

2. Ability to understand relevant information.

Assess the Involved Adult's ability to understand information that is relevant to the choice that is to be made. (e.g., without treatment gangrene will likely cause death).

3. Ability to compare risks and benefits of available options:

Assess the Involved Adult's ability to compare risks and benefits of available options. This requires weighing both risks and benefits of a single option and

weighing more than one option at the same time. ~~Can the Involved Adult give a logical explanation for the decision he or she reached in terms of risks and benefits?~~

4. Ability to comprehend and appreciate the situation:

Assess the Involved Adult's ability to comprehend and appreciate the situation. ~~An Involved Adult may be able to understand relevant information (e.g., without treatment gangrene will likely cause death) and yet be unable to appreciate his or her own situation (e.g., believes his or her own gangrenous foot will not cause his or her death or disregards medical opinion and denies the foot is gangrenous). An Involved Adult who comprehends and appreciates the situation will~~

 and benefits of available treatment options for him or herself.

C. Guidelines for determining decisional ability

APS Protection Specialist shall use the Weill Cornell-Penn Interview for Decisional Abilities (IDA) to determine decisional ability of the Involved Adult. IDA is an evidence-based, semi-structured interview tool, utilized to gather information about a client's decision-making abilities.

IDA is designed to accurately capture an individual's general understanding and personal appreciation of risk as well as their ability to make reasoned decisions about service options. IDA helps navigate a vulnerable adult's right to refuse protective services, specifically the right to self-determination. IDA will be used by APS Protection Specialists ~~that who have been fully trained and~~ received their IDA Practitioner badge **and IDA Practitioners in Training.**

1. IDA Steps:

- a. The IDA Practitioner in Training will complete the pre-IDA with the APS Supervisor or IDA Trainer.
- b. The APS Protection Specialist will choose and reword the risk that poses the highest level of endangerment to the Involved Adult.
- c. The APS Protection Specialist may consult with a supervisor or IDA trainer ~~designee if they need assistance rewording the risk. guidance is needed.~~
- d. The APS Protection Specialist will use the same ~~identified~~ reworded risk for each step of IDA to ensure consistency.
- e. The APS Protection Specialist will document the Involved Adult's responses using direct quotes ~~on IDA.~~
- f. The APS Protection Specialist will complete IDA, **contingent on the IA's participation.** ~~in its entirety.~~
- g. If APS Protection Specialist marks a "maybe" or "no" on the judgment section of IDA, then APS Protection Specialist shall consult with the APS supervisor or designee within 24 hours to determine next steps. Otherwise, the post-IDA can be completed during the staffing for case finding with the APS supervisor or designee.

h. The APS Protection Specialist will upload a copy of the completed IDA into KIPS.

i. The APS Supervisor/Designee will document IDA results in the case finding note in KIPS.

2. IDA Documentation

APS Protection Specialists and Supervisors shall document the results of the IDA. The investigation logs and the supervisor's findings shall note the results of the IDA. There are three possible IDA outcomes:

- a. IDA successfully completed
- b. IDA not successfully completed
- c. IDA not completed per APS policy

3. There may be events when IDA is not applicable. These events will need to be staffed with the supervisor or designee and documented within the case file. ~~The supervisor or designee may request the APS Protection Specialist to attempt IDA.~~ These events may include, but are not limited to:

- a. The Involved Adult has a guardian ~~or an active DPOA.~~
- b. The Involved Adult is unable to actively participate in the interview due to mental, physical, or severe cognitive concerns.
- c. The Involved Adult appears to be under the influence of illicit drugs/intoxicated and is unable to actively participate in the interview.
- d. The Involved Adult refuses to participate during initial face to face assessment or refuses to participate in IDA.
- e. If there are safety concerns for the APS Protection Specialist or Involved Adult while attempting IDA.
- f. If the APS Protection Specialist believes completing IDA would cause harm to the Involved Adult, then staff with a supervisor or designee and document in the case notes in KIPS.
- g. If law enforcement requests APS to not proceed, staff with a supervisor or designee for next steps and document in the case notes in KIPS.

D. Support System To assess the Involved Adult's support system, the APS Protection Specialist's shall first identify those family, friends, neighbors, religious and other voluntary groups, and any formal support that comprise the adult's social network. To assess the support of these people or groups, it may be helpful to answer the following questions:

- 1. Does the Involved Adult have family, friends, neighbors, and organizations available to assist him or her?
- 2. Are these people and organizations able to provide effective and reliable assistance?

3. What is the frequency and quality of assistance available to the Involved Adult from informal and formal support systems?

E. Income and resources ■ Assess the Involved Adult's knowledge of his or her income and resources and his or her ability to manage his or her financial affairs. Dementia, disorientation, and short-term memory loss leave an individual vulnerable to financial exploitation by others or can lead to self-neglecting circumstances such as utility cut-offs or the inability to purchase needed medication.

~~Obtaining this information will not only address the issue of exploitation but also be useful for service planning and assistance with benefit program eligibility determinations.~~

10320 Required Documentation for Case Findings

Publication Date: July 1, 2026

The APS Protection Specialist shall review all abuse, neglect, and financial exploitation findings with a supervisor or designee. Once a finding is reviewed, the APS Protection Specialist shall complete all necessary documentation in the Kansas Intake/Investigation Protection System (KIPS) notes section within 5 working days.

A. Notes Section Documentation

1. The APS Protection Specialist, in consultation with the supervisor or designee, shall make the finding decision. The finding decision and its rationale shall be documented by the APS supervisor or designee in KIPS as a Meeting/Case Conference note type.

a. The finding note required elements include, but **are** not limited to:

- i. A summary of allegations and information about the involved adult, including, but not limited to, vulnerability, cognitive status, and, if applicable, legal representative.
- ii. A summary of the interview with the Involved Adult (IA).
- iii. Documentation of Interview for Decisional Abilities (IDA) and the outcome of the IDA.
- iv. Collateral information
- v. A summary of the interview or explanation of attempts to interview the Alleged Perpetrator (ALP).
- vi. A finding determination based on clear and convincing evidence and the definition of Abuse, Neglect, or Financial Exploitation.

B. Notice of Agency Decision(s)

1. The PPS 10300 Notice of Agency Decision shall be sent to the alleged perpetrator on all findings, excluding self-neglect, within five (5) working days of making the finding.

- a. The Notice of Agency Decision shall include the allegation, basis for the finding, and the Prevention and Protection Services Policy and Procedure Manual (PPM) reference for the definition of substantiated or unsubstantiated.
- b. The following language shall be used in PPS 10300 Notice of Agency Decision.

- i. On DATE, DCF received a report alleging ALLEGATION of VICTIM. Based on the information gathered during the investigation, there (is/is not) clear and convincing evidence to determine ALLEGATION has occurred as defined by K.S.A. 39-1430.
 - c. The PPS 10300 Notice of Agency Decision shall not be sent to the Involved Adult.
 - 2. The PPS 10320A Notice of APS Case Closure for self-neglect cases and PPS 10320B Notice of APS Case Closure for Abuse, neglect and financial exploitation cases shall be sent to the involved adult or, if applicable, his/her guardian. The PPS 10320A form letter shall be used for self-neglect assessments, and the PPS 10320B form letter shall be used for investigations of all other allegations.
 - b. The APS Protection Specialist may delay sending the PPS 10320B until after all allegations in a case have a finding.
 - i. The PPS 10320A or PPS 10320B shall be sent within five (5) working days after all case allegations have a finding.
 - ii. If the guardian is the alleged perpetrator, the PPS 10320B shall not be sent to the guardian, as they receive notice of the agency decision by receiving the PPS 10300 Notice of Agency Decision.
 - iii. When there are allegations of both Self-Neglect and another allegation type(s), the involved adult shall be sent only the PPS 10320B.
 - 3. The APS Protection Specialist shall consult with the supervisor, and if necessary, the regional attorney, if there are concerns of that notification of a finding to the involved adult or alleged perpetrator might jeopardize the safety of the involved adult. If the decision is not to send a PPS 10320B Notice of APS Case Closure for abuse, neglect or financial exploitation or PPS 10300 Notice of Agency Decision, the reason shall be documented in KIPS. In all substantiated cases, the alleged perpetrator shall be notified.
- C. Notification to Law Enforcement, County/District Attorney K.S.A. 39-1443
- 1. If the finding is substantiated, a copy of the PPS 10350 shall be forwarded to the appropriate law enforcement agency within five (5) working days of the finding date and, if appropriate, the county/district attorney's office.
- D. Notification to Economic and Employment Services (EES) Regarding APS Finding
- 1. If the finding is the result of an EES referral for misappropriation of funds, the APS protection specialist shall provide the PPS 10300 to the EES worker who made the referral within five (5) working days of the finding date.

E. Notifications of Substantiated Findings of Resident Abuse, Neglect, and Financial Exploitation

The PPS 10340 Memo Notification regarding the APS substantiated findings of a resident shall be sent to the chief Administrative Officer of the KDADS community-based licensed facilities within 5 working days.

1. The abuse, neglect or financial exploitation (ANE) occurred in the community-based facilities referenced below or
2. The alleged perpetrator of abuse, neglect, or financial exploitation is an employee of the KDADS licensed community-based facility, and the facility is providing in-home services to the involved adult.
 - a. Community based facilities pursuant to KSA 39-923 include the following:
 - i. Nursing facilities, nursing facilities for mental health, intermediate care facilities for people with intellectual disability, assisted living facilities, residential healthcare facilities, home plus, boarding care home, continuing care retirement community and adult day care.
 - b. Community based facilities pursuant to KSA 39-2001 include the following:
 - i. Residential care facilities, residential and day support facilities, private and public psychiatric hospitals, psychiatric residential treatment facilities, community mental health centers, crisis intervention centers and providers of other disability services licensed by KDADS.
3. The memo shall not include the perpetrator's name.
4. If the allegation is self-neglect, do not send a PPS 10340.

F. Notification to KDADS Quality Management Specialists (QMS) Regarding APS Finding

1. The KDADS QMS shall be notified of the investigation outcome within five (5) working days of the finding date by sending the redacted PPS 10100, 10110, and 10300 or 10320A (as applicable) for: to the KDADS.CSSPRC@ks.gov for adults on a waiver or to the KDADS.MHPRCReports@ks.gov for adults receiving services from a Certified Community Behavioral Health Clinics (CCBHC) within five (5) working days of the finding date.
 - a. Autism (AU), Intellectual and Developmental Disability (IDD), Physical Disability (PD), Technology Assisted (TA), Brain Injury (BI), Serious Emotional Disturbance (SED), Frail Elderly (FE), or Community Support (CSW) to KDADS.CSSPRC@ks.gov
 - b. Person identified as receiving services from a Certified Community Behavioral Health Clinic (CCBHC), Psychiatric Residential Treatment Facility (PRTF),

Private Psychiatric Hospitals (PPH), Residential Care Facility (RCF), Crisis Intervention Center (CIC), Community Mental Health Center (CMHC), (Substance Use Disorder Treatment Program (SUD), Intellectual Developmental Disability Group Home (IDD) to KDADS.BHSDDataReporting@ks.gov

c. Person identified as residing in an adult care home to KDADS.CSSPRC@ks.gov

d. Person identified as receiving PACE Services to KDADS_PACE@KS.Gov

2. The QMS shall also be sent the PPS 10340 Memo Notification to Community Based Facility Regarding APS Finding for all cases in which the PPS 10340 is sent to the Chief Administrative Officer of the KDADS licensed community-based facility, per PPM 10320(E).

3. The subject line of the email shall contain specific information necessary to identify the type of report for KDADS. The subject line shall not include the involved adult's name:

a. Finding: Substantiated or Unsubstantiated

i. ~~HCBS Waiver Type: FE, PD, IDD, BI, etc. or name of Certified Community Behavioral Health Clinics (CCBHC)~~

b. KDADS Provider of Service:

i. Autism (AU), Intellectual and Developmental Disability (IDD), Physical Disability (PD), Technology Assisted (TA), Brain Injury (BI), Serious Emotional Disturbance (SED), Frail Elderly (FE), or Community Support (CSW)

ii. Money Follows the Person (MFP) provider of service.

iii. PACE provider of service (PACE).

iv. Certified Community Behavioral Health Clinics (CCBHC), Psychiatric Residential Treatment Facility (PRTF), Private Psychiatric Hospitals (PPH), Residential Care Facility (RCF), Crisis Intervention Center (CIC), Community Mental Health Center (CMHC), (Substance Use Disorder Treatment Program (SUD), Intellectual Developmental Disability Group Home (IDD)

v. Person identified as residing in an adult care home (ACH)

c. ~~ii.~~ County where the facility is located: Two-letter code

i. ~~iii.~~ An example for the subject line of the e-mail shall read:

Unsubstantiated PD JO

Substantiated Pawnee Mental Health Services RL

4. If additional information is obtained during the investigation which was not fully described on the PPS 10100, PPS 10110, or PPS 10340 the Protection Specialist may provide a summary in the email notification.

G. Notification to the Attorney General's A abuse, N neglect, and E financial exploitation (ANE) Unit. K.S.A. 39-1443

1. The following shall be e-mailed to the ANE Unit of the Attorney General's office within ten (10) working days of the date of finding if the finding is substantiated:

- a. A copy of the PPS 10300, Notice of Agency Decision, except self-neglect;
- b. Notifications to Law Enforcement: PPS 10120A and PPS 10350;
- c. The APS Closure Summary document printed from KIPS Documentation Chapter;
- d. The PPS 10100 and PPS 10110;
- e. The PPS 10370 G coversheet is located in the forms section of the APS policy manual. If there is a delay in making a finding, the reason for the delay shall be included on the cover sheet.
- f. The subject line shall include the following wording: "New Finding" and "encrypt." E-mail documents to the following address ANE@ag.ks.gov

H. Notification to the Attorney General's Medicaid Fraud Control Unit (MFCU) K.S.A. 39-1443

1. The following shall be e-mailed to MFCU within (10) working days of the date of finding if the finding is substantiated:

- a. A copy of the PPS 10300, Notice of Agency Decision, except self-neglect;
- b. Notifications to Law Enforcement: PPS 10120A and PPS 10350;
- c. The APS Closure Summary document printed from KIPS Documentation Chapter;
- d. The PPS 10100 and PPS 10110;
- e. In the MFCU Unit e-mail, include in the subject line the wording "New Finding" and "encrypt." E-mail documents to the following address: MFCU@ag.ks.gov

I. Reports to State Regulatory Authority from Adult Protective Services Regarding Finding of A abuse, N neglect, or E financial exploitation (PPS 10360)

1. At the conclusion of the appeal period, the APS Protection Specialist or designated staff shall, within five (5) working days forward the substantiated finding involving providers of services licensed, registered, or otherwise authorized to provide services in this state to the appropriate state authority, using the PPS 10360. K.S.A. 39-1433(4)(b).

J. Notification to PPS Administration of S substantiated F finding on P a person who W works, R resides, or V volunteers in a childcare facility (foster or group homes) regulated by DCF Licensing or KDHE

1. When a substantiated finding is made regarding an alleged perpetrator who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE, PPS Administration shall be notified of the substantiated finding. The steps are as follows:

- a. The APS Protection Specialist notifies the supervisor
 - b. The APS Supervisor informs the APS Assistant Program Administrator (APA).
 - c. The APA will complete the PPS 10212 Critical Incident Form and send it, along with the copy of PPS 10100, 10110 and the 10300 to **the** Assistant Regional Director, Regional Attorney, APS Program Administrator, and the DCF Critical Incident mailbox by close of business on the next working day after finding **was** made:
 - i. In the subject line of the e-mail, indicate this is a substantiated finding on a person who works, resides, or volunteers in a childcare facility regulated by DCF Licensing or KDHE.
2. Review of the substantiated finding and providing additional information shall follow PPM 10212 C-E.

10400 Accessing Information from the Adult Abuse, Neglect, and Exploitation Central Registry

Publication Date: July 1, 2026

The Secretary of Department for Children and Families (DCF) maintains an Adult Abuse, Neglect, and Exploitation (ANE) Central Registry of substantiated perpetrators of Abuse, Neglect, and Financial Exploitation. Substantiated perpetrators on the registry may be prohibited from working or volunteering with children and/or vulnerable adults. Names of substantiated perpetrators cannot be placed on the Adult ANE Central Registry until due process is exhausted.

A. Accessing Information for the Adult ANE Central Registry of Substantiated Perpetrators

1. The names of individuals listed in the registry are those with a substantiated finding since July 1, 1997. The Adult Abuse/Neglect Central Registry Portal is at:

- a. <https://www.dcf.ks.gov/services/PPS/Pages/APS/RelatedAPSInfo.aspx>

2. An agency identified in K.S.A. 65-6205 (Community Developmental Disability Organizations, Community Mental Health Center, and Independent Living Centers) which provides services to adults age 18 or above may submit a request for information on the Adult Abuse/Neglect Central Registry Portal. using PPS 10400. For these agencies the request requires a signature from the individual for which the inquiry is made.

3. Agencies not named in statute may also submit a request for information on the Adult Abuse/Neglect Central Registry Portal. If an agency submits on behalf of the person being searched, they must have an ink signature or Verified E-Signature from a trusted company on file that gives DCF permission to share the results back to the agency, pursuant to K.S.A 22-4710(c).

3. Agencies not identified in K.S.A. 65-6205 may conduct background checks on potential employees using form PPS 10400. This form shall be signed by the person on whom the check is being completed.

4. The Registry is available to any individual who wishes to know if his/her their name is on the registry. Individuals may submit a request for information on the Adult Abuse/Neglect Central Registry Portal. a signed PPS 10400 form to learn if their name is on the Adult ANE Central Registry.

5. An ink signature or a Verified E-Signature from a trusted company is required for the PPS 10400.

B. Historical records may exist in regional offices and, where applicable, in the Abuse and Neglect Archive Imaging (ABNG) Documentum application, in accordance with prior retention and archiving practices.

10600 Types of Guardianship,

Arrangements

Publication Date: July 1, 2026

During the course of an APS investigation, if the involved adult is in need of protective services and lacks capacity to consent, statute K.S.A. 39-1437 allows for the Secretary of the Department for Children and Families (DCF) to make a determination to pursue a petition with the district court to appoint the involved adult with a guardian and/or conservator. Depending on the needs of the involved adult, several options for guardian and/or conservatorship are available.

The APS Protection Specialist should always consider an approach that is person-centered and restricts fewer rights than would the appointment of a guardian or conservator. "Less restrictive alternative" includes supported decision-making, appropriate technological assistance, appointment of a representative payee, and appointment of an agent by the individual, including an appointment under a power of attorney for healthcare or a power of attorney for finance.

Types of Protective Arrangements, Guardianships and Conservatorships

A. Protective Arrangement instead of Guardianship - A court order entered under K.S.A. 59-30,197

1. The respondent lacks the ability to meet essential requirements for physical health, safety or self-care because the respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance, or supported decision making.

2. The respondent's identified needs cannot be met by a less restrictive alternative

a. The court may complete any of the following instead of appointing a guardian

i. Authorize or direct a transaction necessary to meet the respondent's need for health, safety, or care, including:

A. A particular medical treatment or refusal of a particular medical treatment;

B. Move to a specified place of dwelling; or

b. Visitation between the respondent and another person;

- i. Order supervised visitation with, or restrict access to the respondent by, a specified person whose access places the respondent at serious risk of physical, psychological, or financial harm.
- ii. Order other arrangements on a limited basis that are appropriate.

B. Protective Arrangement instead of Conservatorship - A court order entered under K.S.A. 59-30,198

1. The adult is unable to manage property or financial affairs because:

- a. Of a limitation in the ability to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance or supported decision making; or
- b. The adult is missing, detained, or unable to return to the United States;

2. An order is necessary to:

- a. Avoid harm to the adult or significant dissipation of the property of the adult; or
- b. Obtain or provide funds or other property needed for the support, care, education, health or welfare of the adult or an individual entitled to the adult's support; and

3. The respondent's identified needs cannot be met by a less restrictive alternative.

4. If the court makes the finding of a protective arrangement instead of conservatorship, the court may:

- a. Authorize or direct a transaction necessary to protect the financial interest or property of the respondent, including:
 - i. An action to establish eligibility for benefits;
 - ii. Payment, delivery, deposit or retention of funds or property;
 - iii. Sale, mortgage, lease or other transfer of property;
 - iv. Purchase of an annuity;
 - v. Entry into a contractual relationship, including a contract to provide for personal care, supportive services, education, training or employment;
 - vi. Addition to or establishment of a trust;
 - vii. Ratification or invalidation of a contract, trust, will or other transaction, including a transaction related to the property or business affairs of the respondent; or
 - viii. Settlement of a claim; or
- b. Restrict access to the respondent's property by a specified person whose access to the property places the respondent at serious risk of financial harm.

5. The court may issue an order to restrict access to the respondent or the respondent's property by a specified person that the court finds by clear and convincing evidence:

a. Through fraud, coercion, duress or the use of deception and control caused

C. Emergency guardian for adult – A court order entered under K.S.A. 59-30, 152

1. On its own after a petition has been filed under K.S.A. 59-30, 142 and amendments thereto, or on verified petition by a person interested in an adult's welfare, the court may appoint an emergency guardian for the adult if the court find a sufficient factual basis to establish probable cause that:

- a. Appointment of an emergency guardian is necessary to prevent imminent and substantial harm to the adult's physical health, safety or welfare;
- b. No other person has authority and willingness to act in the circumstances; and
- c. A basis for appointment of a guardian and amendments thereto, exists.

2. The duration of authority of an emergency guardian for an adult may not exceed 30 days, and the emergency guardian may exercise only the powers specified in the order of appointment. The emergency guardian's authority may be extended up to three times for not more than 30 days per extension if the court finds good cause and that the conditions for appointment of an emergency guardian in subsection (a) continue.

3. Immediately upon filing a petition for appointment of an emergency guardian for an adult, the court shall appoint an attorney to represent the respondent in the proceeding. Except as otherwise provided in subsection (d) reasonable notice of date, time and place of a hearing on the petition must be given to the respondent, the respondent's attorney and any other person the court determines.

4. The court may appoint an emergency guardian for an adult without notice to the adult and any attorney for the adult only if the court finds from an affidavit or testimony that the respondent's physical health, safety or welfare will be substantially harmed before a hearing with notice on the appointment can be held. If the court appoints an emergency guardian without giving notice under subsection (c) the court must:

- a. Give notice of the appointment not later than 48 hours after the appointment to:
 - i. The respondent

- ii. The respondent's attorney; and
- iii. Any other person the court determines.
- b. Hold a hearing on the appropriateness of the appointment not later than five days after the appointment.

5. Appointment of an emergency guardian under this section is not a determination that a basis exists for appointment of a guardian and amendments

6. The court may remove an emergency guardian appointed under this section at

D. Emergency Conservatorship for adult - A court order entered under K.S.A. 59-

1. On its own after a petition has been filed under K.S.A. 59-30, 161 and amendments thereto, or on a verified petition by a person interested in an

- a. Appointment of an emergency conservator is necessary to prevent imminent, substantial and irreparable harm to the individual's property or financial interests;
- b. No other person has authority and willingness to act in the circumstances; and
- c. A basis for appointment of a conservator and amendments thereto, exists.

2. The duration of authority of an emergency conservator may not exceed 30 days, and the emergency conservator may exercise only the powers specified in

3. Immediately on filing of a petition for an emergency conservatorship the court shall appoint an attorney to represent the respondent in the proceeding. Except

4. The court may appoint an emergency conservator without notice to the respondent and any attorney for the respondent only if the court finds from an affidavit or testimony that the respondent's property or financial interests will be substantially and irreparably harmed before a hearing with notice on the

appointment can be held. If the court appoints an emergency conservatorship without giving notice under subsection (c) the court must:

- a. Give notice of the appointment not later than 48 hours after the

5. Appointment of an emergency conservator under this section is not a determination that a basis exists for appointment of a conservator and amendments thereto.

6. The court may remove an emergency conservator appointed under this section at any time.

E. Limited Guardianship - A court order entered under K.S.A. 59-30, 102 A guardianship that grants the guardian less than all powers available under this act or otherwise restricts the powers of the guardian.

F. Limited Conservatorship- A court order entered under K.S.A. 59-30, 102 A conservatorship that grants the conservator less than all powers available under this act, grants powers over only certain property or otherwise restricts the powers of the conservator.

G. Full Guardianship - A court order entered under K.S.A. 59-30, 102 A guardianship that grants the guardian all powers available under this act.

H. Full Conservatorship - A court order entered under K.S.A. 59-30, 102 A conservatorship that grants the conservator all powers available under this act.

I. Temporary Substitute guardian or conservator - A court order entered under K.S.A. 59-30, 125

1. The court may appoint a temporary substitute guardian for an individual subject to guardianship for a period not exceeding six months if:

- a. A proceeding to remove a guardian for the individual is pending; or
- b. The court finds a guardian is not effectively performing the guardian's duties and the welfare of the individual requires immediate action.

2. The court may appoint a temporary substitute conservator for an individual

a. A proceeding to remove a conservator for the individual is pending; or

3. Except as otherwise ordered by the court, a temporary substitute guardian or

4. The court shall give notice of appointment of a temporary substitute guardian

a. The individual subject to guardianship or conservatorship

5. If the individual subject to guardianship or conservatorship is not represented

6. The court may remove a temporary substitute guardian or temporary substitute

J. Co-guardians and co-conservators

1. The court at anytime may appoint a co-guardian or co-conservator who may act when that co-guardian or co-conservator complies with K.S.A. 59-30, 108 (a) or (b), and amendments thereto, respectively.

2. If the court appoints co-guardians or co-conservators, the court shall specify in the letters of office whether such co-guardians or co-conservators may act independently, whether they must act jointly, or under what circumstances or with regard to what matters they may act independently or must act jointly.

K. Judicial appointment of successor guardian or successor conservator

1. The court at anytime may appoint a successor guardian or successor conservator to serve immediately or when a designated event occurs, including the absence, impairment, resignation or death of the guardian or conservator.

2. A person entitled under K.S.A. 59-30, 129 or 59-30, 142, and amendment thereto, to petition the court to appoint a guardian may petition the court to appoint a successor guardian. A person entitled under K.S.A. 59-30, 161 and amendments thereto, to petition the court to appoint a conservator may petition the court to appoint a successor conservator.

3. A successor guardian or successor conservator appointed to serve when a designated event occurs may act as a guardian or conservator when:

- a. The event occurs; and
- b. the successor complies with K.S.A. 59-30, 108 (a) or (b), and amendments thereto, respectively.

4. A successor guardian or successor conservator has the predecessor's powers unless otherwise provided by the court.

~~A. Types of Guardianships and Conservatorships~~

- ~~1. Voluntary Conservator — An adult may petition the court to have a voluntary conservator appointed to make financial decisions for him or her.~~
 - ~~a. To sign a petition the proposed conservatee must have the capacity of knowing what s/he is signing.~~
 - ~~b. The proposed conservatee must sign a petition which is filed with the Probate Court.~~
 - ~~c. The conservatee may request the court revoke the conservatorship at any time.~~

~~B. Temporary Guardian and/or Conservator — A temporary guardian/conservator may be filed at the same time or after the petition for guardian/conservator. An ex parte hearing is held and at that time a temporary guardian/conservator may be appointed pending the regular hearing. A temporary placement order can be made at the temporary guardianship hearing.~~

- ~~1. Temporary Guardian — A temporary guardian can be appointed when there is an imminent threat to the health or safety of an alleged impaired adult. A petition for temporary guardianship may be necessary if during the pendency of a proceeding, it appears there is imminent danger, that the physical health or safety of the proposed ward will be seriously impaired unless immediate action is taken. The proposed ward, or any adult interested in the welfare of the proposed ward, may petition the court in which the proceeding is pending for the emergency appointment of a guardian.~~
- ~~2. Temporary Conservator — A temporary conservator can be appointed when there is an imminent threat to the financial resources of a person may be depleted unless immediate action is taken.~~

~~C. Involuntary Guardian and/or Conservator — Any person may file in the district court in the county of the residence or presence of the proposed ward/conservatee, a verified petition for appointment of a guardian and/or conservator. The following may occur:~~

1. After the petition is filed, the court will then issue mandatory preliminary orders which will order the time and place of hearing on the petition, no earlier than seven (7) days or later than fourteen (14) days after the filing of the petition.
 2. This order appoints an attorney for the proposed ward and/or conservatee and demands a mental evaluation of the proposed ward and/or conservatee be conducted by a psychiatrist, psychologist (PhD), or physician.
 3. The law also allows the court to make whatever discretionary orders it deems appropriate. This could include an order for an investigation or home visit by DCF.
 4. The court will also require notice be sent to all persons having involvement with the petition.
- The Kansas Guardianship Program (KGP) is a partnership of the state of Kansas and trained citizen volunteers charged with assisting adults who have been legally determined to be unable to manage for themselves.

10601 Guardianship Capacity Examination and Evaluation

Publication Date: July 1, 2026

APS is required to obtain a capacity evaluation when filing a petition for protective arrangement, emergency guardianship or conservatorship, limited guardianship or conservatorship or full guardianship or conservatorship. The evaluation should assess the adults' cognitive and functional abilities. K.S.A. 59-30,146

A. A capacity examination and evaluation may be completed through the following:

1. General Hospital
2. Psychiatric Hospital
3. Community Mental Health Center
4. Community Developmental Disability Organization
5. Licensed Physician
6. Psychiatrist
7. Psychologist
8. Physician Assistant
9. Nurse Practitioner
10. Social Worker
11. A professional appointed by the Court who is qualified to evaluate the respondent

B. The capacity examination and evaluation shall contain:

1. The involved adult's name, age, and date of birth.
2. A description of the involved adult's physical and mental condition.
3. A description of the nature and extent of the respondent's cognitive and functional abilities and limitations, including adaptive behaviors and social skills, and as appropriate, educational and developmental potential.

4. A summary of self-care and independent-living tasks the respondent can manage without assistance or with existing supports, could manage with the assistance of appropriate supportive services, technological assistance or supported decision making, and cannot manage.

5. A prognosis for any improvement and, as appropriate, any recommendation for treatment or rehabilitation.

6. A list and description of any prior assessments, evaluations, or examinations of the respondent, including the dates thereof, which were relied upon in the preparation of this evaluation.

7. The date and location where this examination and evaluation occurred, and the name or names of the professional or professionals performing the examination and evaluation, and such professional's qualifications.

8. A statement by the professional that the professional has personally completed an independent examination and evaluation of the respondent, and that the report submitted to the court contains the results of that examination and evaluation, and the professional's opinion with regard to the issues of whether or not the respondent is in need of a guardian and whether there are barriers to the respondent's attendance and participation at the hearing on the petition; and

9. The signature of the professional who prepared the report

C. The APS Specialist shall upload a copy of the examination and evaluation to KIPS.

D. The APS Specialist will provide a copy of the examination and evaluation to DCF Legal.

E. The Court may order an additional examination and evaluation if it determines one is necessary.

10605 Appointment of a Guardian

Publication Date: July 1, 2026

Guardianship is indicated when a respondent lacks capacity, and APS is unable to find a less restrictive alternative that meets the adult's needs.

A. APS does not have the authority to serve as the legal guardian for a client. APS can provide the respondents and their family with information about guardianship services.

B. When there are no family members available to serve in the role of guardian, APS will refer adults to the Kansas Guardianship Program. If the adult is over financial resources, the APS Protection Specialist shall staff the case with the APS Supervisor or APS Program Administrator to find appropriate alternatives.

C. As part of the guardianship process, APS shall assess the respondent and determine whether less restrictive alternatives exist that meet the client's needs. The APS worker shall provide protective services and accommodation in a manner no more restrictive of an individual's personal liberty and no more intrusive than necessary. The APS worker may be required to testify at a guardianship hearing about the APS assessment, investigation, less restrictive alternatives, qualified persons to be the guardian, recommendations for a guardianship plan and other information collected during the APS investigation. K.S.A. 39-1442

D. APS can request that the Court appoint a guardian for an adult who lacks capacity when no less restrictive alternatives are available to meet the adult's needs. APS can request the following types of guardianship:

1. Emergency Guardianship
2. Temporary Substitute Guardianship
3. Limited Guardianship
4. Full Guardianship

E. The court must find clear and convincing evidence that:

1. The respondent lacks the ability to meet essential requirements for physical health, safety, or self-care because the respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance, or supported decision making; and
2. The respondent's identified needs cannot be met by a protective arrangement instead of guardianship or other less restrictive alternative.

F. The court shall grant guardianship for only those powers necessitated by the demonstrated needs and limitations of the respondent and issue orders that will encourage development of the respondent's maximum self-determination and independence.

G. The following individuals may file a petition for guardian

1. The individual for whom the order is sought.

2. A person interested in an adult's welfare

H. The petition must include the petitioner's name, principal residence, current street address if different, relationship to the respondent, interest in the appointment, the name and address of any attorney representing the petitioner, and, to the extent known, the following:

1. The respondent's name, age, principal residence, current street address if different, and, if different, address of the dwelling in which it is proposed the respondent will reside if the petition is granted.

2. The name and address of the respondents:

- a. Spouse or, if the respondent has none, an adult with whom the respondent has shared household responsibilities for more than six months in the 12-month period before the filing of the petition.

- b. Adult children, adult stepchildren, adult grandchildren, and each parent and adult sibling of the respondent, or, if none, at least one adult nearest in kinship to the respondent who can be found with reasonable diligence.

- c. Adult former stepchildren with whom the respondent had an ongoing relationship in the two-year period immediately before the filing of the petition.

3. The name and current address of each of the following, if applicable:

- a. A person primarily responsible for the care of the respondent.

- b. Any attorney currently representing the respondent.

- c. The representative payee appointed by the Social Security Administration for the respondent.

- d. A guardian or conservator acting for the respondent in this state or another jurisdiction.

- e. A trustee or custodian of a trust or custodianship of which the respondent is a beneficiary.

- f. The fiduciary appointed for the respondent by the Department of Veterans Affairs and any curator and amendments thereto.

- g. An agent designated under the power of attorney for healthcare in which the respondent is identified as the principal.

- h. An agent designated under the power of attorney for finances in which the respondent is identified as the principal.
- i. A person nominated as guardian by the respondent
- j. A person nominated as guardian by the respondent's parent or spouse in a will or other signed record; and
- k. A person known to have routinely assisted the respondent with decision-making in the six-month period immediately before the filing of the petition

4. The proposed guardian's information that includes:

- a. Name, age, date of birth, gender, address, place of employment, and relationship to the respondent, if any
- b. The reason the proposed guardian should be selected; and
- c. Any potential conflict of interest, including any personal or agency interest of the proposed guardian that may be perceived as self-serving or adverse to the position or best interest of the respondent.
- d. Whether the proposed guardian is under contract with the Kansas guardianship program

5. The reason guardianship is necessary, including a description of:

- a. The nature and extent of the respondent's alleged need.
- b. Any protective arrangement instead of guardianship or other less restrictive alternative for meeting the respondent's alleged need, which has been considered or implemented.
- c. If no protective arrangement instead of guardianship or other less restrictive alternatives have been considered or implemented, the reason they have not been considered or implemented; and
- d. The reason a protective arrangement instead of guardianship or other less restrictive alternative is insufficient to meet the respondent's alleged needs.

6. Whether the petitioner seeks a limited guardianship or a full guardianship.

7. If the petitioner seeks a full guardianship, the reason a limited guardianship or protective arrangement instead of guardianship is not appropriate.

8. If a limited guardianship is requested, the powers to be granted to the guardian

9. The name and current address, if known, of any person with whom the petitioner seeks to limit the respondent's contact;

10. If the respondent has property other than personal effects, a general statement of the respondent's property, with an estimate of its value, including any insurance or pension, and the source and amount of other anticipated income or receipts; and

11. Whether the respondent needs an interpreter, translator, or other form of support to communicate effectively with the court or understand court proceedings.

I. The court shall consider people qualified to be the guardian in the following order of priority.

1. A guardian, other than a temporary or emergency guardian, currently acting for the respondent in another jurisdiction.

2. A person nominated as guardian by the respondent, including the respondent's most recent nomination made in the power of attorney.

3. An agent appointed by the respondent under the power of attorney for healthcare.

4. A spouse of the respondent.

5. A family member or other individual who has shown special care and concern for the respondent; and

6. A person nominated as guardian by the spouse, adult child or other close family member of the respondent.

J. If two or more people have equal priority the court will select as guardian the person the court considers best qualified.

K. The court, acting in the best interest of the respondent, may decline to appoint as guardian a person having a lower or no priority.

L. The following people shall not be appointed as guardian unless the court finds clear and convincing evidence that the person is the best qualified person available for appointment and the appointment is in the best interest of the respondent:

1. A person that provides paid services to the respondent, or an individual who is employed by a person that provides paid services to the respondent, or is the spouse, parent or child of an individual who provides or is employed to provide paid services to the respondent.

2. An owner, operator or employee of any entity at which the respondent is receiving care; and

3. A person who provides care or other services, or is an employee of an agency, partnership or corporation that provides care or other services to people with needs similar to those of the respondent.

10606 Appointment of a Conservator

Publication Date: July 1, 2026

Conservatorship is indicated when a respondent lacks capacity, and APS is unable to find a less restrictive alternative that meets the adult's needs.

A. APS does not have the authority to serve as the legal conservator for a client. APS can provide the respondents and their family with information about conservatorship services.

B. When there are no family members available to serve in the role of conservator, APS will refer adults to the Kansas Guardianship Program. If the adult is over financial resources, the APS Protection Specialist shall staff the case with the APS Supervisor or APS Program Administrator to find appropriate alternatives.

C. As part of the conservatorship process, APS shall assess the respondent and determine whether less restrictive alternatives exist that meet the client's needs. The APS worker may be required to testify at a conservatorship hearing about the APS assessment, investigation, less restrictive alternatives, qualified persons to be the conservator, recommendations for a conservatorship plan, and other information collected during the APS investigation.

D. APS can request that the Court appoint a conservator for an adult who lacks capacity when no less restrictive alternatives are available to meet the adult's needs. APS can request the following types of conservatorships:

1. Emergency Conservatorship
2. Temporary Substitute Conservatorship
3. Limited Conservatorship
4. Full Conservatorship

E. The court may appoint a conservator for the adult's property or financial affairs of an adult if the court finds clear and convincing evidence that:

1. The adult is unable to manage property or financial affairs because:
 - a. Of a limitation in the adult's ability to receive and evaluate information or make or communicate decisions, even with the use of appropriate supportive services, technological assistance, or supported decision making.
 - b. The adult is missing, detained, or unable to return to the United States.
2. The appointment is necessary to:

- a. Avoid harm to the adult or significant dissipation of the property of the adult.
- b. Obtain or provide funds or other property needed for the support, care, education, health, or welfare of the adult or of an individual entitled to the adult's support.
- c. The adult's identified needs cannot be met by a protective arrangement, instead of conservatorship or other less restrictive alternative.

F. The court shall grant a conservator only those powers necessitated by the demonstrated needs and limitations of the respondent and issue orders that will encourage development of the respondent's maximum self-determination and independence.

G. The following individuals may file a petition for conservator

1. The individual for whom the order is sought.
2. A person interested in the estate, financial affairs, or welfare of the individual, including a person that would be adversely affected by the lack of effective management of the property or financial affairs of the individual; or
3. The guardian for the individual.

H. The petition must include the petitioner's name, principal residence, current street address if different, relationship to the respondent, interest in the appointment, the name and address of any attorney representing the petitioner, and, to the extent known, the following:

1. The respondent's name, age, principal residence, current street address if different, and, if different, address of the dwelling in which it is proposed the respondent will reside if the petition is granted.
2. The name and address of the respondents:
 - a. Spouse or, if the respondent has none, an adult with whom the respondent has shared household responsibilities for more than six months in the 12-month period before the filing of the petition.
 - b. Adult children, adult stepchildren, adult grandchildren, and each parent and adult sibling of the respondent, or, if none, at least one adult nearest in kinship to the respondent who can be found with reasonable diligence.
 - c. Adult former stepchildren with whom the respondent had an ongoing relationship during the two years immediately before the filing of the petition.
3. The name and current address of each of the following, if applicable:

- a. A person primarily responsible for the care or custody of the respondent.
- b. Any attorney currently representing the respondent.
- c. The representative payee appointed by the Social Security Administration for the respondent.
- d. A guardian or conservator acting for the respondent in this state or another jurisdiction.
- e. A trustee or custodian of a trust or custodianship of which the respondent is a beneficiary.
- f. The fiduciary appointed for the respondent by the Department of Veterans Affairs and any curator and amendments thereto.
- g. An agent designated under the power of attorney for healthcare in which the respondent is identified as the principal.
- h. An agent designated under the power of attorney for finances in which the respondent is identified as the principal.
- i. A person known to have routinely assisted the respondent with decision-making in the six-month period immediately before the filing of the petition

4. The proposed conservator's information that includes:

- a. Name, age, date of birth, gender, address, place of employment, and relationship to the respondent, if any
- b. The reason the proposed conservator should be selected; and
- c. Any potential conflict of interest, including any personal or agency interest of the proposed conservator that may be perceived as self-serving or adverse to the position or best interest of the respondent.

5. The reason conservatorship is necessary, including a description of:

- a. The nature and extent of the respondent's alleged need.
- b. If the petition alleges the respondent is missing, detained or unable to return to the United States, the relevant circumstances, including the time and nature of the disappearance or detention and any search or inquiry concerning the respondent's whereabouts.
- c. Any protective arrangement, instead of conservatorship or other less restrictive alternative for meeting the respondents' alleged need, which has been considered or implemented.
- d. If no protective arrangement or other less restrictive alternatives have been considered or implemented, the reason they have not been considered or implemented; and
- e. The reason for a protective arrangement or other less restrictive alternative is insufficient to meet the respondents' needs.

6. Whether the petitioner seeks a limited conservatorship or a full conservatorship

7. If the petitioner seeks a full conservatorship, the reason a limited conservatorship or protective arrangement instead of conservatorship is not appropriate

8. If the petition is for a limited conservatorship, a description of the property to be placed under the conservator's control and any requested limitation on the authority of the conservator.

9. A general statement of the respondent's property with an estimate of its value, including any insurance or pension, and the source and amount of other anticipated income or receipts.

10. Whether the respondent needs an interpreter, translator or other form of support to communicate effectively with the court or understand court proceedings; and

11. The name and address of an attorney representing the petitioner, if any.

I. The court shall consider people qualified to be the conservator in the following order of priority:

1. A conservator, other than a temporary or emergency conservator, who is currently acting for the respondent in another jurisdiction.

2. A person nominated as conservator by the respondent, including the respondent's most recent nomination made in a power of attorney for finances.

3. An agent appointed by the respondent to manage the respondent's property under the power of attorney for finances.

4. The spouse of the respondent.

5. A family member or other individual who has shown special care and concern for the respondent; and

6. A person nominated as conservator by the spouse, adult child, or other close family member of the respondent.

J. If two or more people have equal priority, the court will select a conservator that the court considers best qualified.

K. The court, acting in the best interest of the respondent, may decline to appoint as conservator to a person having a lower or no priority.

L. The following people shall not be appointed as conservator unless the court finds by clear and convincing evidence that the person is the best qualified person available for appointment and the appointment is in the best interest of the respondent.

1. A person that provides paid services to the respondent, or an individual who is employed by a person that provides paid services to the respondent, or is the spouse, parent or child of an individual who provides or is employed to provide paid services to the respondent.

2. An owner, operator or employee of any entity at which the respondent is receiving care.

3. A person who provides care or other services, or is an employee of an agency, partnership or corporation that provides care or other services to people with needs similar to those of the respondent.

10610 Eligibility for the Kansas Guardianship Program

Publication Date: July 1, 2026

The Kansas Guardianship Program (KGP) is a partnership of the state of Kansas and trained ~~citizen~~ volunteers ~~charged with~~ **consenting to** assisting adults who have been legally determined to be unable to manage for themselves.

Adult Protective Services may be involved in the process for filing of a guardianship and/or conservatorship. Eligibility is based on Prevention and Protection Services involvement.

A. APS may be involved with a guardianship/conservatorship case if one of the following criteria ~~below~~ is met:

1. An open investigation of abuse, neglect, or financial exploitation; or
2. An open APS Service Plan; or,
3. A ~~youth~~ **minor** in DCF custody in need of a guardian/conservator. Refer to PPM Section 10630.

B. To be eligible for the Kansas Guardianship Program (KGP) the potential ~~ward~~ **respondent** or conservatee shall:

1. Be an Involved Adult; and
2. Have no appropriate, willing or able family or other individual available to assist the Involved Adult; and
3. Be Medicaid eligible or have income of no more than 150% of poverty guidelines or have resources which do not exceed \$25,000.00.

10620 Referral to the Kansas Guardianship Program (KGP)

Publication Date: July 1, 2026

A. Once eligibility has been established for KGP services and the case has been reviewed with the APS supervisor and **the** regional attorney, the APS Specialist shall complete the APS portion of the PPS 10600A Guardianship Referral/Notification and send **it** to KGP.

~~1. When the KGP returns the PPS 10600A to the APS Specialist, a copy shall be~~

B. The APS Specialist may assist KGP recruiters in locating volunteers for its program. Information regarding the prospective volunteer shall be sent to KGP, prior to completing the petition. Information shall include the name, address, and telephone number of the prospective volunteer.

C. The APS Specialist shall continue to assess and provide necessary services ~~during the time in which~~ **while** the adult is waiting for a guardian or conservator to be appointed. The APS Specialist shall complete the PPS 10500 to provide services.

D. When KGP has made a formal match, they send the completed PPS 10600A with

Specialist, the DCF legal assistant and regional attorney. The APS Specialist

~~2. If the need is urgent and the volunteer is available before KGP can make a formal match, the APS Specialist shall consult with the supervisor and Regional attorney about referring for petition. If the referral is made using the proposed volunteer, the APS Specialist shall follow up with KGP after the petition to make sure the match is completed and provide necessary services during the time in which the adult is waiting for a guardian to be appointed.~~

~~3. The APS Specialist shall complete the PPS 10500 to provide services~~

10640 Procedures Following Appointment of Guardian and/or Conservator

Publication Date: July 1, 2026

A. Process after Court Appointment

When the court appoints a guardian and/or conservator on behalf of a Kansas Guardianship Program (KGP) eligible recipient, the APS Specialist shall:

1. Upon receiving electronic court documents, which may include petitions, orders, bonds, oaths and other related legal documents from DCF Legal, the APS Specialist shall upload the information into KIPS.

~~1. Obtain two (2) copies of Letters of Guardianship/Conservatorship from the court where the appointment was made.~~

~~2. Provide a copy of the Letters of Guardianship/Conservatorship to regional attorney/legal staff who shall scan one (1) copy of the Letters of Guardianship/Conservatorship to KGP.~~

~~3. Scan one (1) copy of the Letters of Guardianship/Conservatorship into the notes section of the KIPS record.~~

2. Review the PPS 10500 Service Plan for any unmet needs. If there are no unmet needs, the APS Specialist may close the service plan.

3. Close the APS protective arrangement or guardianship case.

4. If the APS specialist receives notification that an existing KGP Respondent/conservatee has moved to another DCF region, they will notify the regional attorney to discuss the appropriateness of the need for a change in venue.

B. Process if Court Rejects Request for Guardian - If the court does not grant the petition for guardianship, the APS Specialist shall:

1. Notify KGP of the court's decision.

2. Staff the case with APS supervisor to determine if a less restrictive option may be appropriate.

3. Re-assess the social service plan (PPS 10500) to determine any unmet needs still exist for the adult. See PPM 10500.
4. Provide referrals for other services and assistance as needed and appropriate, or close the service case.

10650 Request for Modification, Successor, or Termination of Guardian and/or Conservator

Publication Date: July 1, 2026

A. Modification of Guardianship and/or Conservatorship

~~The ward respondent/conservatee may petition the court at six (6) months following~~

If the APS specialist receives notification of a modification to a guardianship and/or conservatorship they shall document the change in KIPS and notify a DCF regional attorney. KSA 59-30, 190.

~~If the court restores capacity to the ward respondent/conservatee, the APS Specialist shall document the change in the Guardianship note type in KIPS and notify a DCF regional attorney.~~

B. Request for Successor

A request for a successor guardian and/or conservator may be received on an established guardian/conservator (G/C) case. If a request for a successor is received for a guardianship case with a Kansas Guardianship Program (KGP) volunteer, the APS Specialist shall complete the APS portion of the PPS 10600A, indicating a successor is being requested, and send the PPS 10600A to KGP, DCF legal and the regional assistant program administrator. KSA 59-30, 158 and KSA 59-30, 189.

C. Termination of Guardian and/or Conservator

The guardian/conservator may petition to resign at any time. The resignation shall not take effect until final accounting has been filed with and approved by the court. If the accounting is approved the court will issue an Order of Discharge.

1. The guardian/conservator cannot be discharged until:

a. A successor is appointed; or

- b. The ward ~~respondent/conservatee~~ is restored to capacity.
2. If the APS Specialist receives notice of the death of the ward ~~respondent/conservatee~~, ~~they shall~~ notify the DCF Regional attorney and document the change in the Guardianship note type in KIPS.

Initial TDM Scheduling Form

Date: _____ Case Number: _____ Case Name: _____

Location for TDM: ☐ Service Center ☐ Off Site ☐ Virtual ☐ Hybrid

County: _____ Zip code of family home: _____

Has this family had a previous TDM? ☐ Yes ☐ No

If yes, who was the previous Facilitator: _____

TDM Referral. *If all three conditions are met, a TDM referral is needed*

1. The behavior (action or inaction) of a parent or primary caregiver...
2. ...is threatening a child's safety and
3. ...DCF is considering separating the child from the parents or primary caregivers.

CPS Worker requesting TDM: _____ Worker's Supervisor: _____

Worker's Phone: _____ Supervisor Phone: _____

Worker's Email: _____ Supervisor's Email: _____

Total number expected to attend (not including facilitator): _____

Family/Worker Availability for meeting date/time. Please submit two:		
1st choice date/time:		
2nd choice date/time:		

Family Information:

Parents and/or caregivers:

Name (First & Last)	Relationship to child	Client ID	DOB	In Household (Y/N)

Was the non-custodial parent invited? ☐ Yes ☐ No

If no why not? _____

Children in the home and out of the home:

Name (First & Last)	DOB	Client ID	M/F	Race/Eth	Identified Child (Y/N)

* Youth ages 10-17 should be invited to the meeting.

Does the family have any Tribal affiliation? ☐ Yes ☐ No Tribe: _____

Does the family have history with PPS? ☐ Yes ☐ No

Has separation occurred through... ☐ Police Protective Custody ☐ Ex-Parte (Court Requested) ☐ Voluntary

If so, date: _____

Is there other CINC/court involvement? If so, what kind? _____

Have any of the children been adopted? ☐ Yes ☐ No

Are the child(ren) in Police Protective Custody?

☐ Yes ☐ No

Are the child(ren) in DCF custody?

☐ Yes ☐ No

Is the family currently involved with? ☐ Foster Care ☐ Aftercare ☐ Family Preservation ☐ Family Service ☐ Family First

If Family First, which service? _____

Date of Caregiver/Child Separation (if applicable): _____

Meeting Planning Information:

Conference Line needed?

YES ☐ NO ☐

Do you have any security concerns?

YES ☐ NO ☐

Do you need any special accommodation (accessibility, etc.)?

YES ☐ NO ☐

Will an interpreter need to be invited?

YES ☐ NO ☐

Are there concerns for **sexual abuse** of the identified child?

YES ☐ NO ☐

Is ~~domestic violence~~ **intimate partner violence (IPV)** a known or suspected issue?

YES ☐ NO ☐

Is there a court order (no contact, restraining) in place?

YES ☐ NO ☐

Is either parent incarcerated?

YES ☐ NO ☐

Do you have reason to believe two meetings would be needed?

YES ☐ NO ☐

Please provide the necessary information for all “yes” answers. (i.e. **Language for interpreter, no contact between who? type of interpreter, special accommodations etc.**)

Invitees (counselor/therapist/doctor, teacher, recreation coach, pastor, family, friends, neighbor, co-worker, etc.)

If there are potential service providers who could be invited to explain their services, please provide their information.

The TDM Scheduler will invite professionals if email address is available. The worker needs to invite all others.

Name (First & Last)	Relationship to Family	~~Phone number~~ /Email address	Scheduler needs to invite (Y/N)?

For scheduling, email the completed form to: **Your regional TDM scheduling inbox.**

You, your supervisor, and the facilitator will receive an Outlook invite to confirm the meeting date/time



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Kansas Intake Guidance Policy and Procedures Manual July 2025

While this manual draws on some concepts from Structured Decision Making®, it is not a Structured Decision Making manual and Evident Change did not participate in the creation of this work.



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Kansas Intake Tool

INITIAL ASSESSMENT

INITIAL ASSESSMENT OF EMA, PHN, MEN, LOS, ABD, AND FINA

A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

1. Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake.

- ☐ Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older
- ☐ No Kansas connection to incident or child
- ☐ Subsequent reports of the same allegation with no additional concerns (PPM 1430 and 1310 (D))
- ☐ Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS)
- ☐ Incident occurred in an institution operated by Kansas Department of Corrections (KDOC)
- ☐ Incident occurred on Fort Riley Army base, AND child resides on base

2. Reports that require DCF action but not a full initial assessment

- ☐ Independent living referral
- ☐ Interstate compact request
- ☐ Courtesy interview for another state
- ☐ Courtesy interview for law enforcement

IF ANY ITEM IN SECTION A IS SELECTED, THE KANSAS INTAKE ASSESSMENT IS COMPLETE. NO FURTHER ASSESSMENT IS REQUIRED.

B. ALLEGATION TYPE**1. Abuse or Neglect***Physical abuse**Physical injury*

- ☐ Non-accidental physical injury
- ☐ Suspicious physical injury
- ☐ Child injured during family violence
- ☐ Female genital mutilation
- ☐ Forced ingestion resulting in harm

If any injury, note severity of most serious injury:

- ☐ Life threatening
- ☐ Requires medical treatment
- ☐ Does not require medical treatment
- ☐ Superficial

No known injury in reported incident

- ☐ Excessive physical force
- ☐ Confinement or restraint
- ☐ Misuse of medical treatment or therapy (factitious disorder by proxy)

Trafficking

- ☐ Labor trafficking
- ☐ Sex trafficking

Sexual abuse

- ☐ Sexual abuse

Emotional abuse

- ☐ Parental actions endanger child's emotional well-being
- ☐ Moral
- ☐ Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being

Abandonment

- ☐ Abandonment

Neglect

- ☐ Physical neglect (select all that apply)
- ☐ Clothing/hygiene or lack thereof that causes harm to the child
 - ☐ Lack of food or nutrition
 - ☐ Hazardous or no shelter
- ☐ Non-organic failure to thrive
- ☐ Lack of supervision
- ☐ Caregiver is absent
- ☐ Caregiver is inattentive
 - ☐ Selection of temporary caregiver is not safe
 - ☐ Caregiver does not protect child from harm by others
 - ☐ Dangerous actions near child
- ☐ Medical neglect
- ☐ No abuse or neglect criteria met

Who is the reported person causing harm? (Consider all that apply)

- ☐ Family
- ☐ Parent or legal guardian
 - ☐ Other adult living in the home (relative or non-relative)
 - ☐ Minor in household age 10 and older who is not a parent
 - ☐ Relative in a caregiving capacity (adult or age 10 and older)
 - ☐ Relative not in a caregiving capacity (adult or age 10 and older)
- ☐ Facility
- ☐ Non-relative or unregulated caregiver
- ☐ Unknown

2. Non-Abuse or Neglect

Family in Need of Assessment (FINA) (Refer to PPM 1431 if child in custody)

Caregiver

- ☐ Caregiver substance use
- ☐ Caregiver unable or unavailable to provide care

Child

- ☐ Child under age 10 committing an offense
 - ☐ Runaway child
 - ☐ Child substance use
 - ☐ Truancy
 - ☐ Child with behavior problems not listed above
 - ☐ Positive drug screen for infant or mother of infant, AND family requests or appears in need of service (automatic same-day response)
-
- ☐ Pregnant woman using substance (PWS) other than nicotine
-
- ☐ No FINA or PWS criteria are met

3. What is your initial thought about how this report should be assessed based on the allegations you selected.

- ☐ Not assigned for further assessment
- ☐ Assigned for Abuse/Neglect Investigation
- ☐ Assigned for FINA
- ☐ Assigned for PWS

C. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Enter your answer.

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?

- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Enter your answer.

3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Enter your answer.

4. Community or Natural Resources

- Natural Resources: Who or what does this family have around them that might help maintain the children's safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

Enter your answer.

5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

Enter your answer.

6. Safe Enough

What would need to change for you to be confident the children will be as safe as typical children in the community?

Enter your answer.

7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

0	1	2	3	4	5	6	7	8	9	10

D. ASSESSMENT DECISION

Worker override to not assign for further assessment.

- ☐ PWS is receiving Temporary Assistance for Needy Families (TANF) cash benefits and no children in the home.
- ☐ Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating
- ☐ An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim
- ☐ Child resides on Native American reservation, AND tribe does not request DCF assistance.
- ☐ Inability to locate child or family
- ☐ Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

Assessment Decision

- ☐ Not assigned for further assessment
- ☐ Assigned for further assessment
 - ☐ Abuse or neglect investigation
 - ☐ FINA
 - ☐ PWS
- ☐ Worker override to not assign

DEFINITIONS

INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

1. Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake.

- a. Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older.***

At the time of the reported incident, the reported victim was either:

- I. Age 21 or older
- II. Age 18, 19, or 20 and not in the custody of the DCF Secretary

PRACTICE GUIDANCE

Speak with your supervisor to review whether circumstances require one or more of the following:

- Referral to law enforcement
- Referral to adult protective services
- Consider if other children under the age of 18 may also be victims.

- b. No Kansas connection to incident or child.***

All incidents being reported occurred outside the state of Kansas, AND all reported child victims are not residents of Kansas at this time AND cannot be found in Kansas.

Requires further an initial assessment if:

- I. Any incident occurred within Kansas, even if other incidents occurred outside of Kansas.
- II. At least one child has a residence in Kansas, even if that child is temporarily outside of Kansas.
- III. Child can currently be located in Kansas.

PRACTICE GUIDANCE

- Complete initial assessment if a child from another state is in police protective custody.
- If an infant was born in Kansas but lives with his/her family in Missouri; refer to internal procedures or speak with your supervisor.
- If it is unknown where the incident occurred, and the child does not reside in Kansas, speak with your supervisor

- c. Subsequent reports of the same allegation with no additional concerns.***

There are no new abuse/neglect or FINA concerns different than from the initial intake.

Complete initial assessment if the report contains a new incident or ongoing concerns.

PRACTICE GUIDANCE

- If it is unclear whether the report contains a new incident, consult with supervisor.
- If there is a current open case, notify assigned worker of subsequent report.

d. Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS).

Reported child abuse or neglect occurred in an institution operated by KDADS.
Complete initial assessment if a child resides in a KDADS-operated institution but reported harm occurred while child was on a home visit.

- I. Kansas Neurological Institute
- II. Parsons State Hospital and Training Center
- III. Larned State Hospital
- IV. Osawatomie State Hospital

PRACTICE GUIDANCE

Forward to law enforcement.

e. Incident occurred in an institution operated by Kansas Department of Corrections (KDOC).

Reported child abuse/neglect occurred in an institution operated by KDOC (i.e., Kansas Juvenile Correctional Complex, Topeka).

PRACTICE GUIDANCE

Forward to Attorney General and KDOC.

f. Incident occurred on Fort Riley Army base, AND child resides on base.

The reported incident occurred on the base at Fort Riley, AND at least one reported child victim resides on the base.

Complete initial assessment if child has been placed in police protective custody.

PRACTICE GUIDANCE

Follow Fort Riley notification procedure.

2. Reports that require DCF action but not a full initial assessment.

a. Independent living referral

Youth is age 18–25, experienced DCF custody and was in an out of home placement on or after their 14 birthday, and requests services for independent living.

PRACTICE GUIDANCE

- Independent living referrals will typically come from the independent living worker.
- The independent living worker may send referral when youth is *approaching* age 18. Complete initial assessment even though youth is under age 18.

If the youth calls requesting independent living services, contact the regional independent living administrator to determine if youth qualify.

b. Interstate compact request

Formal request from another state for services under the interstate compact.

PRACTICE GUIDANCE

- If request comes from a Kansas Interstate Compact on the Placement of Children (ICPC) specialist, assign per policy.
- If request from another state is not a formal ICPC request, refer caller to follow caller's state policy and procedure as it relates to ICPC requests. If caller does not intend to complete a formal ICPC request, review based on the "courtesy interview for another state" criteria.

c. Courtesy interview for another state

Another state requests DCF assistance to conduct an interview. If the other state is conducting an investigation that requires an interview of a person who is currently in Kansas, and it is not feasible to delay the interview until it can be done in or by the other state.

PRACTICE GUIDANCE

Department for Children and Families (DCF) can conduct a courtesy interview if:

1. There are required interviews as part of an ongoing investigation or
2. It is required to make a finding. Courtesy interviews do not walkthroughs only to determine placement or visitations.

Note: If the caller cannot provide this information, it is unlikely that the request is for a courtesy interview. Refer caller to caller's state ICPC protocols. If in doubt, consult with your supervisor.

d. Courtesy interview for law enforcement

A law enforcement agency requests DCF assistance to conduct an interview if they are conducting an investigation that requires an interview of a child who may be a victim of a non-relative, non-regulated caregiver.

PRACTICE GUIDANCE

Abuse/Neglect allegations involving Non-Family/Unregulated caregiver alleged perpetrators that are known to be investigated by law enforcement will not be assigned.

B. ALLEGATION TYPE

1. ABUSE OR NEGLECT

a. PHYSICAL ABUSE

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered.

I. PHYSICAL INJURY

Use these abuse types when the reporter knows that the child has a physical injury.

PHYSICAL INJURY means visible or suspected damage to a child's body.

1. *Non-accidental physical injury*

A person caused the injury with intent to harm OR with intent to carry out a disciplinary action that resulted in harm even if the intent was not to harm. Also include reckless actions that resulted in harm.

Examples include:

- Hitting, kicking, punching, pushing, or throwing
- Biting (adult)
- Deliberately pulling child's hair, causing injury or bald spots

PRACTICE GUIDANCE

- If the reporter does not know how an injury was caused, consider "suspicious injury."
- If the reporter knows of a person's actions toward a child but does not know whether the child was injured, or knows that a child was not injured, consider "excessive physical force."
- Not all marks are injuries (e.g., bug bites are not injuries).

REMINDER ABOUT MINORS CAUSING HARM

- An injury caused by a minor under age 10 is not marked as physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- An injury caused by a minor age 10 or older—that otherwise meets the definition—only applies if the minor causing the injury was in a caregiving role for the victim or is substantially older.
- An injury caused by a minor age 10 or older who is of similar age as the victim does not meet criteria for physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.

2. *Suspicious physical injury*

The child has a reported injury, and the reporter does not know how it was caused, AND the injury itself suggests that it is non-accidental. Include all injuries that a medical professional describes as consistent with abuse.

Examples include the following:

- Injuries to child who is not mobile.
- Severe injury with no explanation, an explanation that is not consistent with the injury, or conflicting explanations.
- Injuries on protected surfaces or areas of soft tissue of the body. Injuries to the thighs, calves, genitals, buttocks, cheeks, earlobes, lips, neck, and back.
- Multiple injuries in various stages of healing.
- Patterned injuries, even if the object used cannot be determined.

3. *Child injured during family violence*

One adult is physically violent toward a partner or other adult, and the child is injured during the incident.

PRACTICE GUIDANCE

Also, assess for emotional abuse. If no abuse or neglect items apply, assess for FINA.

4. *Female genital mutilation*

A person circumcises or removes the whole or any part of the female genitalia on a child under 18 years of age, AND the procedure is not a medically necessary procedure ordered by and performed by a physician.

5. *Forced ingestion resulting in harm*

A person forces a child to ingest something or intentionally gives child something to ingest that causes harm. Harm includes poisoning, burning, internal injury, or alteration in bodily function (e.g., suppressed breathing or heart rate or altered consciousness). Do NOT include ingestion of medicine as prescribed for child or unpleasant taste.

PRACTICE GUIDANCE

If any physical injury item is identified, indicate severity of the most severe reported injury. Identify injury severity based on the following:

1. Life Threatening: The injury resulted in death, or child was in serious condition in a medical setting due to the injury.
2. Requires Medical Treatment: The injury required professional medical treatment to repair (e.g., admitted to hospital; required stitches, cast, or splint). Do not include injuries that were medically evaluated and led to preventative treatment only (e.g., antibiotics to prevent infection; treatment could have been provided at home, such as aspirin or self-adhesive bandage) or were determined to require no treatment.
3. Does Not Require Medical Treatment: The injury is more than superficial but does not require medical treatment.
4. Superficial: The injury is limited to the top surface of skin AND caused no pain or only brief, minimal pain).
Examples include the following.
 - a. Tiny scratch that does not bleed
 - b. Redness that goes away quickly
 - c. Tiny bruise with no pain

II. NO KNOWN INJURY IN REPORTED INCIDENT

Use these abuse types when there is no injury, or the reporter does not know whether there is an injury.

1. *Excessive physical force*

Caregiver actions toward the child have led or could lead to a child's physical injury even if an injury is not reported at this time.

Examples include the following:

- Hitting child's body in a vulnerable location that could easily result in an injury (e.g., eyes, genitals, abdomen).
- Hitting child with object (e.g., buckle of belt, switch near eye) in a way that is likely to cause physical injury.
- Throwing or pushing a child with a high degree of force. Consider practice guidance below.
- Shaking a child under age 2.
- Choking or strangulation.

PRACTICE GUIDANCE

Elicit information that reveals how discipline is being administered (what object a caregiver is using for the purposes of discipline and where on the child's body they are discipling).

When throwing or pushing a child

- Consider how much force was used when pushing the child. Was the child pushed near an object that could result in an injury?

When a Minor Uses Excessive Physical Force

- If a minor under age 10 is using excessive physical force, evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- If the minor age 10 or older is using excessive physical force while in a caregiving role for the victim or is substantially older, assess for physical abuse.
- If a minor age 10 or older using excessive physical force and is a similar age to the victim, evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.

2. *Confinement or restraint*

A person applies a measure of confinement or restraint that is likely to result in physical harm to the child or that is for purposes other than protection or correction, to the extent that the child's health is endangered.

Examples include the following:

- Child may be physically injured from a restraint device such as rope tied around wrists or neck or use of chains or handcuffs.
- Child may be harmed due to body position or condition, such as being curled up without moving in a dog crate, or confined to a space that is dangerously hot or cold.
- Child may be harmed due to impeded safety, such as being confined in a way that child cannot escape in case of fire or natural disaster.

- Child may be harmed due to being confined without food or water causing prolonged hunger pain, prolonged thirst, or dehydration. If child is malnourished, also review for physical neglect: food.
3. *Misuse of medical treatment or therapy (factitious disorder by proxy)*
Caregiver causes or fakes illness in child to obtain medical tests or treatment. As a result, child experiences pain, adverse side effects, or becomes ill.

b. TRAFFICKING

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of labor or sex.

Examples include the following.

- Causing or threatening to cause physical injury to any person if child does not comply.
- Physically restraining or threatening to physically restrain child.
- Abusing or threatening to abuse the law or legal process to gain child's cooperation.
- Threatening to withhold food, lodging, or clothing if child does not comply.
- Taking away a passport or other legal papers for identification to prevent child from leaving.

I. Labor trafficking

The definition for trafficking is met, AND the purpose is to obtain the labor or services of the child.

Examples include the following.

- A child exchanges labor for food, a place to stay, clothing, or anything the child needs or wants.
- A child makes money or is required to earn a quota for "controller" or "manager."
- A child is forced to work to have basic needs met.
- A child is held in servitude in satisfaction of a debt owed the person who is holding such the child.

II. Sex trafficking

The definition for trafficking is met, AND the purpose is to engage the child in sexual actions.

Examples include the following.

- A child/youth exchanges sex for food, a place to stay, clothing, or anything the child/youth needs/wants.
- A person exchanges anything for a child to engage in a sex act.
- A child makes money or is required to earn a quota for a "boyfriend"/ "pimp"/"controller"/"manager"/"daddy."
- A person posts sexually explicit pictures of the child on the Internet (Backpage, Craigslist, etc.) for the purpose of making money.

PRACTICE GUIDANCE

- If child is disclosing labor or sex trafficking.
- If law enforcement or medical professionals report suspicion of labor or sex trafficking.

c. SEXUAL ABUSE

Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person.

Sexual abuse includes at least one of the following contact and non-contact interactions with a child.

PRACTICE GUIDANCE

Does not meet criteria if victim child is age 16 or older unless:

- Child was incapable of consent; OR
- The person causing harm:
 - Used force or coercion; OR
 - K.S.A. 21-5512(a)(9) Unlawful sexual relations. It is a level 5 felony offense if a teacher or person in authority, employed at the school where student is enrolled, engages in consensual sex/touching. This applies to youth 16 yoa+; OR
 - Is a relative or caregiver OR
 - Is in any other position of power.

Does not meet criteria if a child age 10 or older is the perpetrator unless:

- The child used force or coercion; OR
- The child is substantially older, bigger, or otherwise more powerful than the other child; OR
- There was intimidation.

i. Sexual contact with child

Sexual contact with a child is defined as an adult or child age 10 or older has contact with, a child's genitals, causes a child to touch the genitals of another person, or has other physical contact with child for the purpose of sexual stimulation. This is based on at least one of the following:

1. Child statement
 - a. Child makes a statement with sufficient detail to include a specific act and a specific person.
 - b. Child makes a statement about sexual contact or depicts sexual contact, even though the statement is vague or ambiguous.
2. Medical findings (based on medical professional assessment)
 - a. Medical findings are confirmatory for conditions such as pregnancy.
 - b. Findings are strongly suggestive of sexual abuse.
3. Findings (or other causes) indicate sexual abuse, but there is no other plausible history.
4. Other
 - a. Sexual contact is documented by photograph, video, etc.
 - b. Person causing harm confessed to sexual contact with a child.
 - c. Sexual contact was witnessed.

ii. Non-contact sexual abuse

For non-contact sexual abuse of a child, though no sexual contact is reported, an adult or child age 10 or older, seeks sexual stimulation in a way that involves a child, with or without the child's knowledge.

Examples include the following:

- Exposing self to child for sexual stimulation.
- Observing the child for sexual stimulation.
- Photographing, filming, or otherwise depicting the child for the sexual stimulation of the adult.
- Causing the child to view live or depicted sexual images for sexual stimulation.
- Getting one child to act sexually with another child.
- Having contact with a child through social media to discuss or solicit sex.
- Discovery of images, texts, or other documentation of child engaged in sexual actions.

PRACTICE GUIDANCE

When a Minor Initiates a Sexual Act

- A minor under age 10 who initiates a sexual act does not meet criteria for sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- A minor age 10 or older who otherwise meets the definition for sexual contact or using a child for sexual stimulation will meet criteria if the minor initiating the act used force, coercion, or intimidation or is substantially advanced developmentally. A minor age 10 or older who is of similar development, and where the sexual act was mutual, does not meet criteria for sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- Refer to [APPENDIX B: TYPICAL AND ABUSIVE SEXUAL BEHAVIOR](#)

d. EMOTIONAL ABUSE

Infliction of mental or emotional harm or the causing of a deterioration of a child, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional well-being is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. (Refer to [APPENDIX D: PSYCHOLOGICAL IMPACT ON CHILD](#))

I. Parental actions endanger child's emotional well-being

Caregiver's actions toward or around child are emotionally harmful and are severe OR follow a pattern of behaviors that could impact the child's emotional health or well-being.

Examples include the following but are not limited to the following.

- Caregiver has communicated or demonstrates that they do not want to care for the child.
- Caregiver is providing alcohol/drugs to or using alcohol/drugs with the child.
- Caregiver or other household member is responsible for creating a traumatic event (one that poses a threat of serious injury or death to oneself or others and elicits feelings of intense fear, helplessness, or horror). The action can be serious, severe, or complex (i.e., multiple serious events).

- Caregiver blames the child for negative situations the caregiver, siblings, or other family members are experiencing. This includes making the child take the blame for actions of others.
- Caregiver uses vengeful and vindictive discipline toward the child.
- Caregiver antagonizes or belittles a child to the point that they are self-harming.

PRACTICE GUIDANCE

Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions. Examples include the following:

- Caregiver uses foul language. Unless the language is hostile toward child, foul language in general would not meet the definition.
- Arguments between caregiver and child. Unless, for example, arguments become so persistent, or the child experiences significant fear of harm, arguments would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.
- Temporary fluctuations in child's behavior or moods (e.g., child crying after receiving behavior correction by parent) does not meet criteria.
- Domestic violence in and of itself does not meet criteria.

II. *Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being.*

The definition for "parental behavior endangers child emotional well-being" is met, AND child is experiencing significant emotional harm.

Examples of significant emotional harm include:

- Diagnosed mental health condition, such as anxiety, depression, or PTSD; OR
- Substantial impairment of child's ability to function daily (e.g., unable to attend school regularly; school performance radically fluctuates; shows visible signs of violence; self-harming behaviors; and suicide attempts or plans).

III. *Moral*

Corrupting a child by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.

Examples include:

- Indication of harm or consequence resulting in significant harm or impact to the child.
- The caregiver is having the child participate in criminal activity that could or has resulted in criminal charges.
- The caregiver is/has encouraged a sexually mature relationship or behavior. This goes beyond the caregiver allowing the relationship. Also consider sexual abuse or lack of supervision.

PRACTICE GUIDANCE

Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions.

Examples include the following.:

- Concerns that challenge reporter or personal bias, but do not indicate immediate or future harm.
- Consider age, frequency, and impact when a caregiver is providing alcohol to a child at home.
- Caregiver uses foul language. Unless the language is hostile toward the child, foul language in general would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.

e. ABANDONMENT

Caregiver stopped providing care for the child without making appropriate provisions for substitute care, AND there is no indication that caregiver intends to resume care.

Examples include the following.

- Following a planned time during which caregiver arranged for a substitute caregiver for the child, the caregiver did not return as planned. The caregiver has made no further provisions for the child's care, and there is no indication that the caregiver will return. The substitute caregiver is unable or unwilling to continue providing substitute care for the child.
- There is evidence that the caregiver will not assume further responsibility for the child, or the caregiver did not intend for the child to survive (e.g., infant left in a dumpster).
- The caregiver left a child in the full-time care of an adult knowing that the adult is unwilling or unable to meet the needs of a child.
- The caregiver refuses to let a child return to the home following an alternative living arrangement. However, if the caregiver refuses because of fear of child's behavior, or belief that he or she cannot protect the child from the child's own behavior (e.g., suicidal, running away, self-harming, being trafficked), assess for FINA.

PRACTICE GUIDANCE

Do not assign if an infant is surrendered in accordance with the Kansas Newborn Infant Protection Act. K.S.A. 38-2282 (Safe Haven Law). Safe Haven Law may be applied if the infant is 45 days old or younger and was left at a hospital or fire station.

f. NEGLECT**I. Physical neglect**

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian.

1. *Clothing/hygiene or lack thereof that causes harm to the child*

The child's clothing and/or hygiene is likely to result in their daily activities being adversely impacted or in medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite). Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

Examples include but are not limited to:

- The child expresses frustration and shows signs of dysregulation due to the lack of essentials.
- The caregiver does not provide the necessary clothing or hygiene products to meet the child's minimal needs, except for financial reasons, and this has resulted in harm to the child that required medical attention.
- Parents are aware of the ongoing hygiene concerns (including chronic lice infestation) and are not following through with the treatment or not addressing the concerns, which results in harm.

PRACTICE GUIDANCE

Consider the available resources in the community, cultural practices, and caregiver's attempts to seek out resources that negate the concerns or situation.

2. *Lack of food or nutrition*

Caregiver refuses to provide or is withholding food or nourishment to the extent that the child is likely to have or to develop malnutrition. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

- a.** The child is malnourished as assessed by a medical professional, OR
- b.** The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR
- c.** The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities).

3. *Hazardous or no shelter*

A child is in physical danger due to the conditions of the shelter provided, and caregiver refuses to remove the child from the situation. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources. Examples of conditions that may be considered hazardous include the following.

- The home is lacking utilities that are required to prevent illness or injury (e.g., heat, water, electricity).
- Broken windows or stairs, unprotected wiring, open window on an upper floor, or exposure to excrement has led or could lead to a child's injury.
- Bug or rodent infestation to the point that the child is suffering from an illness carried by pests that requires medical treatment, or food is infested.
- Child may be dangerously exposed to vermin, human, or animal excrement.

PRACTICE GUIDANCE

- Shelter can take on many forms. Tents, cars, homeless shelters, and living with family and friends can be considered shelter. Consider a FINA based on potential impact to the child and the caregiver's willingness to take action.
- Physical neglect concerns solely due to lack of financial resources should be considered as FINA.
- Consider whether the caregiver is unintentionally keeping their child in a dangerous situation. If caregiver is making efforts to resolve the problem (e.g., seeking out landlord, filing a complaint with housing, treating bug infestations or requesting that their landlord treat them), consider assigning as FINA.

II. Non-organic failure to thrive

A medical professional diagnosed child with non-organic failure to thrive, AND caregiver's parenting is consistent with known contributory factors for non-organic failure to thrive.

Examples include the following.

- o Caregiver does not hold, touch, or interact with the child either physically or verbally.
- o Caregiver does not respond to child's cries.
- o Caregiver does not allow the child to sleep (intentionally or due to activity).

III. Lack of supervision

Caregiver refuses to provide supervision of a child or refuses to remove a child from a situation that requires judgment or actions beyond the child's abilities and that results in bodily injury or a likelihood of harm to the child. Not due to lack of financial means or cultural practices.

Examples include the following.

1. Caregiver is absent

- a. Child, under age 7, **should not be** is left **unsupervised.** ~~home alone for any amount of time.~~
- b. Child, age 7 or older, is left alone longer than child can safely manage (refer to [APPENDIX C: SUPERVISION LEVELS](#))

2. Caregiver is inattentive

- a. Caregiver is aware of threats to child safety and are refusing to take action. (e.g., deadly weapon that is not securely locked, access drugs and paraphernalia, pattern of child eloping from the home).

3. Selection of temporary caregiver is not safe

- a. Caregiver is aware and knowingly leaves a child with a temporary caregiver who is likely to cause harm and refuses to seek out a safe alternative.
- b. A person under the influence that impacts their ability to provide sufficient supervision for that child's maturity and abilities.
- c. The older sibling previously harmed the younger sibling.

4. Caregiver does not protect child from harm by others

- a.** Caregiver has knowledge a person is a registered sex offender who is prohibited from contact with children and allows unsupervised contact.
- b.** Child discloses to caregiver about abuse and caregiver does nothing to protect.

5. *Dangerous actions near the child*

A child is nearby, person's actions are dangerous, and caregiver is not taking steps to protect child. Examples include the following.

- a.** Child is taken along when person is involved in violent crime.
- b.** Person disregards safety when handling firearms around child.
- c.** Person co-sleeps with child under age 2 while person is intoxicated or high.
- d.** Person repeatedly drives recklessly or under the influence with child in the car.

PRACTICE GUIDANCE

- A. When a caregiver is taking protective action, but the harm continues, do not assign.
- B. If the concern is regarding ongoing domestic violence and the caregiver is not removing the child from it, consider the dynamics of the relationship that may prevent the non-offending caregiver from taking protective actions.

Reports frequently include concerns that a child is not being supervised to a level the reporter believes to be sufficient. However, the concerns may not meet the definition. **Per SB408, independent activities that are age appropriate based on the child's age, maturity, and mental abilities is not a reason to assign a report. This includes but is not limited to, traveling to or from school or nearby locations on foot or by bicycle, playing outdoors, remaining at home for a reasonable amount of time or remaining in a vehicle that is not dangerously hot or cold for a reasonable amount of time.**

For Example:

- o A child home alone between the end of school and caregiver's return home. If there are facts to support that a particular child cannot manage particular circumstances in a way that meets the definition.
- o Caregivers cannot be reached. Consider if the child is in a circumstance that meets the definition. It is not based solely on ability to contact the caregiver.

IV. Medical Neglect

Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall, not for that reason, be considered a negligent parent; however, this exception shall not preclude a court from entering an order pursuant to K.S.A. 38-2217(a)(2), and amendments thereto.

Examples of not providing medical care include but are not limited to the following:

- o Not providing urgently needed assessment or treatment: Child has an illness or injury that requires immediate assessment or treatment, AND caregiver knows or should know that immediate assessment or treatment is required but is not providing it.

- Missing crucial appointments: Child has a diagnosed condition requiring ongoing treatment, and caregivers have missed enough appointments so that the child is or will be harmed (as defined above). Include appointments for evaluation or treatment.
- Not learning or following techniques to care for child's medical needs: Child has a condition requiring care provided by the caregiver for which the caregiver must be trained, AND caregiver refuses instruction, does not participate in instruction, or does not apply learned techniques as instructed.
- Not providing needed medication, medical supplies, or equipment when the caregiver is aware of child's need and can access the necessary items, AND there is a significant risk of physical harm or deterioration.
- Not providing urgently needed mental health intervention: Child has current plans to harm self or others, has access to a means to harm, and the caregiver is refusing to seek treatment.

PRACTICE GUIDANCE

- When there was a delay in treatment, but the delay did not result in the condition worsening or additional harm to the child, do not assign.
- Consider whether a caregiver who delays medical care may be in fear of citizenship status and/or have cultural reasons for the delay.
- Consider the parental choice to maintain well-child visits or immunizations.
- Examples of situations that would not meet this definition but should be assessed for FINA include lack of care due to:
 - Caregiver cognitive difficulty or communication struggles; and
 - Failure to treat ADHD with prescription medication. Consider whether caregiver is attempting to address through alternative ways or interventions. Are there educational resources available to address behaviors at school? If caregiver is not accessing them, consider FINA.

Who is the person causing harm?

1. Family

The person reported to cause harm is a parent of the child, an adult living in the same home as the child, or a sibling or relative.

a. Parent or legal guardian

A biological or adoptive parent or legal guardian. Include minor parent.

b. Other adult living in the home (relative or non-relative)

A person over age 18 who lives in the same home as the child. This person may be related or not.

c. Minor in household age 10 or older who is not a parent

A person between the ages of 10 and 18 who is a sibling or other relative but not a parent

d. Relative in a caregiving capacity (adult or child age 10 or older)

A person related by blood, marriage, or adoption who is acting in a caregiving capacity. Include minor relatives ages 10 or older.

e. *Relative not in a caregiving capacity (adult or age 10 or older)*

A person related by blood, marriage, or adoption who is NOT acting in a caregiving capacity.
Include minor relatives ages 10 or older

2. *Facility*

An entity that is subject to regulation. This includes:

- a.** Family foster homes
- b.** Group homes
- c.** Residential childcare facilities
- d.** Detention
- e.** Secure care
- f.** Attendant care facilities
- g.** Daycare homes or centers
- h.** Psychiatric residential treatment facilities (PRTF) licensed by the Kansas Department for Aging and Disability Services
- i.** Any other entity subject to regulation

3. *Non-relative or unregulated caregiver*

A person over age 10 who is not a parent or legal guardian and does not live with the child. Does not include facility staff or other residents of a facility.

- a.** Teachers, administrators, or other employees of a school, other than a home school
- b.** Employees and administrators of recreational and/or character-building organizations
- c.** Babysitters
- d.** Acquaintances of the family
- e.** Strangers

4. *Unknown*

The reporter does not know the identity of the person causing harm.

2. NON-ABUSE OR NEGLECT

Family in Need of Assessment (FINA)

a. Caregiver

i. **Caregiver substance use**

Caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

PRACTICE GUIDANCE

Factors to consider when a caregiver is using substances:

- Another caregiver is able protect the child.
- The caregiver is involved in services.
- The age of the child.
- How dependent the child is on their caregiver meeting their needs.
- The pattern of caregiver usage or how often the caregiver is using.
- How the caregiver acts while using.
- Are they using a substance that causes impairment to an extent that the result of the use is often impaired judgement, agitation, stupor, or organizing life around.

b. **Caregiver unable or unavailable to provide care**

Caregiver unable or unavailable to provide care. The situation does not meet criteria for abuse or neglect, but one of the following situations is present.

- I. The caregiver is incapable, unable, or unwilling to seeking out necessary services to maintain the child's health and safety.

OR

- II. Extenuating circumstances (e.g., hospitalization, incarceration, death, deployment) prevent caregiver from providing care AND no safe alternative caregiver has been identified. The caregiver plans to resume care of the child as soon as possible.

Examples include but are not limited to the following.

- Caregiver lacks the ability to manage or maintain the child's health and safety due to mental/physical disabilities, cognitive delays, and/or lack of knowledge or resources to

PRACTICE GUIDANCE

Consider not assigning if one or more of these apply:

- Family is engaged with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter is willing and able to connect or provide the family with resources.
- Caregivers is aware and able to seek out resources on their own.

care for the child and meet their needs. Consider immediate and lasting safety of the child/ren.

b. Child

I. *Child under age 10 committing an offense*

A child who is less than 10 years of age commits any act that if done by an adult would be considered a felony or misdemeanor. Exclude any offense that meets another FINA category. As defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

II. *Runaway child*

A child leaves a home or facility without permission AND is likely to experience harm while on the run.

Examples include the following:

- Child has been identified as being in the company of individuals who may harm child.
- Child has been identified as is being at risk for being trafficked or sexually assaulted.
- Child has been identified as being reckless or taking extraordinary risks with his/her life or safety.
- Child repeatedly runs away for extended periods of time and the location of the child is unknown during the time they are missing.
- Child has been identified as having a special need, or other vulnerabilities that would impact their ability to maintain their safety.

III. *Child substance use*

A child is using alcohol or illegal drugs or is abusing prescription or over-the counter drugs. Substance use is negatively impacting the child or family functioning.

Examples include the following:

The substances used by the child is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.

- Caregivers' awareness and ability to seek out resources on their own.

PRACTICE GUIDANCE

Consider Caregivers response to the identified concerns and :

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.

Consider Abuse/Neglect if:

- If caregiver is providing alcohol or drugs to child, review whether an item in Emotional Abuse applies.
- If caregiver is aware of the problem but not attempting to intervene, review whether neglect: lack of supervision applies.

IV. *Truancy*

Child is not attending school, as required by law.

- Child is between the ages of 7 and 12 years and is unenrolled or enrolled and is truant.
- Children under the age of 7 and enrolled and is truant.

Truancy means that the number of unexcused absences is at least:

- Three days in a row;
- Five days in a semester; or
- Seven days in a school year.

PRACTICE GUIDANCE

- Follow county guidelines for specific truancy procedures.
- Attending a registered homeschool is considered enrolled.
- If the reporter has the name of the homeschool and the name of the children and parent, PRC can call KSDE and verify if such a homeschool is registered. This will not 100% confirm it's the same parents and children associated to the homeschool, but it is reasonable to assume it's the same and could likely screen out.
- If the reporter does not have the name of the homeschool, PRC will need to assign.

V. *Child with behavior problems not listed above*

Child with behavior problems not listed above, and child's actions negatively impact family or child functioning.

Examples include the following:

- Child is suicidal or self-harming.
- Child is homicidal, harming other people or animals, or destroying property, or has a pattern of dangerous and reckless behaviors.
- Child's sexual behavior is problematic, but there are no other indicators of sexual abuse. Refer to appendix B, table B.
- Child has symptoms of distress (e.g., sleep or eating disturbance, mood swings, phobias).
- Increasing conflict in the home related to child's actions.

PRACTICE GUIDANCE

Consider caregivers response to the identified concerns and:

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregivers' awareness and ability to seek out resources on their own.

VI. *Infant Positive for Substances*

An infant (birth to age 1) with a positive drug screen or a medical professional has determined the infant is substance affected or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

1. A medical professional reports an infant had a positive drug screen or the mother had a positive drug screen, AND at least one of the following situations exists.

- a. The family requests being contacted by DCF for assessment and possible services.
- b. The substances used by the caregiver (e.g., heroin, meth) are highly addictive or their use is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.
- c. The family appears in need of assessment and possible services.

Examples include:

- o Caregiver health will make caring for child difficult and there are no other resources.
- o Caregiver does not know how to care for infant or does not know how to care for a high-risk or special needs infant.
- o Caregiver does not have essential supplies for infant and has no family support.
- o Caregiver is not spending time with infant, cuddling, cooing, organizing with infant.
- o Relationship between caregivers is strained, such as significant arguing.

2. A medical professional determined that a child from birth to his/her first birthday has one of the following, regardless of drug screen results for newborn **AND** the parent, guardian, or person responsible for the care of a substance affected infant is unwilling or unable to use resources available to meet the needs of such infant (health and substance use disorder treatment, etc.).

- a. Neonatal Abstinence Syndrome/withdrawal.
- b. Compromised health or well-being related to mother's substance use during pregnancy.

This may include:

- Irritability;
- Irregular and rapid changes in state of arousal;
- Low birth weight;
- Prematurity;
- Difficulties with feeding due to a poor suck;
- Irregular sleep-wake cycles;
- Decreased or increased muscle tone;
- Seizures or tremors;
- Physical, developmental, cognitive, or emotional delay; and
- Facial characteristics of fetal alcohol syndrome.

VII. Pregnant woman using substance (PWS) other than nicotine,

A woman is currently pregnant; aware of the pregnancy; AND using alcohol or illegal substances or abusing prescription medication. Exclude nicotine.

Indicators of use include:

- o Mother had a positive drug screen during pregnancy.
- o Disclosure of use by mother.
- o Pregnant woman was observed using.

- o Pregnant woman appeared under the influence.

PRACTICE GUIDANCE

- If other children are in the home, review for a FINA initial assessment: caregiver substance use.
- If a mother in late stages of pregnancy used early in pregnancy and has not used since, do not assign.

Consider caregiver's response to the identified concerns and:

- Family's engagement with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregiver's awareness and ability to seek out resources on their own.

VIII. No FINA or PWS criteria are met

Concerns reported do not meet definitions for any FINA type and does not meet definition for PWS.

C. What is your initial thought about how this report should be assessed based on the allegations you selected.

- ☐ Not assigned for further assessment
- ☐ Assigned for Abuse/Neglect Investigation
- ☐ Assigned for FINA
- ☐ Assigned for PWS

C. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

4. Community or Natural Resources

- **Natural Resources:** Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

6. Safe Enough

What would need to change for you to be confident the child/ren will be as safe as typical children in the community?

7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

D. ASSESSMENT DECISION

Worker override to not assign for further assessment.

1. Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating.

All abuse or neglect types identified have a person causing harm who is not a household member. The worker notified law enforcement, and law enforcement confirms that they will investigate the concern and do not require DCF assistance.

PRACTICE GUIDANCE

Note the law enforcement departments and officer's name in the basis. The report will be not assigned for abuse and neglect. The report MAY be forwarded to a region for a courtesy interview to assist law enforcement if requested.

2. An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim.

All abuse or neglect types identified have a person causing harm who is an employee of DCF or KDAD; OR an employee of DCF or KDAD is the parent of any reported victim.

3. Child resides on Native American reservation, AND tribe does not request DCF assistance.

Child resides on a reservation of one of the four Kansas tribes (Sac and Fox, Prairie Band Potawatomi, Kickapoo, or Iowa), AND tribe agrees to take the case with no further DCF assessment. Does not apply for an incident that occurred on a reservation if the child does not live on the reservation.

PRACTICE GUIDANCE

When a report is assigned for abuse or neglect that involves a child who resides on the reservation of one of the four Kansas tribes*, worker will:

- Send a preliminary inquiry to the contact for the tribe.
- Based on tribe's response the worker will do the following.
 - If the tribe takes the case and does not request further DCF assistance, do not assign and send the report to the designated tribal contact.
 - If the tribe requests DCF assistance, continue the initial assessment.

*If the child lives in Brown, Doniphan, or Jackson County, confirm whether the child lives on a reservation.

4. Inability to locate child or family

All reasonable efforts to locate the child and family have been pursued, and the family cannot be located.

PRACTICE GUIDANCE

Document efforts to locate in the basis.

5. Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

Based on the reported concerns and context, it is unlikely that the same child or other children are currently being maltreated or are likely to be maltreated, AND it is unlikely that an investigation would be able to reach a determination.

Examples include the following.

- o The reported victim is now an adult or has no further contact with person causing harm, AND no other children are likely to be current or future victims of the same person causing harm
- o The reported person causing harm is deceased.

PRACTICE GUIDANCE

- If the reported victim is an adult and there are other children who may be victims of the same person causing harm, assess for abuse or neglect based on those children as victims. The adult is not considered a victim but may be considered a reporter or witness.
- A report to law enforcement may be indicated.

Assessment Decision

- ☐ Not assigned for further assessment
- ☐ Assigned for further assessment
 - ☐ Abuse or neglect investigation
 - ☐ FINA
 - ☐ PWS
- ☐ Worker override to not assign

RESPONSE PRIORITY GUIDANCE

A. IF ONE OF THE BELOW APPLY, RESPONSE TIME IS SAME DAY. NO FURTHER RESPONSE PRIORITY ASSESSMENT REQUIRED.

1. ABUSE/NEGLECT CONCERNS AND THE ALLEGED VICTIM IS UNDER AGE 1

A child who is an alleged victim of abuse or neglect has not reached their first birthday.

2. ABUSE/NEGLECT CONCERNS AND THERE IS A CURRENT LIFE-THREATENING SITUATION

A child who is an alleged victim of abuse or neglect and currently in, or within the next 24 hours is expected to be in, a situation posing threat to child's life.

3. CHILD IS IN PROTECTIVE POLICY CUSTODY

A law enforcement officer has taken the child into protective police custody.

4. ABUSE/NEGLECT CONCERNS AND THE CHILD FEARS FURTHER ABUSE OR NEGLECT UPON RETURNING HOME OR REMAINING HOME

A child who is an alleged victim of abuse or neglect and expresses fear or appears fearful related to the likelihood of being further abused or neglected. If the child is not home, the child fears returning home. If the child is home, the child fears staying home.

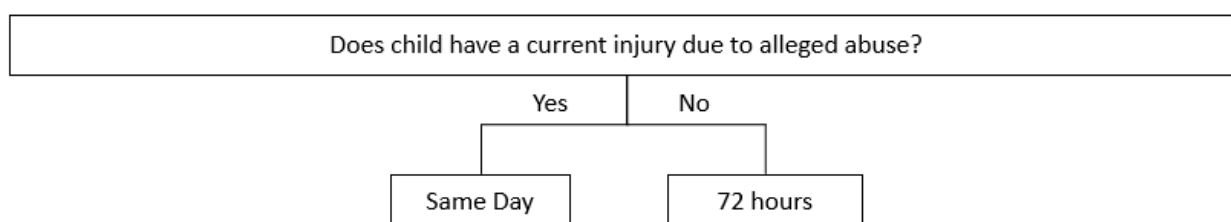
Examples include the following.

- o Child states or expresses that the abuse or neglect may be repeated.
- o The person reported to be causing harm or another caregiver has threatened to harm child if child tells someone about the abuse or neglect.
- o Child has severe behavioral indicators of fear (e.g., trembling, crying, severe anxiety).

B. DECISION TREES

1. ABUSE/NEGLECT

a. Physical Abuse



i. *Does the child have a current injury due to alleged abuse?*

“Yes” if the child is currently injured and one of the following applies:

The reporter has seen the injury, OR, if not, the reporter believes there is a current injury based on one or more of the following.

1. Child told the reporter of a current injury that the reporter would not reasonably see (e.g., reporter is not in the same location as child, or injury is located under clothing).
2. An internal injury is suspected based on child's symptoms (e.g., loss of consciousness, altered consciousness, abdominal pain, limping, or inability to use an arm or hand).

Assign Same Day

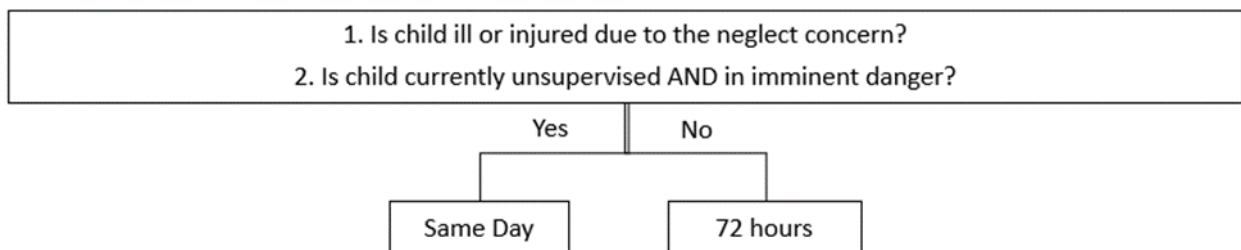
"No" if any of the following applies:

1. The child was not injured.
2. The injury is fully healed.
3. The reporter has no knowledge of a current injury.

Assign 72 hours

b. Neglect

Use for physical, medical, and educational neglect; lack of supervision; and abandonment.



i. Is the child ill or injured due to the neglect concern?

"Yes" if the assigned neglect concern surfaced one or more of the following for the child.

Child is injured or the child has a neglect related illness that requires immediate medical attention.
AND
The caregiver is failing to take the necessary measure to address the concern.

Assign Same Day

"No" if the child does not have an injury or does not have serious illness placing them at imminent risk of harm, condition, or injury.

Assign 72 hours

ii. Is child currently unsupervised AND in imminent danger?

"Yes" if the child is not receiving sufficient supervision from his/her caregiver, AND the *current* situation is likely to result in serious harm to the child.

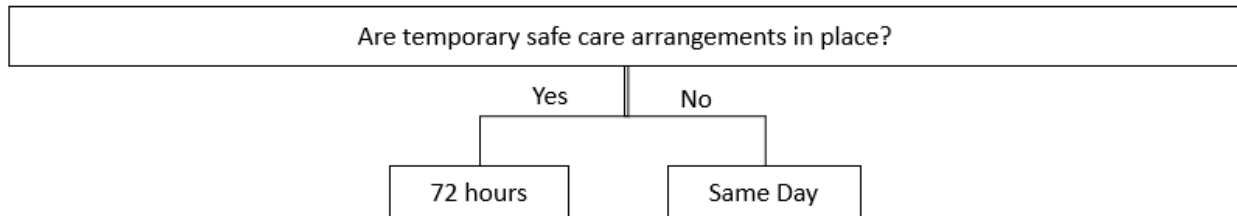
- *Caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent*

Assign Same Day

“No” if the child is receiving supervision from his/her caregiver to the extent that the child’s immediate safety is not of concern.

Assign 72 hours

c. Abandonment



i. ***Is the caregiver unavailable, unable, or unwilling to provide care, and child is in imminent danger?***

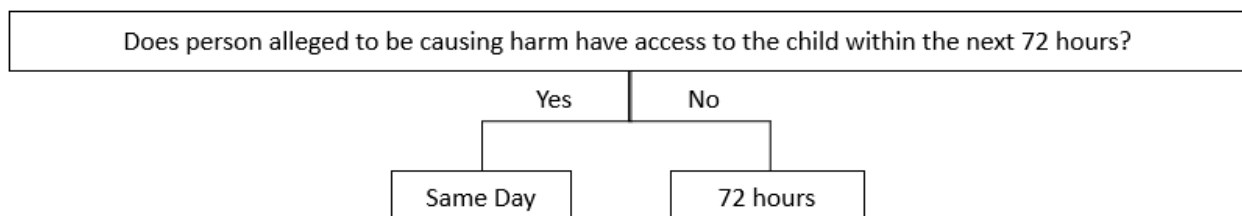
“Yes” if the caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent danger.

Assign Same day

“No” if there are current temporary care arrangements for the child for the next 72 hours.

Assign 72 hours

d. Sexual Abuse and Trafficking



i. ***Does person alleged to be causing harm have access to the child within the next 72 hours?***

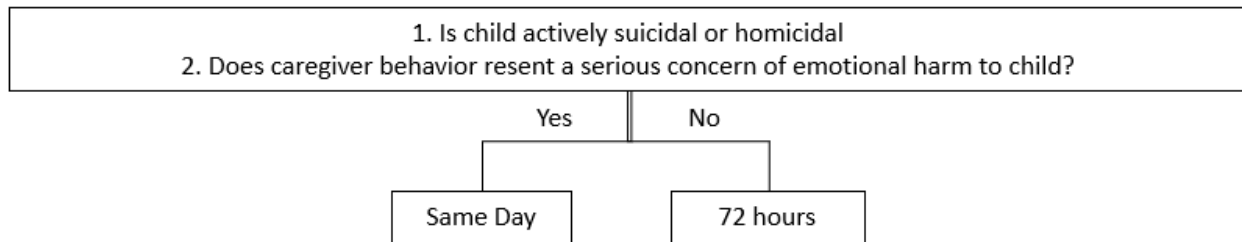
“Yes” if information is provided to suggest that the child is having any form of ongoing contact (face-to-face, phone, or electronic) or will be having any form of contact with the alleged person causing harm within the next 72 hours.

Assign Same day

“No” if the alleged person causing harm will have no access and no contact with the child within the

Assign 72 hours

e. Emotional Abuse



i. *Is child actively suicidal or homicidal?*

“Yes” if at least one of the following is true.

1. Child has symptoms of severe psychological distress or fear (e.g., suicidal, homicidal) that require immediate intervention.

Or

2. Child requires an immediate crisis response from the police due to extremely violent behavior resulting from emotional harm (e.g., using knives, fire setting, or cruelty to animals).

Or

3. Child requires immediate psychiatric treatment due to emotional harm as determined by a medical/mental health professional.

AND

The caregiver is failing to take the necessary measure to address the concern.

Assign Same day

“No” if the child is not actively suicidal or homicidal.

Assign 72 hours

ii. *Is the child expressing fear of returning home or being in the home?*

“Yes” if the child is expressing, they will likely be injured, sexually abused, or emotionally harmed upon returning home.

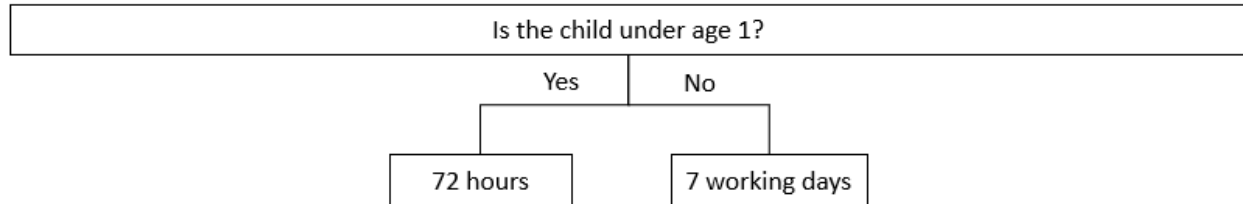
Assign Same day

“No” if the fear is not based on concern of being injured, sexually abused, or emotionally harmed upon returning home.

Assign 72 hours

2. NON-ABUSE OR NEGLECT

FINA



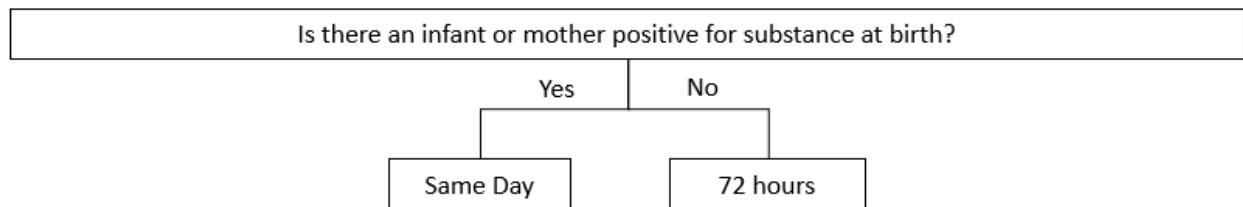
b. *Is child under age 1?*

"Yes" if the child has not reached their first birthday.

Assign 72 hours

"No" if the child is age 1 or older.

Assign 7 working days



c. *Is there an infant or mother positive for substance at birth?*

"Yes" if a medical professional reports a positive drug screen at birth for the infant or mother, AND family requests or appears in need of service.

Assign Same day

"No" if the infant or mother's drug screen was negative.

Assign 72 hour

PRACTICE GUIDANCE

If the infant was affected by substances, the report will have been assigned in as neglect.

d. IL and ICPC Response Times (PPM 1672)

[Assign 20 working day](#)

POLICY AND PROCEDURES

The purpose of the initial assessment is to assess whether a report meets agency criteria for a DCF response and, if so, to determine how quickly to respond.

Decisions made at intake are vital. The right decision means that families needing intervention get it, and families who do not require intervention are not needlessly disrupted. For the system, correct intake decisions help make the best use of agency resources.

Intake work is also the face of DCF most Kansans will know. Their experience when they call to express concern about a child or family shapes their view of the child protection system and influences whether they will call again should they have concerns about another child.

WHICH CASES

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

WHO

Intake Protection Specialist or Protection Specialist.

WHAT

When taking a report by phone or gathering additional information on a web or fax the best approach is to invite the reporter to explain their worries about the child and family in their own words. While listening, the worker can be scanning the assessment guide to begin to hone in on the assessment criteria closest to the reporter's concerns. Looking at the definition during the call can help track what information the worker has and what information the worker still needs to make a decision.

To elicit the specific information the worker requires, based on the definitions they are reviewing, they may begin with targeted open-ended questions such as, "What has happened to the child physically or emotionally as a result of the worrisome behaviors?" Follow up questions based on the answer can continue as needed. Often, solution-focused questions can help gain the reporters perspective. For example, "What are your best hopes about the difference it would make for DCF to intervene?" A scaling question should also be used to get the reporter's view of safety. For example, "On a scale of 0–10, 10 is, you're confident the child(ren) will be safe enough staying where they are. 0 is things are so bad for these children that you worry they are likely to be seriously hurt if they stay in their current situation even for tonight. Where would you rate it?" Remember that the follow-up question is most important: "What made you say 6 and not 7 (or 6 and not 5)?"

When the worker has heard the concerns of the reporter sufficiently to determine whether criteria are met, it is important for the worker to ask about exceptions and things that are working well. For example, "What has happened (or is in place) that has provided some protection to the child/ren in relation to the worries?" Another question should involve current supports. For example, "What support or services is this family receiving or have they received through other agencies, organizations, or programs. If not engaged in services, how willing or able are they to access these services?"

When the worker has heard the concerns of the reporter sufficiently to determine whether assessment criteria is met, consider whether there is additional information that will be useful for the responding worker.

WHEN

The Kansas Intake Assessment Tool is completed as soon as possible when processing the report—no later than the end of the next half workday from the time the report is received. If additional information is needed, the worker will complete a preliminary inquiry that will end no later than the 3rd working day after the report was received.

DECISIONS

The Kansas Intake Assessment Tool guides whether a report requires a response, the type of response, and how quickly contact must occur.

COMPLETION INSTRUCTIONS

After processing the report in KIPS, create the "1001" document in KIPS and proceed with the assessment process.

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, Abandonment, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

Consider the list of possible exemptions and identify any that apply. If you select any of the exemptions, you do not need to complete the remainder of the tool.

Consult practice guidance, policy, or seek supervisor guidance for additional clarification.

B. ALLEGATION TYPE

1. Abuse or Neglect

Based on the definitions, identify each type of abuse or neglect being reported. You may identify more than one if more than one allegation is being reported and meets definition.

Based on the definitions, identify each type of person reported to have caused harm. You may identify more than one if more than one type of person causing harm.

If no criteria are met, move to section 2 "Non-abuse or neglect"

2. Non Abuse or Neglect

Do not consider FINA items will not be available if:

- An item is met in Part A1
- A child abuse or neglect item is met in Part B1

Based on the definitions, identify each type of FINA that applies. You may identify more than one if more than one allegation is being reported and meets definition.

If no FINA criteria are met AND no PWS criteria are met, move to section 3 “Initial Thoughts”.

3. Initial Thought

The initial thought will be completed based on what is identified in parts B1 and B2.

The available assessment decisions are “not assigned for further assessment” and “assigned for further assessment.” If it is assigned, the type of assignment will also be identified based on what criteria was met per policy and definitions.

C. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, briefly describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Guidance

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

Consider the caregivers actions or inactions resulting in harm.

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, briefly describe the **Current or Past** safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Guidance

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. KEES
4. KIDS

Consider the caregivers actions or inactions and natural supports resulting in safety.

What is the caregiver's willingness to provide safety and protection?

3. Complicating Factors

Briefly document what barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Guidance

Barriers:

- Financial
- Lack of available resources
- Lack of education
- Community/environment safety
- Natural Supports

4. Community Resources

Briefly identify any current natural or community resources the family is current accessing or has access to or can be provided to the family.

Guidance

Consider:

- **Natural Resources:** Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?

- What is the caregiver aware of or what is their ability to seek out resources on their own?

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

5. What is your worst Realistic Fear?

Based on what you know so far, briefly document the worst realistic thing likely to happen to the child if nothing changes?

Guidance

Who else shares your concern for the child(ren)?

What would they say worries them worst about the situation?

Critical Analysis:

- Who's worried?
- What might happen?
- Possible (-) impact?

6. Safe Enough

Based on what you know so far, briefly describe what would need to change for you to be confident the child(ren) will be as safe as typical children in the community?

Guidance

Critical Analysis:

- Endgame
- Needs to be happening differently in the care of the child
- Anticipated positive impact.

7. Lasting Safety and Well-being

Using the information gathered, rate your confidence the kids will grow up safe enough and well enough in their current situation without CPS involvement.

Guidance

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

D. ASSESSMENT DECISION

The assessment decision will be completed based on what is identified in parts B and C.

The available assessment decisions are “not assigned for further assessment” and “assigned for further assessment.” If it is assigned, the type of assignment will also be identified based on what criteria was met and the consideration of available family/child services, supports, and resources.

Guidance

Overrides can be applied when the initial assessment decision was to assign as an abuse or neglect investigation or FINA; however, there are policies that warrant a different assessment decision. Review all override options and consider all that apply. If an override is applied, the final assessment decision will be “not assigned for further assessment.”

- Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating.
- An employee of DCF or KDADS is person causing harm, or employee’s child is a reported victim.
- Child resides on Native American reservation, AND tribe does not request DCF assistance.
- Inability to locate child or family.
- Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding.

Tables

TABLE A: GLOSSARY

Caregiver

An adult who provides care for a child in the absence of, or in conjunction with, the child's parent or guardian.

In this manual, the term caregiver will include parent.

Child

A person under the age of 18 or any adult under the age of 21 who is in the custody of the DCF Secretary.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Household

Assessments are household based. A household includes the victim child, the child's parents, and all adults and minors who reside with the child and function as a household.

Examples of functioning as a household include:

- Sharing meals
- Spending time together
- Sharing responsibilities
- Sharing child care

If a child's parents do not reside together, the child may be a member of more than one household.

Parent

A person required by law to maintain, care, and support the child. Includes biological or adoptive parent and legal guardian. Include a minor parent.

Person Causing Harm

A person identified in the initial report or during the investigation as a person suspected of harming a child (synonymous with Alleged Perpetrator).

TABLE B: TYPICAL AND ABUSIVE SEXUAL BEHAVIOR

Table B contrasts examples of “typical” sexual behaviors with what is considered “abusive” sexual behavior for different age groups. For assessment purposes, presume against assigning reports of relatively minor incidents (e.g., unwanted kissing, inappropriate touching, or self-exposure between peers) where it appears to be a one-off incident, and caregivers of both the perpetrator and victim are responding appropriately.

Table B Age-Typical Sexual Behaviors Versus Abusive Sexual	
Typical Sexual Behaviors	Abusive Sexual Behaviors
Ages 0-5	
• Masturbation as self-soothing behavior • Touching self or others in exploration or due to curiosity • Sexual behavior without inhibition • Intense interest in bathroom activities	• Curiosity about sexual behavior becomes obsessive preoccupation • Exploration becomes re-enactment of specific adult sexual activity • Behavior involves injury to self or others • behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 6-10	
• Fondling/touching own genitals and masturbation • More secrecy regarding self-touching • Interest in others’ bodies expressed as game playing rather than exploratory curiosity (e.g. “I’ll show you mine if you show me yours.”) • Boys comparing penis size • Extreme interest in sex, sex words, and dirty jokes • Seeking information or pictures that explain bodily functions • Touching that involves stroking or rubbing	• Sexual penetration • Genital kissing • Oral sex • Simulated intercourse • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 11-12	
• Continuation of masturbation • Focus on establishing relationships with peers • Sexual behavior with peers, such as kissing and fondling • Primarily heterosexual activity but not exclusively • Interest in others’ bodies, particularly the opposite sex, that may take the form of looking at photos or other published material	• Sexual play with younger child (e.g., inappropriate touching of private areas or exposure of private areas to others) • Any sexual activity between youth of any age that involves coercion, bribery, aggression, or secrecy or involves a substantial peer or age difference
Ages 13-17	
• Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity among peers • Behavior that contributes to positive relationships	• Masturbation causing physical abuse or distress to self and others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism (gaining sexual pleasure from others’ suffering) • Non-consensual groping or touching of others’ genitals • Coercive sexual intercourse/sexual assault • Coercive oral sex • Behavior that isolates youth and is destructive of his/her relationships with peers and family

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TABLE C: SUPERVISION LEVELS

TABLE C	
EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE	SAFE CIRCUMSTANCES
Ages 0–3	A child up to age 3 should not be left without adult supervision for any length of time. Visual observation should be maintained, with minimal interruption, other than times child is asleep in a safe situation.
Ages 4–6	A 4- to 6-year-old child should not be left without adult supervision for any length of time. Supervision may become increasingly indirect, with the adult at least within hearing range. Visual observation may become less frequent if child is in a safe situation (e.g., sleeping, safely playing indoors). During waking hours, visual observation of child by a responsible adult should occur within 15 minutes of last sighting.
Ages 7–9	A 7 to 9 year old may be left alone for up to about several hours if: • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child demonstrates ability to follow safety instructions when adult is nearby, but not directly supervising child; • Child knows how to make emergency phone calls; • Child is not responsible for other children (more than one child may be together, but each is responsible only for him/herself); • Child is not a danger to self or others; AND • Backup responsible adult is available to child who can be physically present if needed, within minutes.
Ages 10–12	A 10- to 12-year-old may be left alone all day or several hours in the evening if: • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child knows how to manage emergencies; • Child has been given instructions and demonstrated ability to follow instructions related to safety; • Child is not responsible for other children (more than one child may be together, but each responsible only for themselves); • Child is not a danger to self or others; AND • Backup responsible adult is accessible, on call, and able to assist child for periods up to two hours.

TABLE C**EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS**

OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE	SAFE CIRCUMSTANCES
Ages 13–15	A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 18 hours (but not overnight) if: • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child knows how to manage emergencies; • Child knows how to handle daily routines that occur during the time child is alone; • Child has been provided with meals within child's capability of preparing; • Child has been given instructions and demonstrated ability to follow instructions related to safety; • Child is not a danger to self or others; AND • Backup responsible adult is available and accessible to child.
Ages 16–17	Assess safety based on child's capacity to live independently.
Child with a disability	Assess safety based on the level of disability and the nature of the child's care needs.

TABLE D: PSYCHOLOGICAL IMPACT ON CHILD

The following tables are guides. Consider consultation with a professional with expertise in child mental health if you are uncertain. Select the age group that best fits the child's age; or if the child has developmental delays, consider the approximate developmental level of the child.

TABLE D1			
EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS			
INFANT	TODDLER	SCHOOL AGE	TEEN
• Not responding to cuddling • Not smiling or making sounds • Losing developmental milestones already achieved • Inconsolable • Head banging • Slow weight gain	• Regression in toilet training, language, or other skills • Head banging • Regressive behavior • Difficulties sleeping	• Bed wetting • Significant behavior changes	• Involved in violent relationships • Difficulty maintaining long-term significant relationships
• Upset by loud noises and quick movements; displays startle response. • Withdrawn, not playful, or play imitates violence between parents. • Unusually extreme separation anxiety or no separation anxiety.		• Self-harming/suicidal/social isolation. • Constant worry about violence/dangers. • Desensitization to violence. • Decline in school performance. • Feels worthless about life and self. • Unable to value others or show empathy. • Lacks trust in people.	
NOT APPLICABLE	• Loss of interest in previously pleasurable activities (not merely moving on to an interest in a new activity). • Poor school attendance. • Extreme anxiety, such as inability to sit still that is <i>not</i> related to ADHD/insecure/attention seeking. • Lacks interpersonal skills necessary for age-appropriate functioning. • Extreme insecurity. • Takes extreme risks; is markedly disruptive, bullying, or aggressive, particularly with female teachers. • Avoids adults or is obsessively obsequious or submissive to adults. • Highly self-critical. • Feelings of hopelessness, misery, despair. • Significant change in child’s personality or behavior (stopped all social activities, a new pattern of getting involved in fights, failing in school despite history of good performance, becoming involved in offenses). • Alcohol or other drug abuse. • Unusual attachment to an adult other than caregiver.		

TABLE D1**EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS**

INFANT	TODDLER	SCHOOL AGE	TEEN
• More than occasional difficulty sleeping or eating, (e.g., losing weight, becoming obese, or having an eating disorder such as eating compulsively, anorexia, or bulimia.) • Episodes of physical complaints for which there is no known physical cause (e.g., stomach aches, headaches). • Flat affect (e.g. rarely smiles or cries).			

TABLE D2

AGE/DEVELOPMENTAL AGE OF CHILD	SIGNIFICANT ADVERSE EFFECTS (EXAMPLES)
All	Recurrent episodes of serious, unintentional injury or harm in circumstances where supervision has been an issue.
Infant/Toddler	• Symptoms of non-organic failure to thrive. • Delays reaching developmental milestone, and no medical reasons for delay are identified. • Child does not seem attached to caregiver. • Injuries and accidents related to lack of appropriate supervision.
Preschool	• Language delays with no other explanation. • Child is not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self.
5–9 years	• Child is not developing social skills. • Child is frequently out of control. • Child is extremely clingy with other adults.
10–13 years	• Child is getting involved in dangerous, risky, or illegal behaviors. • School refusal.
14–17 years	• Illegal behavior, high-risk sexual activity, alcohol or drug abuse, and self-harm. • Disengagement from education or training.

TABLE D3

AGE/DEVELOPMENTAL AGE OF CHILD	MODERATE ADVERSE EFFECTS (EXAMPLES)
All ages	• Reduced interest in previously pleasurable activities (e.g. not merely moving on to interest in a new activity). • Declining school attendance. • Mild anxiety. • Below-average interpersonal skills necessary for age-appropriate functioning. • Less secure than peers. • Trouble relating to adults or unusually compliant with adults. • Somewhat self-critical. • Feelings of sadness. • Noticeable change in child's personality/behavior. • Seeks closeness to an adult other than caregiver. • Occasional difficulty sleeping or eating.

TABLE D3	
AGE/DEVELOPMENTAL AGE OF CHILD	MODERATE ADVERSE EFFECTS (EXAMPLES)
Infant/toddler	• Play consistently imitates demeaning behavior between parents. • Occasional or mild separation anxiety or no separation anxiety. • Difficulty self-soothing. • Less interested in play. • More timid or more aggressive than peers.
School age	• Some difficulty concentrating. • Unusually withdrawn.

Adult Protection Services Initial Assessment Guide

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VULNERABLE ADULT

Vulnerable Adult: An individual A person 18 years of age and older, alleged adult who is at risk to be unable to protect such person's own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through such person's own action or inaction. of self harm or harm from another individual due to physical, emotional or mental impairments that severely limit his/her ability to manage his/her home, or personal or financial affairs. KSA 39-1430 (b)(1)

1. Protecting own Interest

To protect your own interest means the ability to take steps to safeguard your personal benefits, advantages, or well-being in a situation, ensuring that your needs and priorities are considered and not compromised by others; essentially, looking out for yourself and making decisions that are most advantageous to you

Key points about "protecting your own interest":

- a) **Self-preservation:**
It implies includes taking actions to avoid potential harm or disadvantage to yourself.
- b) **Decision-making:**
Is there any impaired decision making? Does the adult understand the advantages and or disadvantages to their decisions?
- c) **Assertiveness:**
Standing up for your needs and advocating for your position when necessary.
- d) **Awareness:**
Being mindful of situations where your interests might be at risk and taking proactive measures.
- e) **Inability:**
Does that the impairment make them unable to safeguard their own well-being or property?
- f) **Functional Ability:**
Provide for basic needs, self-protection & decision making

2. Frail

A frail individual is a person with an increased vulnerability due to declining reserves in multiple body systems, making them highly susceptible to stressors, falls, disability, hospitalization, and death, often marked by weakness, slow gait, exhaustion, poor balance, unintentional weight loss, and difficulty with daily activities like bathing or dressing, though frailty isn't an inevitable part of aging and can often be managed.

Individuals Involved Adult considered vulnerable:	Individuals Involved Adult not necessarily considered vulnerable:
Adult age 18 or older with a vulnerable condition, such as wheelchair bound, paraplegic, blind, Intellectually Developmentally/Delayed (IDD), physically disabled, traumatic brain injury, mental illness, Alzheimer's, Dementia, autism, abusing drugs or alcohol, et. AND Is unable to protect their own interest OR Who lacks capacity to make decisions Has impaired decision making	Over age 60 with NO indication the adult Is unable to protect their own interest OR Who lacks capacity to make decisions They have impaired decision making OR Who has Have a guardian or conservator

OR Who has a guardian or conservator Adult age 18 or older diagnosis or disabilities and receiving waiver services ~~—AND~~ ~~Is unable to protect their own interest~~ ~~—OR~~ ~~Who lacks capacity to make decisions~~ ~~—OR~~ ~~Who has a guardian or conservator~~ Adult 60 and above who is frail ~~and elderly~~ AND Is unable to protect their own interest OR ~~Who lacks capacity to make decisions~~ Has impaired decision making OR Who has a guardian or conservator Examples:	Person with mental illness such as depression or bi-polar but is not currently at risk or self-harm or harm from others. A parent with a mental illness or physical disability, unable to care for his/her minor child A person abusing drugs or alcohol but no indication of impact on daily living. Disability ~~that~~ is not to the level of receiving services from the local Community Development Disability Organization (CDDO). A person who is homeless and no indication of frailty, disability, or waiver services. A person with medical crisis, with discharge plan, and adult has assistance with no ongoing concerns.

Guided Sample Questions

It's really not asking what the involved adult can do or what they are unable to do on their own.

What are their ADLS AND IADL'S?

ADL -ACTIVIES – can they cook, take a shower, go to the bathroom unattended.

IADL – INSTURMENTS – complex tasks, managing finances shopping, preparing meals, cleaning, laundry, transportation and managing meds

What are the concerns for the adult to perform their daily activities?

Any known informal/formal supports and what do they do?

- How often do they come into the home.
- How often do they visit.
- What tasks do they perform for the involved adult?

Have you noticed a cognitive decline in the last 6-12 months?

- What specific behaviors have you noticed?
- How has the decline impacted the involved adult's wellbeing?
- Is it safe for them to complete their ADLs?

How have the actions impacted the involved adult?

If the adult is NOT considered vulnerable the report can be screened out with no further assessment.

Initial Assessment

Before reviewing the specific concerns or allegations in the report, you must first determine whether the adult meets the definition of a vulnerable adult.

If the adult is not a vulnerable adult, you do not need to evaluate whether the concerns meet allegation criteria. The report does not qualify for further assessment under vulnerable adult criteria.

Practice Guidance:

When a report does not identify vulnerability, but the adult is aged 60 or over, consider age as a possible associated factor to assess the acuity of the risk or whether there is a pattern of impaired decision making. Is there any documentation within the intake that supports that the adult is struggling with decision-making, which involves the adult's ability to understand, retain, weigh, or communicate information? When there is a pattern of concerns regarding the safety of the adult, proceed with the assessment of the concerns. When unsure or in need of guidance, seek consultation from a peer or supervisor.

Summary of Decision Flow

1. Is the adult vulnerable?

- **No** → Do not proceed further. The report is not assigned.
- **Yes** → Move to Step 2.

2. Do the concerns meet allegation criteria?

- **Yes** → Assign for further assessment.
- **No** → Do not assign.

ABUSE

CHEMICAL/PHYSICAL RESTRAINT

Any action or failure to act, performed intentionally or recklessly that causes or is likely to cause harm to an adult;

~~AND~~ **Including:**

Unreasonable use of physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult.

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign	Usually Not Assign for this assignment type
<i>Chemical</i> Intentional medication overdose or underutilization of prescribed drugs. Providing the involved adult with illegal drugs, prescriptions not prescribed to them or over the counter drugs affecting their ability to function. <i>Unreasonable Physical Restraint</i> Isolation by another person of the involved adult, not allowing anyone to have contact with the involved adult. Physical restraint of the involved adult e.g., bound, locked/kept in a confined area, gagged, tied to a bed or chair, etc. Physical restraint where physical harm has occurred or is likely to have occurred. Isolating the involved adult as punishment such as confining to a room. Removal of medical equipment or assistive devices not allowing the involved adult to walk, move, or access necessary items.	<i>Chemical</i> A physician has ordered specific dosage of medication that appears to be causing the involved adult to be overmedicated. Involved adult states they need more medication but are ~~is~~ taking as prescribed per physician's orders. The involved adult is unable to get the medication needed due to financial reasons, consider other factors such as exploitation, fiduciary abuse or self-neglect. <i>Reasonable Physical Restraint</i> If involved adult is self-harming or has violent behavior and is restrained using reasonable techniques that did not place the involved adult at risk of further harm. Involved adult refuses to use medical equipment provided to them.

Guided Sample Questions

Is this a one time event, or has this occurred over time?

How did you learn about this?

Who is responsible for giving the medication?

Were staff properly trained to complete the restraint?

What is your understanding of what caused this problem to start?

What harm came to the involved adult? What protective measures were taken? Did the involved adult need medical treatment?

What outside stressors or dynamics are occurring that would lead to this occurring?

What is happening in the caregiver's/family's lives that might make it difficult to address these concerns with them?

MENTAL INJURY

Any action or failure to act, performed intentionally or recklessly that inflicted mental injury. ~~causes or is likely to cause harm to an adult;~~
~~infliction of mental injury~~

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign	Usually Not Assign for this assignment type
Involved adult has observable and substantial impairment of their mental or psychological ability to function (e.g., onset of paranoia/fear, crying spells/depression, aggression, self-harming behaviors, etc.) not attributable to diagnosed condition, substance abuse, or non-abuse issue but is due to the actions of a caregiver or other person AND These acts negatively impacting their ability to function or worsens their mental health. <i>Including but not limited to the following actions:</i> Acts towards the involved adult (e.g., repeatedly humiliates the involved adult in front of others, degrades, ridicules, demeans, etc.); Threatening the involved adult with a weapon; Threatening to commit an act that would meet the definition of physical/mental injury, sexual abuse, chemical/physical restraint, or omission of goods/services; Abuses or kills the involved adult's pet(s); Threatens to not allow the involved adult to see grandchildren or other family members; The person has threatened to lock involved adult in an institution or nursing home not allowing anyone to see them again; Intentionally destroys the involved adult's property;	A person is threatening harm but there is no indication the involved adult has emotional or mental harm, assess for threat or menacing conduct. Arguments with family members and no indication the involved adult's ability to function is impacted. Name calling between the involved adult and other that does not create or cause stress to the involved adult. The involved adult is having declining mental or emotional health but there is no indication it has been caused by a person's actions. The involved adult is having threats made towards them but there are no observable behaviors or decline in their mental or emotional health, assess the report for Threat or Menacing Conduct. Isolating the involved adult from family/friends to prevent further abuse/neglect.

Guided Sample Questions

How many times have the actions occurred?

- g) When was the most recent incident?
- h) When was the first incident?
- i) What was the worst incident?

What's your understanding of what caused this problem to start?

- What has made it worse?

How have the actions affected the adult involved?

- j) How do you know?
- k) What have they said?
- l) What have you noticed about them that's telling you they've been impacted in this way?

Has the adult experienced changes in mood, such as increased sadness, anxiety, irritability, or anger since the abuse?

Has the involved adult experienced intrusive thoughts, flashbacks, or nightmares connected to the abusive incident(s)?

Has the involved adult expressed fear, feeling unsafe, or hypervigilance in situations that previously felt safe?

Has the involved adult experienced difficulties concentrating, remembering things, or making decisions since the abuse?

Has the involved adult been avoiding certain people, places, or activities because they trigger fear or distress?

Has the involved adult's daily routine, responsibilities, or participation in work, school, or social activities changed?

Has the involved adult withdrawn from friends, family, or social connections since the abuse?

Has the involved adult experienced changes in sleep, such as insomnia, frequent waking, or nightmares?

Has the involved adult experienced changes in appetite, energy, or physical health (headaches, stomach pain, fatigue) linked to stress or distress?

Has the involved adult demonstrated difficulty coping with the emotional impact of the abuse?

Has the abuse and its effects influenced the involved adult's ability to maintain relationships, work, or manage daily responsibilities?

Has the involved adult expressed feeling unsafe in their home or community?

PHYSICAL INJURY

Any action or failure to act, performed intentionally or recklessly that causes or is likely to ~~cause harm to an adult;~~
AND
 infliction of physical injury

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign	Usually Not Assign for this assignment type
The involved adult has burns, fractures, puncture wounds, cuts, welts, or other injuries where explanation is missing or inconsistent and cannot be accounted for by a pre-existing medical/physical condition.	Consider screening for Self-Neglect or neglect by caregiver if the physical injury of the involved adult is due to medical condition (~~ex.~~ wounds on feet attributed to diabetes, pressures or bed sores, etc).
The involved adult has life threatening injuries due to abuse or the injury is inconsistent with the explanation.	Consider screening for Threat or Menacing Conduct if a person has threatened physical harm but has not followed through.
Involved adult is slapped, hit, punched, kicked, pushed, pinched, twisted arm, tripped, hair pulled, force fed, etc. by their caregiver or another person.	If the alleged perpetrator is under the age of 18, consider assessing for child protection services regarding child behavior problems ~~also~~ .
Objects are being thrown at the involved adult with the intent of physical harm.	Consumer to consumer (~~both on a waiver~~) physical fights where injuries have occurred, consider if a staff responsible should have intervened and assess for neglect.
The involved adult was choked or strangled by caregiver or another person.	Involved adult has self-inflicted injuries, consider assessing for self-neglect or neglect.
The involved adult has a broken bone and indicates it was caused from abuse.	
The alleged perpetrator is Using extremely hot water to bathe the involved adult to the extent they suffer burns.	
The involved adult has fingerprints or handprints visible on the face, neck, arms or wrists.	
Suspicious injuries on the involved adult include but are not limited to tearing of skin behind the ear, facial injury, injury on several surfaces, injury with a pattern, injury on the genitalia or buttocks.	
The involved adult is bed bound and the injuries are not in locations normally associated with pressure wounds.	
The involved adult presents to the doctor with unexplained or untreated injuries that are consistent with physical abuse.	
The involved adult has an injury caused by an object such as a belt, cord, fly swatter, cigarette, etc.	
Involved adult has multiple injuries that are in various stages of healing.	

Guided Sample Questions

Is the alleged perpetrator also on a waiver?

About how many times do you think something like this has happened?

- m) When was the most recent incident?
- n) When was the first incident?
- o) What was the worst incident?

What's your understanding of what caused this problem to start (and/or what has made it worse)?

Over the whole period that this has been happening, how has it affected the involved adult?

- p) How do you know?
- q) What have they said?
- r) What have you noticed about them that's telling you they've been impacted in this way?

How did they have access to the involved adult?

- Do they still have access to the involved adult?
- Is the involved adult currently safe?
- Who all has access to the adult?
- Was the alleged perpetrator removed from home or facility?
- Where is the current location of the alleged perpetrator?

Do you know what happened after the incident?

Did the involved adult require medical attention?

- What type of medical attention did they receive?
- Was there any follow up care recommended?
- Who was the person that recommended the follow up care?
- Where did they receive care?
- How did they get to where the care was received?
- On a scale of 1 to 10, 10 being life threatening and 1 being no follow up required, how severe were the adults' injuries?

Has the reporter had a conversation with the involved adult?

- What did the adult say happened?

SEXUAL ABUSE

~~Any action or failure to act, performed intentionally or recklessly that causes or is likely to cause harm to an adult;~~

AND

Any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign	Usually Not Assign for this assignment type
Involved adult discloses non-consensual sexual act, regardless of the relationship to the victim. Involved adult is incapacitated or unable to consent and has signs of sexual abuse such as unexplained STI's, injuries to genitals or anal area, pregnancy etc. Involved adult is depicted in pornographic materials AND the involved adult was unable to consent or lacks capacity to consent their production OR they were made using force or coercion. Medical professional suspects sexual abuse of the involved adult. Involved adult lacks capacity to engage in a consensual relationship. Involved adult is having a sexual relationship with a person who is an employee at a group home, a teacher, or person in another position of power. The involved adult is being human trafficked ~~by anyone~~.	Both ~~individuals~~ involved adults are vulnerable, unless there is a significant difference in their capacity and/or ability to consent (ex. ~~both~~ involved adults have IDD, one functions at level of two year old, the other is high functioning, then assign. If both are high functioning, don't assign.) The involved adult is engaging in risky sexual behaviors (ex. having sexual encounters with strangers; having unprotected sex) and has ~~have~~ the ability to give consent. ~~Process and assess for child protection services if the involved adult is engaging in sexual acts with a person under the age of 16. If the involved adult is engaging in sexual acts with a person under the age of 16, the report should be processed and assessed as a child report.~~ If the sexual abuse occurs in the nursing home or the hospital AND the alleged perpetrator was an employee of the nursing home or hospital, it would be referred to other agency for assessment. If a caregiver or a person responsible for caring for the adult is aware of the sexual act and failing to remove the adult from the situation, consider neglect.

Guided Sample Questions

What is the relationship between the adult and alleged perpetrator?

Has the adult exhibited any behaviors that are not typical for the adult ~~normal~~? (i.e. masturbation, touching others in a sexual manner, harming themselves, any regression in toileting, showing fear of certain people, etc.?)

How did they have access to the involved adult?

- Do they still have access to the involved adult?
- Is the involved adult currently safe?
- Who all has access to the involved adult?
- Was the alleged perpetrator removed from home or facility?
- Where is the current location of the alleged perpetrator?

Do you know if the alleged perpetrator has any STD's or STI's?

Are there any witnesses to the abuse?

Was any medical attention needed after the act?

- What type of medical attention did they receive?
- Was there any follow up care recommended?
- Who was the person that recommended the follow up care?
- Where did they receive care?
- How did they get to where the care was received?
- On a scale of 1 to 10, 10 being life threatening and 1 being no follow up required, how severe were the adults' injuries?

THREAT OR MENACING CONDUCT

~~Any action or failure to act, performed intentionally or recklessly that causes or is likely to cause harm to an adult;~~

~~AND~~

A threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult.

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign	Usually Not Assign for this assignment type
Menacing Conduct means creating a sense of "impending harm", making the involved adult feel that they are in immediate danger. Acts towards the involved adult (e.g., repeatedly humiliates a person in front of others, degrades, ridicules, demeans, etc.). Threatening the involved adult with a weapon. Threatening to commit an act that would meet the definition of physical/mental injury, sexual abuse, chemical/physical restraint, or omission of goods/services. Threatening to not allow involved adult to see grandchildren, family members or pets. Threatening to lock the involved adult in an institution or nursing home, not allowing one to see others. Intentionally destroys the involved adult's property. Looming & Towering, Blocking Exits, Aggressive Posturing, Veil Threats. <i>If the involved adult is having observable or substantial impact on their mental or psychological ability to function due to the threatening or menacing conduct, also assess for Mental Injury. (Its appropriate to assign both if you have the information to support it meets both)</i>	Arguments with family members and no indication the involved adult has an impact on their ability to function. Name calling between involved adult and other that does not create or cause stress. A threatening comment made out of anger and the person did not follow through with the threat. Consumer to consumer threats made towards each other but no indication of follow through.

Guided Sample Questions

How are the threats being made?

When was the first threat made, when was the last?

What protective measures are in place to mitigate the situation?

What is the power differential?

What is the relationship between the involved adult and alleged perpetrator?

Is the adult in a constant state of fear, if yes please explain? Refer to Mental Injury Questions

What are the alleged perpetrator's behaviors/actions toward the adult that have you worried?

FINANCIAL EXPLOITATION

Means the unlawful or improper use, control or withholding of an adult's property, income, resources or trust funds by any other person or entity in a manner that is not for the profit of or to the advantage of the adult. "Financial Exploitation" includes, but is not limited to:

- The use of deception, intimidation, coercion, extortion or undue influence by a person or entity to obtain or use an adult's property, income, resources or trust funds in a manner for the profit of or to the advantage of such person or entity;
- The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust or a guardianship or conservatorship appointment, as it relates to the property, income, resources or trust funds of the adult; or
- The obtainment or use of an adult's property, income, resources or trust funds, without lawful authority, by a person or entity who knows or clearly should know that the adult lacks the capacity to consent to the release or use of such adult's property, income, resources or trust funds. K.S.A. 39-1430(e).

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign <i>with consideration of the above factors</i>	Usually Not Assign for this assignment type <i>Unless multiple factors above indicate or increase likelihood of harm</i>
The use of deception, intimidation, coercion, extortion or undue influence to obtain or use an adult's property, income, resources or trust funds in a manner for the profit of or to the advantage of such person or entity, OR The obtainment or use of an adult's property, income, resources or trust funds, without lawful authority, by a person or entity who knows or clearly should know that the adult lacks the capacity to consent to the release or use of such adult's property, income, resources or trust funds. A person asks the involved adult to sign documents, such as: loans, credit cards, leases, wills, other legal documents, etc., knowing the involved adult lacks capacity to understand and the action(s) do not benefit the involved adult. Any person who convinces the involved adult to send them an excessive amount of money. For example, a person in another country requests wire transfer, someone on Facebook requests money, checks or gifts to person, Pre-Paid Visa Cards, gift cards, important documents are missing (e.g. titles to properties, driver's license, social security card, wills, etc.), multiple bank visits, payday or title loans, etc. A person who the involved adult recently met moves into the home and starts to misuse their assets (money, home, car, property, adding name to bank account, life insurance, etc.). A person living in the involved adult's home, not contributing	The DPOA, payee, guardian or other responsible person and involved adult have a joint bank account and no indication of misappropriation of funds. Payee is meeting financial needs of involved adult but not giving additional funds as requested by the involved adult. The DPOA, payee, guardian or other responsible person is not paying the bill at a nursing home, facility or community based services AND no indication of misappropriation of funds, consider screening for neglect. Person is given a debit card to use to purchase goods for the involved adult and used appropriately. Submitting hours for work not performed, consider screening for neglect by caregiver, and forward on to fraud.

to the household income and the involved adult is paying all bills.

Scams to the involved adult when they are over the age of 60 or mentally impaired (sweepstakes or lottery winner if you send a \$100 you'll receive a car).

The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust or a guardianship or conservatorship appointment, as it relates to the property, income, resources or trust funds of the involved adult;

- Giving away money
- Checks or gifts to people with no explanation
- Signatures not matching on financial documents
- Paying self for care (not reasonable amount) with no care contract
- Taking involved adult to the bank for numerous withdrawals.
- Person is using involved adult's money for their own personal bills and expenses.
- Any cases in which an involved adult (IA) loses money due to their advisor's fraudulent or negligent actions
- Misrepresenting potential conflicts of interest

Assess to determine if Neglect has also occurred.

Guided Sample Questions

Where does the involved adult keep their money (e.g. bank, savings, multiple institutions, mattress, mutual funds, etc.)?

- What is the name of the institution(s)?

What were the adults' behaviors?

Does the involved adult have enough resources to cover their basic needs (e.g. bills being paid, food, hygienic items, etc.)?

- When was the first concern, when was the last?

How much money is being withdrawn?

When was the first time money was withdrawn, when was the last?

Is the involved adult at risk of being evicted?

- If yes, was a notice given?

Where the funds used to benefit the involved adult?

- If not, what were the funds used for?

What protective measures are in place to mitigate the situation?

What steps has the involved adult taken to protect themselves from future financial exploitation?

NEGLECT

Neglect: The failure or omission by one's self, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness K.S.A. 39-1430 (c).

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign	Usually Not Assign for this assignment type
<i>Consider if the neglect is caused by a caregiver or another person. If not, consider screening for self-neglect.</i> Caregiver or another person is refusing to allow in home care needed for the involved adult. The caregiver or other adult will not allow people into the home. Caregiver or another person allows the household to pose a danger to the involved adult; lack of utilities during weather extremes, medical need for electricity, pest infestation or mold in the home with the presence of breathing problems, etc. Caregiver or another person is withholding or limiting food from the involved adult and the involved adult has significant weight loss indicating malnourishment due to the actions or inactions of the caregiver or another person. Caregiver or another adult is not taking the involved adult to medical or mental health appointments, is refusing to purchase the medical equipment or assistive devices the involved adult needs, will not purchase required medication, or intentionally withholds prescribed medications for long periods of time, or is causing them to miss medication which is impacting or likely to impact their mental or physical health. Activities of daily living are not being provided by caretaker or another person, resulting in harm and/or deterioration to the involved adult. Caretaker or another adult failing to seek services from the community to assist with involved adults needs. Caregiver or another adult is failing to remove the involved adult from a hoarding situation and the involved adult's health is endangered, such as; no pathways, fire hazards, animal feces, dead animals, trash, excessive bug infestation, etc. Caregiver or another adult has failed to pay for housing or nursing home AND the person is being evicted or discharged with no adequate services available. <i>Assess to determine if Financial Exploitation has also</i>	Family or friends do not agree with the care provided to the involved adult AND no indication of neglect. There is landlord and tenant conflict due to conditions of the home as these concerns are the responsibility of other housing agencies. AND the caregiver or another person is attempting to resolve the issues. If there is no caregiver or other person attempting to address these concerns, consider self-neglect. Hoarding situation that does not pose a hazard to the involved adult's health. Caregiver or another adult is providing adequate care, but the involved adult is non-compliant or is making dangerous decision. Examples: refusing to bathe, does not cooperate with dietary needs, or refusal of medication, etc. The involved adult is on a special diet and needs to eat specific foods for their health but claims to not want to eat the food provided. The involved adult is refusing refuses to eat but is being provided food, consider assessing the report for Self-Neglect. The involved adult was not fed on one occasion and there is no malnourishment or ill effect on the person. Involved adult and caregiver do not have funds to pay for in home services and no indication the needs of the involved adult are not being met. The family did not purchase medical equipment or assistive devices but has other means of assuring the involved adult's needs are met. The involved adult wants to take over the counter medication or supplement, but caretaker is not providing The involved adult was not given their medication accidentally on one occasion. Caregiver declines in home services and no indication the involved adult's needs are not being met.

occurred.

Guided Sample Questions

Landlord issues:

What is the relationship between the landlord and involved adult?

Other person:

What role does the other person have in caring for the involved adult?

What responsibility are they assuming in caring for the involved adult?

Did the person previously provide services/care and has ceased to provide services/care?

SELF-NEGLECT

Self-Neglect: An adult who fails to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter and health care for one's own needs.

A serious risk of imminent harm to oneself or others created by an adult's inability, due to a physical or mental impairment or diminished capacity, to perform essential self-care tasks, including at least one of the following:

- Obtaining essential food, clothing, shelter, and medical care;
- Obtaining goods and services necessary to maintain physical health, mental health or general safety; ‘
- Managing one's own financial affairs

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

Almost Always Assign <i>with consideration of the above factors</i>	Usually Not Assign for this assignment type <i>Unless multiple factors above indicate or increase likelihood of harm</i>
Involved adult's household poses a danger: due to the lack of utilities during weather extremes, medical need for electricity, pest infestation or mold in the home with the presence of breathing problems.	Involved adult is in the hospital and services to meet their needs can be attained through discharge planning AND the involved adult is willing to accept the services.
The involved adult has significant weight loss indicating malnourishment due to their own actions.	Involved adult is in the hospital for reasons not resulting from abuse, neglect or exploitation and services to meet their needs can be attained through the discharge planning and the involved adult is willing to accept the services.
The involved adult is noncompliant with medications, medical or mental health appointments AND impact to their mental or physical health is observed.	Mental health diagnosis involved adult with no indication of self-neglect.
Involved adult exhibits safety and/or self-harm behaviors (wandering from home, inappropriate attire for weather, etc.).	Substance abuse of involved adult who has capacity to make their own decisions and no indication of self-neglect.
Unable to complete activities of daily living, resulting in harm and/or deterioration to involved adult.	Family or friends do not agree with the lifestyle of the involved adult AND no indication of neglect.
Hoarding situation and the involved adult's health is endangered, such as: no pathways, fire hazards, animal feces, dead animals, trash, excessive bug infestation, etc.	Hoarding situation that does not pose a hazard to the involved adult's health.
The involved adult is refusing, incapable, unable or unwilling to seeking out necessary services to protect their health and	Involved adult is homeless and no indication they are not having their physical or mental needs met.
	Involved adult continues to drive and poses a safety risk to themselves and others.

safety.

The involved adult is hospitalized AND is leaving against medical advice (AMA), unwilling to accept services to prevent future hospitalization, is refusing care after discharge or has a pattern of hospitalization for similar concerns.

ANE resulted in the involved adult being hospitalized.

Involved adult's failure to comply in a care-giving facility on self-care needs such as: refusing to bathe, does not cooperate with dietary needs, or refusal of meds AND no harm to the involved adult as a result.

Requests for guardianship when no other concerns (abuse / neglect) are present.

The ~~person is refusing~~ involved adult refuses to eat but is being provided food and no indication of malnourishment.

The involved adult is on end-of-life care and choosing not to eat.

Guided Sample Questions

Does the report indicate the involved adult is homeless:

Where are they frequently seen?

Do they access any local services?

Ex: Do they go to the food banks?

What days?

What times?

Does the IA have employment?

Response Time Determination

~~Meets criteria for~~ 24-hour response **time** ~~if one of the following is checked~~ (Abuse and Neglect only):

- ☐ Involved adult is in imminent danger or immediate risk of death or serious physical harm
- ☐ Current marks or injury to the involved adult and the alleged perpetrator has access
- ☐ Sexual Abuse AND the perpetrator has access
- ☐ Involved adult is bedbound – cannot get out of bed AND has no caregiver
- ☐ ~~Involved adult is at the hospital AND leaving against medical advice (AMA)~~
- ☐ Involved adult lacks capacity AND needs emergency medical care or hospitalization
- ☐ Involved adult lacks capacity AND is wandering away from home
- ☐ Involved adult is without electricity AND relies on life sustaining equipment
- ☐ Involved adult is without utilities AND without a way to keep the home cool or warm. A heat advisory has been issued, or temperatures are below freezing.
- ☐ Involved adult is making threats of suicide with a plan (If not vulnerable notify law enforcement)
- ☐ Involved adult is physically leaving the facility or has left the facility at the time the report was made AND cannot provide care for themselves or does not have a caregiver available **or plan for alternative care.**

~~Meets criteria for~~ 3-day response **time** ~~if one of the following is checked~~ (Abuse only):

- ☐ ~~Physical~~ abuse allegation **that does not meet 24hr criteria** ~~with no current marks or injury~~

~~Meets criteria for~~ 5-day response **time** ~~if one of the following is checked~~ (Neglect and Financial Exploitation only):

- ☐ Self-Neglect ~~of the involved adult that is not life threatening~~ **that does not meet 24hr criteria**
- ☐ Neglect ~~by a caregiver that is not life threatening~~ **that does not meet 24hr criteria**
- ☐ Financial Exploitation ~~by the alleged perpetrator~~
- ☐ ~~Involved adult is homeless and living on the streets (does not include if staying at a shelter or with friends)~~

Guide for Assessments and Decisions

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Best Practice Suggestions for Writing the Basis for Case Finding

This practice guide is developed to provide PPS Practitioners with suggestions for assessment and decisions.



Assessments

The following check list of activities may be used by PPS practitioners to support assessment activities (the following are suggestions and should not be considered a complete list of possible activities):

History and Other Searches

- ☐ Did we gather sufficient information during the assessment to determine whether the history is relevant or impacts the family's current situation? Is further information needed?
- ☐ How is the family currently functioning in relation to the history (past safety concerns or risks)?
- ☐ Are there worries for the child based on the Past Harm?
- ☐ What Current & Past Safety is identified along with support network, Family Resources does the family have to mitigate Current Harm and worries for Past Harm and/or Future Danger?
- ☐ Is the new information gathered during the assessment relevant to the family's current situation?
- ☐ Have we utilized systems available to search for the parent(s) who resides away from the child?
- ☐ Have we utilized systems available to search for any maternal or paternal relatives?

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Interviews

- ☐ Review PPM 2110 to check whether all required parties were interviewed?
 - If not, remember to document the reason per PPM 2110/2310/2703 (*exception, allowable or non-allowable reason*).
 - If unable to locate, check whether we exhausted reasonable resources to locate? For example, searching systems used by PPS- KIDS, KIPS, FACTS and KEES; contacting the reporter, if known, attempting to locate through current address via mail or landlord, school records, employment, known friends or relatives, utility departments, etc.
 - If parent/caregiver refused to cooperate or refuses access to the child:
 - Evaluate safety and risk concerns
 - Brainstorm other possible engagement strategies
 - Are there other possible locations for an interview of an alleged victim of abuse/neglect the family would be more comfortable with?
 - Do the circumstances of the case justify contacting law enforcement?
 - Do the circumstance or the case justify contacting the County/District Attorney?
- ☐ Has the parent(s) who resides away from the child been located and interviewed? Have we exhausted all resources?
- ☐ Has a medical professional been consulted, specifically for reports assigned for MEN per 2110 A. 6.; or for other types of reports would a medical opinion assist with the assessment?
- ☐ Are there other persons who may have relevant information?
- ☐ Does the documentation of the interviews provide sufficient details for a person unfamiliar with the case to understand the assessment?
- ☐ Are there sufficient details to evaluate the plausibility of the explanations for the harm to the child?
- ☐ Do the stories make sense? Does the explanation match the injury/harm to the child?

- ☐ Have we gathered enough evidence to clearly understand what happened?
- ☐ Do any of the persons interviewed have motives for being untruthful?
- ☐ Have we explored all other alternate hypotheses (other ways the incident could have happened, other persons responsible, etc.)

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Investigative Information Gathered (observations, reports, etc.)

- ☐ Have we gathered all possible reports, data, information needed to provide sufficient facts?
- ☐ After reviewing all reports, data, information etc. collectively, are the facts of the case clear?
- ☐ Is other information needed?
- ☐ Are medical reports or consultation with medical professionals needed?
- ☐ Are there any possible alternate hypotheses?
- ☐ Brainstorm tentative conclusions about whether the abuse/neglect occurred.

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Subsequent Reports Not Assigned for Further Assessment

- ☐ Were all subsequent reports not assigned for further assessment by KPRC addressed in the open case? Is follow-up needed?
- ☐ Were subsequent reports not assigned for further assessment by KPRC on a family receiving Family Services, Family Preservation Services, or Foster Care services forwarded to the CFSP/CWCMP provider and supervisor within 3 working days for the provider to address in the open case? Is follow-up needed?

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Immediate Safety (refer to PPS 2019 and Appendix 2H Immediate Safety Tips Sheet)

This section may be used to determine whether a safety staffing is needed with your PPS Supervisor.

- ☐ What is the Immediate Safety rating on the PPS 2019? (consider a staffing when ratings are somewhere below 6)

Consider your CONFIDENCE/CLARITY RATING

On a scale of 0-10, where 10 is you have full confidence/clarity about how to move forward and 0 is you have absolutely no clue how to even begin taking the next step with this family, where would you rate it? What would you need from your conversation with your supervisor to move you up even a little bit on this scale?

0	1	2	3	4	5	6	7	8	9	10
0: Absolutely no clue how to even begin taking the next step with this family					10: Full confidence/clarity about how to move forward with this family					

TIP: The Immediate Safety rating and Confidence/Clarity rating may help with determining whether to request a safety staffing for cases not already required. If your safety scale rating is high and your confidence is high, you may not need a staffing; and vice versa you might request a staffing.

- ☐ Have additional danger concerns been identified since the immediate safety determination?
- ☐ Are complicating factors identified?
- ☐ Is the danger concern imminent? (Either currently present, or will occur in the next few days)
- ☐ Is the child vulnerable?
- ☐ What the degree of harm (*injury/child's condition; worry for current and part harm*) to the child as a result of the caregiver's action or inaction; or what is the imminent threat of danger to the child (*caregiver's action or inaction which has the potential to cause serious*

harm) of harm to the child?

- ☐ Is immediate medical care needed or medical care which has already occurred.
 - Do we have the records?
 - What follow-up is needed?
- ☐ Consider Current & Past Safety - Is there a safety network and caregiver with protective capacity? (*Refer to Appendix 2J to consider Caregiver Protective Capacity*)
- ☐ If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- ☐ Have we considered any relatives as a resource for placement to prevent removal?
- ☐ What interventions or protective actions have been taken, if applicable?
- ☐ Are other interventions or protective actions needed?
- ☐ What are the Family's Resources mitigating danger concerns? Has the parent(s) who resides away from the child been considered as a resource, if appropriate? Have we considered any relatives as a resource for placement to prevent removal?
- ☐ What are the Complicating Factors directly related to the Current Harm and worries for Future Danger? (i.e. use of substances caused the parent/caregiver to leave child unsupervised- parent was passed out while toddler got out of the house and was found wandering in the street. The use of substances may be the Complicating Factor, but if they use substances because they are depressed due to a recent loss, this may also be considered as a Complicating Factor).
- ☐ What is the Current and Past Safety, Lasting Safety rating and What services are needed, or have taken place?
- ☐ What are the immediate and lasting safety ratings?
- ☐ Is a Team Decision Making meeting (~~where available~~) required? Refer to Appendix 0D PPS TDM Protocol.
- ☐ Does Claire and Lola's law per PPM 0255 apply? Does the parent/caregiver possess a letter to verify cannabidiol treatment preparation? If this law applies, ensure the department has not initiated proceedings to remove a child from the home of the child's parent or guardian (request police protective custody or an order for protective custody) or initiated any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's possession or use of cannabidiol treatment preparation.
- ☐ Ensure documentation shows services have been offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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Immediate Safety Plan, If Applicable

- ☐ If on the balance of information, an immediate threat to any child's safety was identified (i.e. the Immediate Safety Scale ratings were low), was an Immediate Safety Plan – PPS 2021 developed with the family and their network?
- ☐ Review PPM 0255 Claire and Lola's law to ensure requirements are met. Immediately terminate the safety plan if it is based solely on cannabidiol treatment preparation and the parent/caregiver has the letter to verify.
- ☐ Are the actions needed (tasks) documented, sufficient to address the worries for danger?
- ☐ Is the safety plan temporary, short-term while more permanent safety provisions are put in place?

- ☐ Is the next step included?
- ☐ Have we involved the parent(s) who resides away from the child in the safety plan, if appropriate? Have we involved relatives/caregivers in the safety plan, if appropriate?
- ☐ PPM 2462 Family Safety Planning may be used to review and discuss the PPS 2019 Immediate Safety Plan.

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Plan of Safe Care, If Applicable

- ☐ Was a determination made per PPM 2050 regarding whether a Plan of Safe Care was required?
- ☐ If a Plan of Safe Care was not initially required, review additional case information to determine whether a Plan of Safe Care may be needed.
- ☐ If the Plan of Safe Care criteria is met, does case documentation indicate whether the PPS 2008 was provided and explained to the family?
- ☐ Was a Plan of Safe Care PPS 2007 completed with the family?
- ☐ Review whether the outcome of services recommended and provided, to ensure requirements per PPM 2050 are met.
- ☐ Ensure documentation shows services were offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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Behavior Problems (FINA)

- ☐ What engagement strategies have been used to help the family connect with services and supports?
- ☐ Consider the risk of reoccurrence.
- ☐ For a Child with Sexual Behavior Problems: Determine if the child/youth is at high risk for future sexual behavior problems? Consider these factors:
 - Has the child/youth take responsibility for his/her behaviors?
 - Whether the minor alleged perpetrator has prior substantiated or affirmed sexual abuse?
 - Are there allegations of multiple incidents?
 - Did this involve a serious or advanced/mature sexual behavior?
 - Was there a significant difference in age with the alleged victim?
 - What is the parent/caregiver's response? Have they agreed to a safety plan, if needed? Have they agreed to participate in services, if needed?
 - Was the referral made for services?

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Case Action/Initial Service Plan

Refer to PPS 2030F and PPM 2740

- ☐ Consider all the decisions (Immediate and Lasting Safety, case finding) and conclusion; Current Safety and Family Resources mitigating worries for Current & Past Harm, Complicating Factors and Future Danger. *See general guidelines below.*
- ☐ What is the logical conclusion for the Case Action/Initial Service Plan?
- ☐ What level of service is needed, if any? See PPM 2740 D. for Family Service criteria and 2723 Family Preservation Criteria.

- ☐ If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- ☐ Have we considered relatives for placement to prevent removal?
- ☐ Have we ensured Claire and Lola's law per PPM 0255 does not apply?
- ☐ Ensure documentation shows services offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

The following general guidelines may be used to consider all decisions comprehensively to help determine whether services may be needed, and the level of intervention needed.

- ☐ Case Finding PPS 2011, for Abuse/Neglect investigations. If there are multiple finding decisions associated with a report, the highest level of finding will be indicated as the case finding.
- ☐ Is there a safety plan in place?
- ☐ Is the child(ren) at risk from being separated from their parent(s)/Legal caregiver(s)?
- ☐ Are the parent(s)/Legal caregiver(s) willing to participate in services?
- ☐ The Family Preservation Screen PPS 2030F Section III may assist in determining if the family meets criteria for a referral for Family Preservation Services per PPM 2723.
- ☐ Do the Current & Past Safety, and Family Resources mitigate any of the Current & Past Harm, Complicating Factors and Future Danger worries? What are the family's needs identified?
- ☐ Has the family specifically requested services to address an issue which is not solely based on a financial need?
- ☐ Consider other assessment tools used such as genograms, eco-maps, UNCOPE, and timelines should be considered.

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Decisions

Definitions, Questions to Consider and Suggestions for Documenting the Case Finding Decisions (organized by maltreatment type):

Physical Abuse Case Finding Decision

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Female genital mutilation as defined by K.S.A. 21-5431, see PPM 0160 may be considered physical abuse.

Questions to consider in weighing the information and to arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Is there physical harm or the causation of a child's deterioration to the child? Refer to PPM 2502.
- ☐ Is the physical harm or deterioration sufficiently documented?
- ☐ Is the physical harm or deterioration plausible with explanation provided?
- ☐ Is the physical harm or deterioration consistent with explanation provided?
- ☐ Did the perpetrator(s) cause the physical harm or deterioration to the child?
- ☐ From the assessment, what else could reasonably explain the physical harm or deterioration?
- ☐ Did the perpetrator(s) cause imminent danger threatening serious harm to the child?
- ☐ Does the physical harm or deterioration meet the criteria of PPM 2502 indicating the perpetrator should not be permitted to reside, work, or regularly volunteer in a KDHE or

DCF Licensing regulated childcare facility?

- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ What in your assessment did you learn related to Current and Past Safety that shows protective factors from the parents/network members (i.e. what has been done in the past/present to keep the child(ren) safe?)
- ☐ If Female Genital Mutilation, consider an unsubstantiated case finding when it is determined by a physician the procedure was medically necessary, and such procedure was performed by a physician.
- ☐ If allegation is regarding the parent/caregiver providing the child with marijuana, does the parent/caregiver possess a letter meeting all the requirements per PPM 0255 to verify cannabidiol treatment preparation? If yes, and no other abuse/neglect concerns or FINA concerns are present, request an override per PPM 1700.

Suggestions for Elements to Include in the Basis of Finding...

- ... provide a detailed description and location of the physical harm or deterioration if any?
- ... describe the cause of the physical harm or deterioration?
- ... describe how the cause of the physical harm or deterioration was determined?
- ... describe how the identity of the alleged perpetrator was determined?
- ... describe how the action or inaction of the perpetrator(s) directly resulted in physical harm or deterioration or presented an imminent danger threatening serious harm?
- ... include all facts or elements considered to make the case finding decision?
- ... identify when the incident occurred, if known?
- ... identify where the incident occurred, if known?
- ... addresses disputes learned during assessment?
- ... explain what was learned in the assessment that support different explanations related to the physical harm or deterioration occurring?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... link the conditions/incident to the physical harm or deterioration experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?
- ... provide a detailed description of any additional physical evidence found?

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Sexual Abuse Case Finding Decision

Sexual Abuse Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

- A. Be photographed, filmed, or depicted in obscene or pornographic material; or
- B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto. K.S.A. 38-2202

(See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10(i)

Questions to consider in weighing the information and to arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Did the act result in sexual stimulation to the child, perpetrator(s) or another person?
- ☐ Does the child's disclosure provide enough detail to identify the perpetrator(s)?
- ☐ Are there any details that might support that the concerns stem from something other than abusive behavior?
- ☐ Is there any medical and/or physical evidence of sexual abuse?
- ☐ Is there any evidence to corroborate the child's disclosure?
- ☐ Is there a disclosure from the perpetrator?
- ☐ Is there evidence to discredit the perpetrator's dispute?

Suggestions for Elements to Include in the Basis of Finding...

- ... document the act resulting in sexual stimulation to the child, perpetrator(s) or another person?
- ... describe how the identity of the alleged perpetrator was determined?
- ... include all facts or elements considered to make the case finding decision?
- ... explain any details that might support that the concerns stem from something other than abusive behavior?
- ... provide the perpetrator's disclosure?
- ... provide evidence that discredits the perpetrator's dispute?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... identify when the incident occurred, if known?
- ... identify where the incident occurred, if known?
- ... give the child's age? current condition? any special needs?
- ... provide a detailed description of any additional physical evidence found?
- ... provide an explanation for any contradictory evidence?

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Emotional Abuse Case Finding Decision

Mental or Emotional Abuse Infliction of mental or emotional harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

- terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
 - emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
 - corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.
- K.S.A. 38-2202 and K.A.R. 30-46-10

Questions to consider in weighing the information and to arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the harm to the child emotionally or the deterioration of the child emotionally?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) have caused emotional harm or deterioration to the child?
- ☐ Is it clear in the documentation through behaviorally specific actions or inactions how the emotional harm or deterioration occurred?
- ☐ Is there an additional source (therapist, schools, etc.) to corroborate the emotional damage or deterioration to the child?
- ☐ What actions or inaction of the perpetrator(s) caused harm or deterioration to the child?

- ☐ Does the perpetrator or caregiver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?

Suggestions for Elements to Include in the Basis of Finding...

- ... provide a detailed description of the emotional harm or deterioration to the child?
- ... describe the cause of emotional harm or deterioration to the child?
- ... describe how the cause of the emotional harm or deterioration to the child was determined?
- ... describe how the perpetrator(s) caused emotional harm or deterioration to the child?
- ... include all facts or elements considered to make the case finding decision?
- ... identify when the incident occurred, if known?
- ... identify where the incident occurred, if known?
- ... explain contradictory information?
- ... explain any details that might support that the concerns stem from something other than abusive behavior?
- ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- ... link the conditions/incident to the emotional harm or deterioration to the child experienced by the child?
- ... give the child's age? current condition? any special needs?
- ... document the child's reaction to the incident, if significant to the decision made?
- ... provide a detailed description of any additional evidence found?
- ... document the information from additional sources that verify emotional damage or deterioration to the child?

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Physical Neglect Case Finding Decision

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: Failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Questions to consider in weighing the information and to arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the harm to the child?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What circumstances or conditions present harm or likelihood of harm to the child?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm to the child? Or the likelihood of harm?
- ☐ Does the perpetrator or caregiver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding...

- ... provide a detailed description of the harm to the child?
- ... describe how the harm was caused?

... describe how the harm to the child was determined?
 ... describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
 ... adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
 ... include all facts or elements considered to make the case finding decision?
 ... identify when the incident occurred, if known?
 ... identify where the incident occurred, if known?
 ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
 ... link the conditions/incident to the harm or likelihood of harm experienced by the child?
 ... give the child's age? current condition? any special needs?
 ... document the child's reaction to the incident, if significant to the decision made?

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Medical Neglect Case Finding Decision

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if the treatment will make the child substantially more comfortable, reduce pain and suffering, correct or substantially diminish a crippling condition, lengthen the life span, or prevent the condition from worsening. K.S.A. 38-2202

Questions to consider in weighing the information **and to** arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the diagnosed medical condition of the child?
- ☐ Would the diagnosed medical condition left untreated result in: additional pain or suffering to the child?
- ☐ If treated would result in: correct or substantially diminish a crippling condition? lengthen the child's life? or prevent the condition from worsening?
- ☐ What is the treatment required for the diagnosed medical conditions?
- ☐ What is the evidence the perpetrator(s) knew the medical treatment was required or available for the child's condition?
- ☐ What is the evidence the perpetrator(s) knew the likely results or consequences of the child not getting medical treatment?
- ☐ What circumstances or conditions prevented the perpetrator(s) from providing the medical treatment?
- ☐ Is there a statement or evidence from a medical professional that lack of treatment produced pain or suffering, worsened a crippling condition, shortened the child's life span or caused a condition to worsen?
- ☐ Does the perpetrator or caregiver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis **of for** Finding...

... provide a detailed description of the diagnosed medical condition?
 ... describe the result of the child not received the medical treatment?

... document the perpetrator(s) were aware of the child's medical condition, the treatment needed, and the results of not getting the treatment?

... provide the statement or evidence from a medical professional?

... include all facts or elements considered to make the case finding decision?

... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?

... give the child's age? current condition? any special needs?

... document the child's reaction to the incident, if significant to the decision made?

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Lack of Supervision Case Finding Decision

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that result in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Questions to consider in weighing the information and to arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Was the child left unsupervised in circumstances which caused the child harm?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What is the evidence the perpetrator(s) left the child alone?
- ☐ Could the harm to the child have been prevented or reduced if the perpetrator(s) had been present?
- ☐ Did the child have adequate self care skills for the situation?
- ☐ Was the child left in a situation requiring judgments or actions beyond the child's level of maturity, physical condition or mental abilities?
- ☐ What circumstances or conditions present harm or likelihood of harm to the child?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- ☐ Does the perpetrator or caregiver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding...

... provide a detailed description of the harm to the child?

... describe how the harm to the child was determined?

... describe how the action or inaction of the perpetrator(s) directly resulted in the harm?

... provide evidence the perpetrator(s) left child without supervision?

... provide the details regarding the length of time or the frequency child is left alone?

... provide information the child lacked the self-care skills or judgment for the situation?

... adequately explain the harm that is reasonably expected to occur, if there isn't current harm?

... include all facts or elements considered to make the case finding decision?

... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?

... when did the incident occur?

... where did the incident occur?
 ... link the conditions/incident to the harm or likelihood of harm experienced by the child?
 ... give the child's age? current condition? any special needs?
 ... document the child's reaction to the incident, if significant to the decision made?

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Abandonment Case Finding Decision

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Questions to consider in weighing the information and to arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Have the perpetrator(s) given up, forsaken or deserted the child?
- ☐ Have the perpetrator(s) stated they would not return to the child?
- ☐ What is the length of time since the last contact with the perpetrator(s)?
- ☐ Have the perpetrator(s) been gone long enough to indicate they do not intend to return?
- ☐ Have the perpetrator(s) been located?
- ☐ Has there been a reasonable effort to locate the parents?
- ☐ Did the perpetrator(s) fail to make arrangements for alternate care of the child?
- ☐ Were the substitute caregivers unwilling or unable to assume responsibility for the child?

Suggestions for Elements to Include in the Basis of Finding...

... provide evidence the perpetrator(s) have given up, forsaken or deserted the child?
 ... document the perpetrator(s) statement not to resume the relationship?
 ... provide sufficient evidence the perpetrator(s) does not intend to resume the relationship?
 ... document the perpetrator(s) failed to make arrangement for alternative care of the child?
 ... verify the substitute caregivers were unwilling or unable to assume responsibility for the child?
 ... identify when the incident occurred, if known?
 ... identify where the incident occurred, if known?
 ... include all facts or elements considered to make the case finding decision?
 ... provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
 ... link the conditions/incident to the harm or likelihood of harm experienced by the child?
 ... give the child's age? current condition? any special needs?
 ... document the child's reaction to the incident, if significant to the decision made?

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Best Practice Suggestions

Suggestions for Writing the Basis for Case Finding on PPS 2011/Assessment Map (Suggestions from the Case Finding Peer Review Process with Practitioners and Supervisors):

General Recommendations

- ☐ Write the finding in past tense rather than present tense as the events have already occurred.
- ☐ Use separate paragraphs.
- ☐ Present information in chronological order, if possible.
- ☐ Use people's names and the names of places and agencies.
- ☐ Do not identify the reporter.
- ☐ Be concise, use correct grammar, spelling and syntax

Things to Avoid

- ☐ General terms and buzzwords, such as "all parties interviewed", "clean and appropriate",

“safe”

- ☐ DCF/Professional/Local acronyms and abbreviations (examples: LOS, PHA, SB, MO, ALP)
- ☐ Opinions and Irrelevant Information (Service referrals, Removal of the perpetrator)
- ☐ The reporter’s identity
- ☐ Copying and pasting from logs.

Organization of Information

- ☐ The first paragraph “sets the stage” and includes
 - A summary of the allegations;
 - Date of incident
 - The child’s age
 - Relate relevant parties to the assessment, including what agencies were involved in the assessment (DCF, law enforcement, health department, DCF Licensing)
- ☐ The following paragraphs provide a summary of the assessment, including:
 - Key interviews and information gathered which is determined relevant to the case finding decision and supports/covers the key elements for each allegation type ([See Suggestions for Case Findings](#)) and other suggestions include:
 - Description of the impact to the child as it relates to the allegation (Worries, Current and Past Harm)
 - Detailed description and location of child’s bruises/marks/injury/harm (or absence of)
 - How it was determined the alleged perpetrator caused the injury (behaviorally specific, action or inaction of the parent/caregiver, as applicable)
 - Child and perpetrator disclosures related to the alleged incident(s);
 - Additional information to establish **clear and convincing** ~~preponderance standard of~~ evidence;
 - Detailed description of physical evidence relevant to the decision; and other evidence including information from official reports (medical, law enforcement)
 - For a ‘Substantiated’ decision: State child harm; Identify perpetrator; Connect evidence with the ~~Preponderance~~ **clear and convincing** standard
 - Dates of interviews and where the interview took place, if relevant
 - Who was interviewed and their relationship to the child/family
 - Observations
- ☐ In the conclusion/rationale include:
 - The rationale, “the why” of the case finding decision. Tie everything together.
 - The finding decision for each allegation type for each alleged victim and alleged perpetrator (separate paragraphs may be needed for multiple allegations)
 - Relate the information to the definition of abuse or neglect.

Supervisor’s Review

- ☐ The Supervisor reviews the Basis for Finding and then asks questions to help identify missing information.

DCF Case Finding History

Timeframe	Standard	Finding Language	Code in Central Registry (CERS)
11/79	Reason to believe	<u>Unconfirmed Suspected Child Abuse/Neglect</u>: the worker finds no basis for confirmation of the reported suspected child abuse/neglect. <u>Confirmed Suspected Child Abuse/Neglect</u>: several factors of the indicators of abuse/neglect are present (indicators of abuse are found elsewhere in policy, see 50105.2).	Confirmed finding(CN)
1/83	Reason to believe	<u>Confirmed</u>: reason to believe abuse/neglect exists. <u>Unconfirmed – at risk</u>: reason to believe abuse/neglect will occur in the future without intervention. <u>Unfounded</u>: no reason to believe abuse/neglect exists or is likely to occur. <u>Unknown</u>: unable to contact the family.	Confirmed finding(CN)
12/84	Reason to believe	<u>Confirmed</u>: reason to believe abuse/neglect exists <u>Unconfirmed – Eligible for Services or In Need of Corrective Action</u>: reason to believe abuse/neglect will occur in the future without intervention. <u>Unfounded</u>: no reason to believe abuse/neglect exists or is likely to occur. <u>Unknown</u>: unable to contact the family.	Confirmed finding(CN)
1/87	More likely than not/ preponderance	<u>Confirmed</u> : a reasonable person would conclude that more likely than not abuse/neglect occurred and the alleged	Confirmed (CN)

		perpetrator is more likely than not responsible for the abuse/neglect. <u>Unconfirmed – Eligible for Services or In Need of Corrective Action</u>: A reasonable person would not believe that abuse/neglect occurred but abuse/neglect is likely to occur in the future without intervention. <u>Unfounded</u>: a reasonable person would not believe that abuse/neglect occurred.	
7/88	More likely than not/ preponderance	<u>Post-Confirmation Corrective Action Plans</u> : now apply to all SRS CPS investigations. Should be the exception rather than the rule.	Confirmed (CN)
12/94*	More likely than not/ preponderance	<u>Not involved</u>: No allegations of abuse or neglect was made and none was found. <u>Unconfirmed</u>: “a reasonable person would conclude that more likely than not abuse/neglect occurred”. <u>Confirmed</u>: “a reasonable person would not believe abuse/neglect occurred”.	Confirmed(CN)
July 1997 to June 30, 2004	Preponderance • 51 % convinced something occurred • Alleged facts are more likely to be true than not.	A. “Unsubstantiated” if the response to the question, “Would a reasonable person conclude that more likely than not abuse/neglect occurred,” is “No.” B. “Substantiated”- a reasonable person weighing the evidence would conclude it is more likely than not (preponderance of the evidence) a person is the perpetrator. C. “Validated” The term validation comes from the statutory provision (K.S.A. 65-516) that a person poses a danger to children and may not work, reside or regularly volunteer in a facility regulated by the Kansas Department of Health and Environment (KDHE).	CV SB- is a substantiated finding, but the person is NOT on Central Register during this timeframe.

July 1, 2004 to June 30, 2016	“Clear and Convincing” • Greater than 51% convinced but less than 90% convinced. • Evidence which shows the truth of the facts asserted is highly probable.	A. “Unsubstantiated”-The facts or circumstances do not provide clear and convincing evidence to meet the Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definition of abuse and neglect. B. “Substantiated”- The facts and circumstances provide clear and convincing evidence to conclude the alleged perpetrator's actions or inactions meet the K.S.A. and K.A.R. definition of abuse or neglect and, therefore, alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by KDHE.	SB
Events assigned July 1, 2016 to Case finding decisions made December 31, 2024	Preponderance • 51 % convinced something occurred • Alleged facts and circumstances more likely than not meet the abuse/neglect definitions per K.S.A. and K.A.R.	A. “Unsubstantiated”- A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions do not meet the abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). B. “Affirmed”- a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). C. “Substantiated”- a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meets criteria per PPM 2502 indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment KDHE or Kansas Department for Children and Families Foster Care and Residential Facility Licensing.	SB

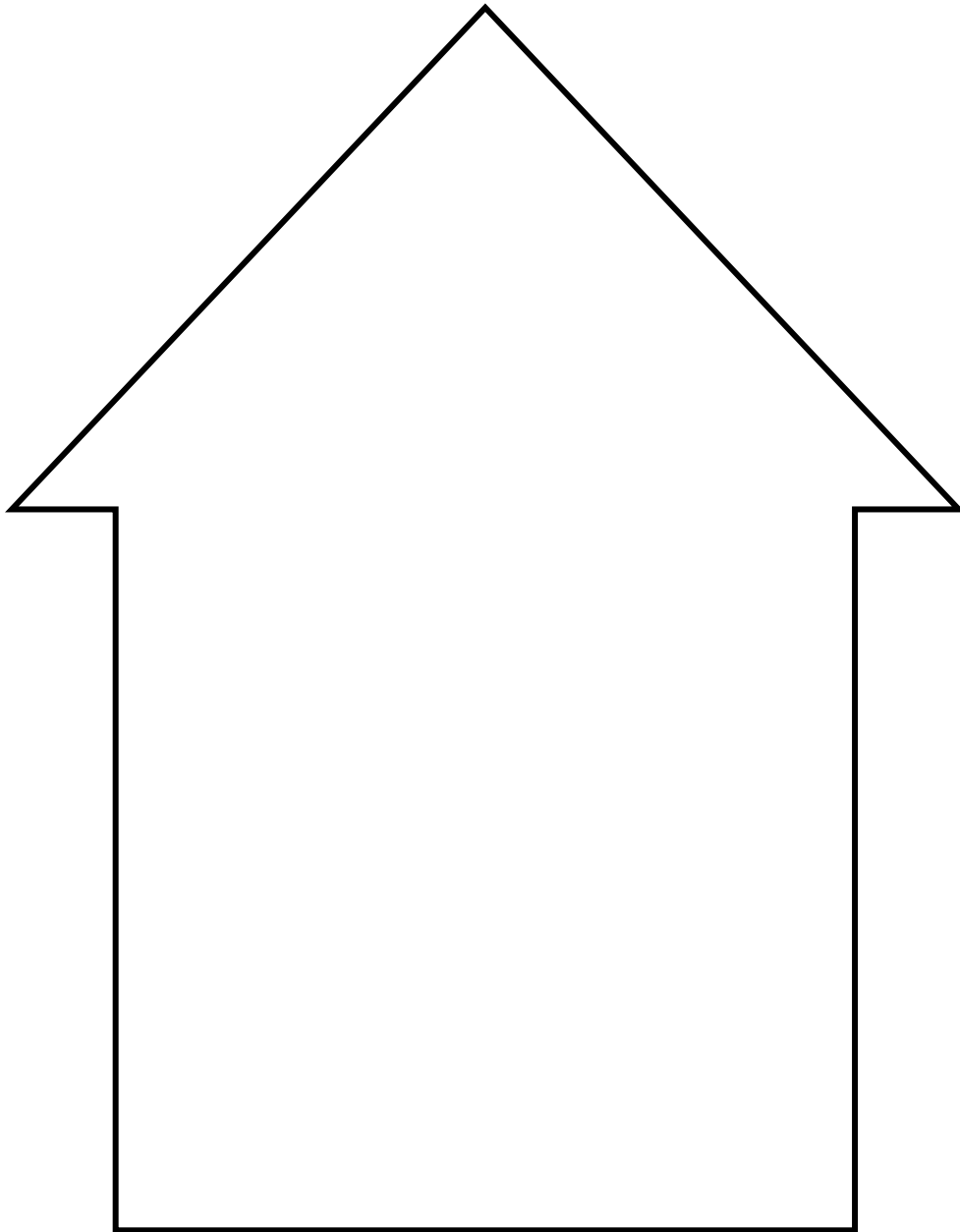
Case finding decisions made January 1, 2025, to Present June 30, 2026	Preponderance 51 % convinced something occurred: Alleged facts and circumstances more likely than not meet the abuse/neglect definitions per K.S.A. and K.A.R.	A. “Unsubstantiated”- A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator’s actions or inactions do not meet the abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.). B. “Substantiated”- a reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meets criteria per PPM 2502 indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment KDHE or Kansas Department for Children and Families Foster Care and Residential Facility Licensing.	SB
Case finding decisions made July 1, 2026 to Present	Clear and Convincing - Greater than 51% convinced. - Evidence which shows the truth of the facts asserted is highly probable. - Alleged facts and circumstances highly probably meet the abuse/neglect definitions per K.S.A. and K.A.R.	Unsubstantiated - The facts or circumstances do not provide clear and convincing evidence to meet the Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definitions of abuse or neglect. Substantiated - The facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. and K.A.R. definitions of abuse or neglect. A substantiated perpetrator is not permitted to reside, work, or regularly volunteer in a childcare facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing.	SB

My Three Houses

Case Number: _____ Event Number: _____

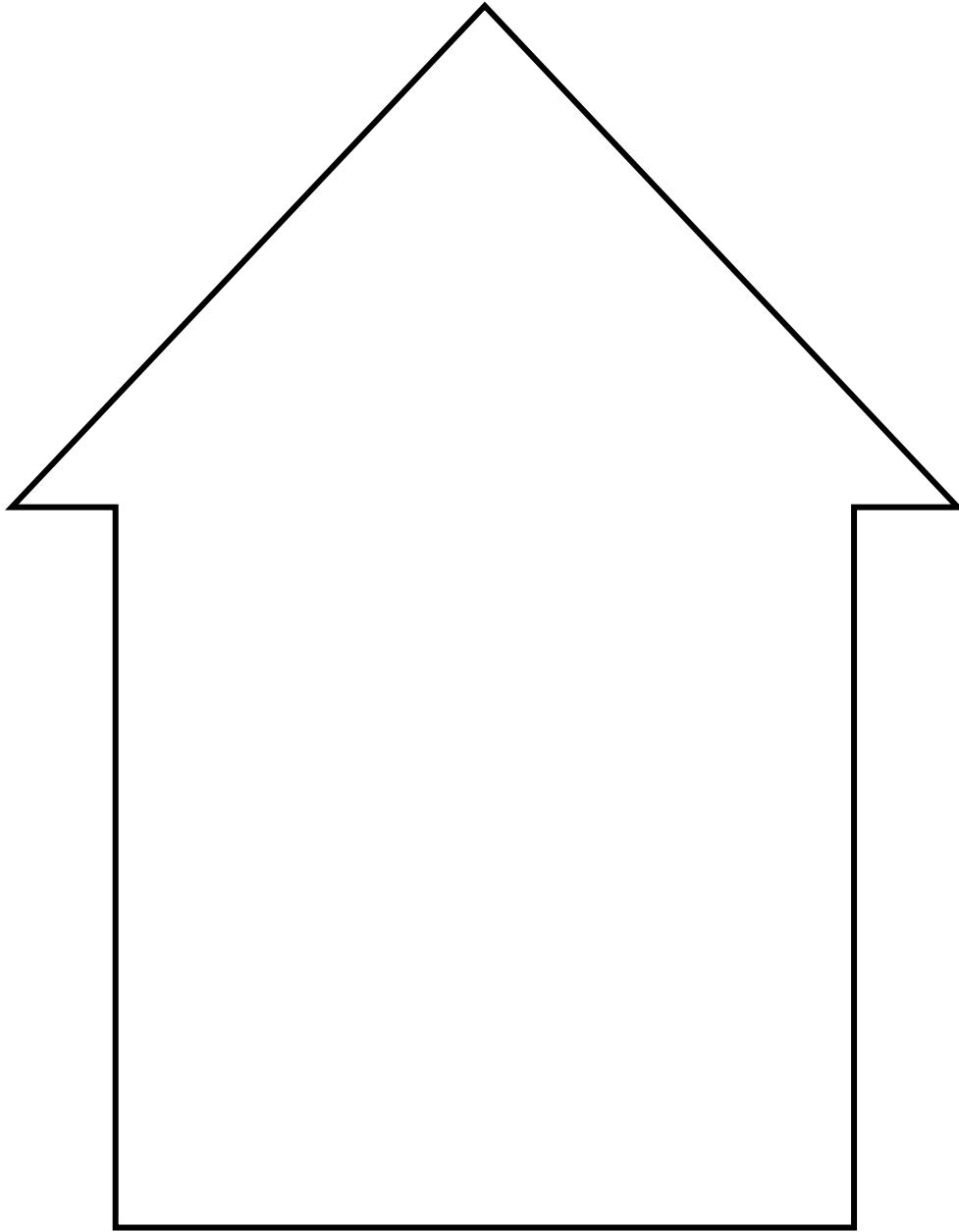
Name of Contact: _____ Type of Contact: _____

Date/Time/Location: _____ DCF Staff: _____



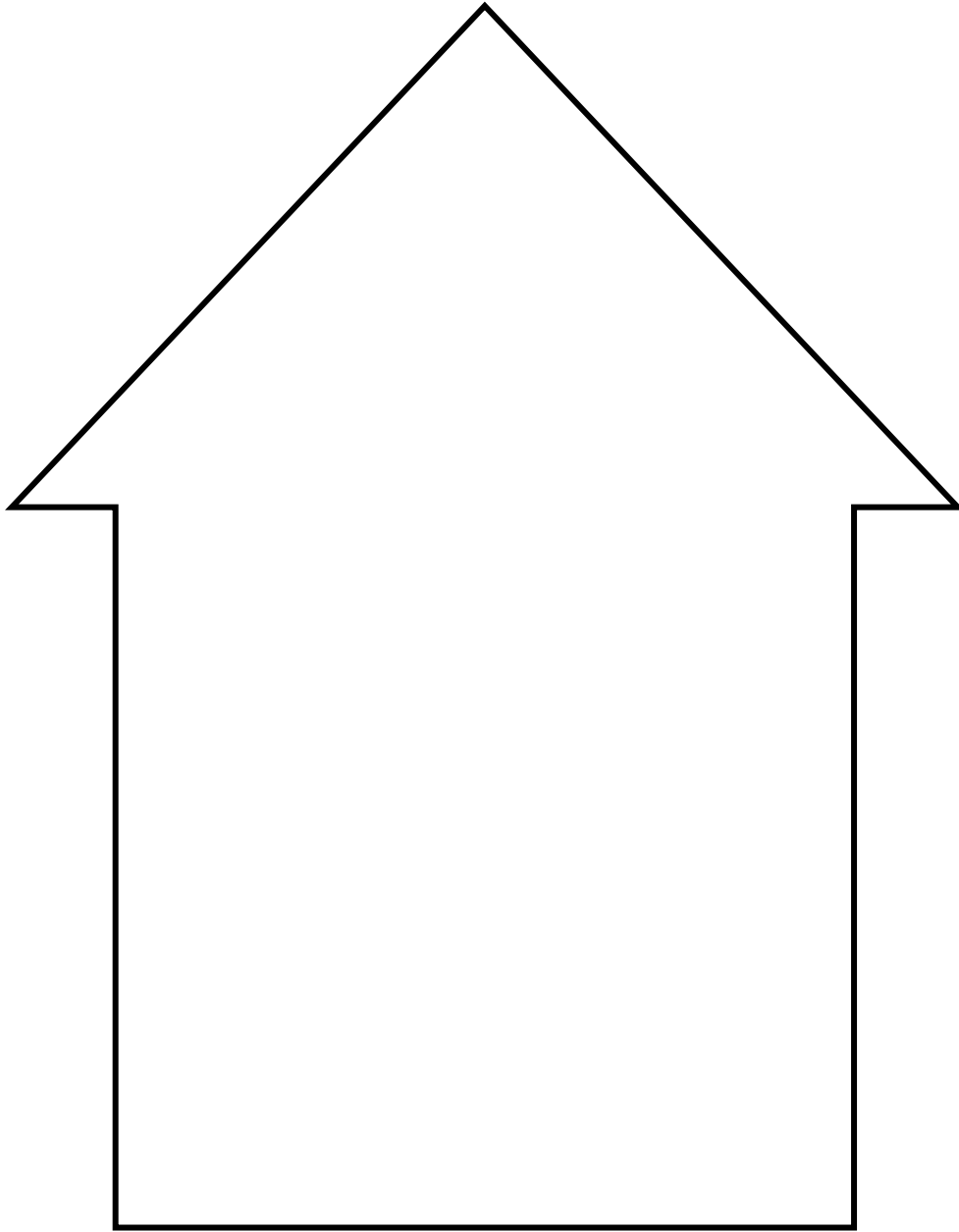
House of Worries

My Three Houses



House of Good Things

My Three Houses



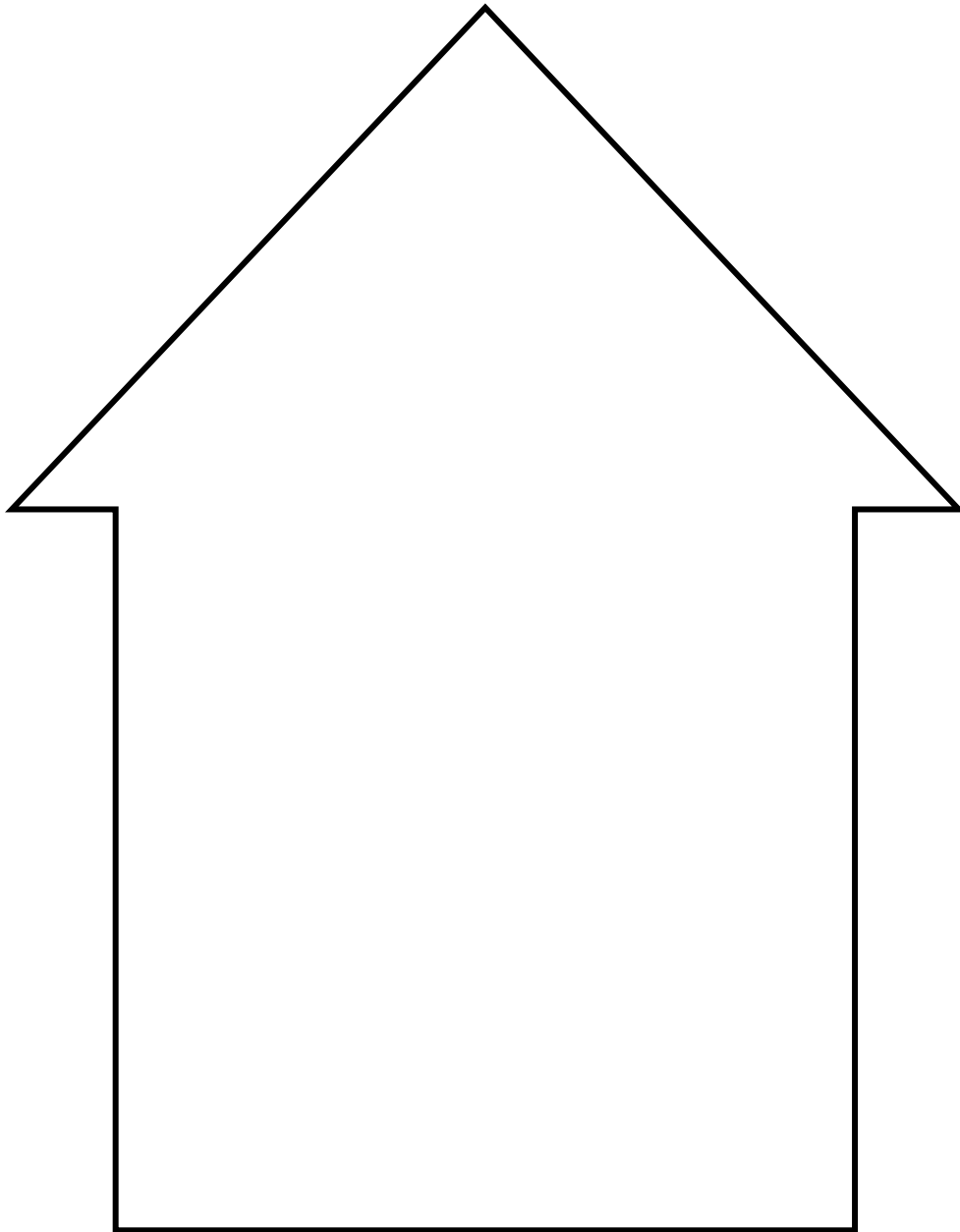
House of Dreams

Mis tres casas

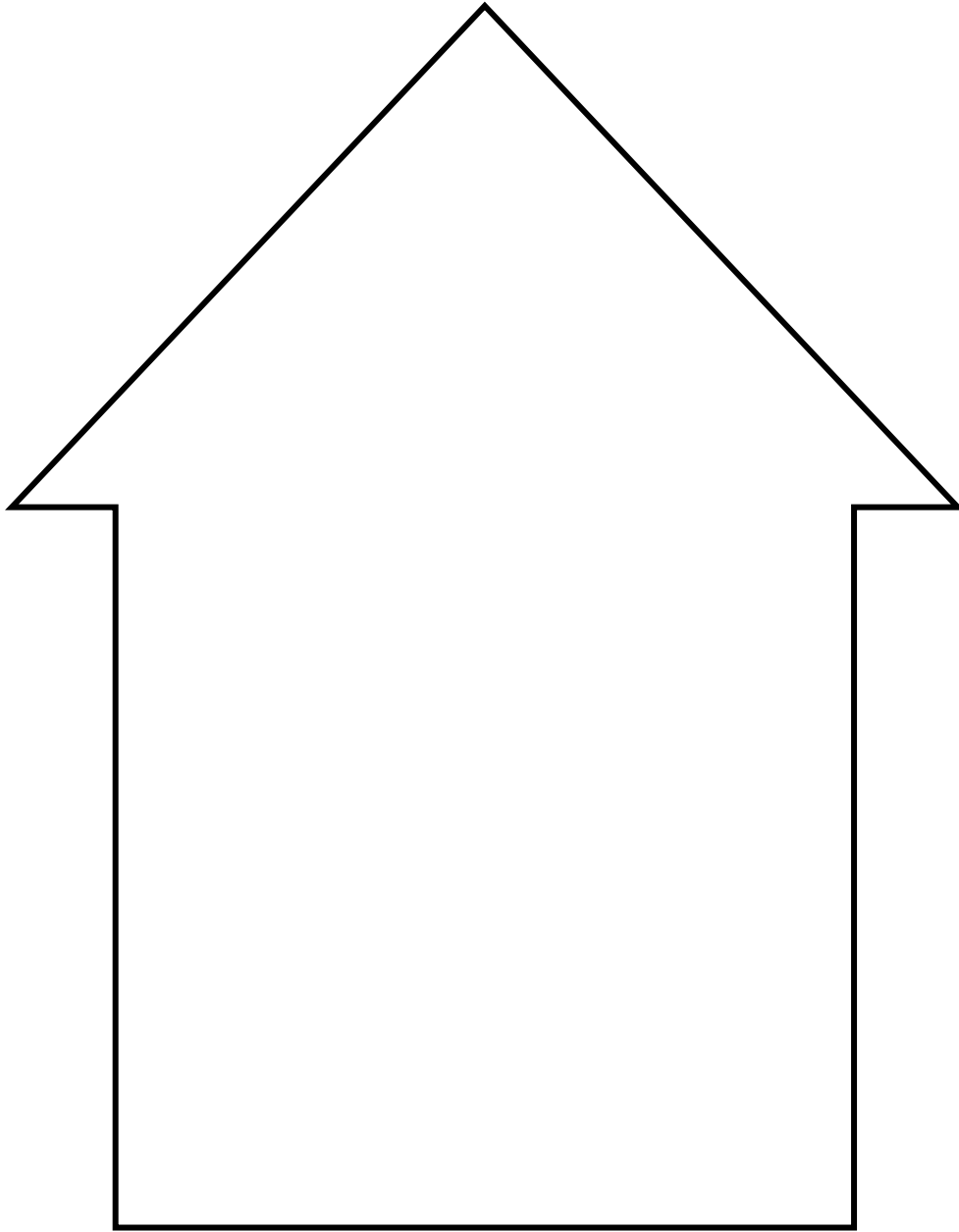
Número de caso: _____ Número de acontecimiento: _____

Nombre de la persona de contacto: _____ Tipo de contacto: _____

Fecha, hora y lugar: _____ Personal del DCF: _____

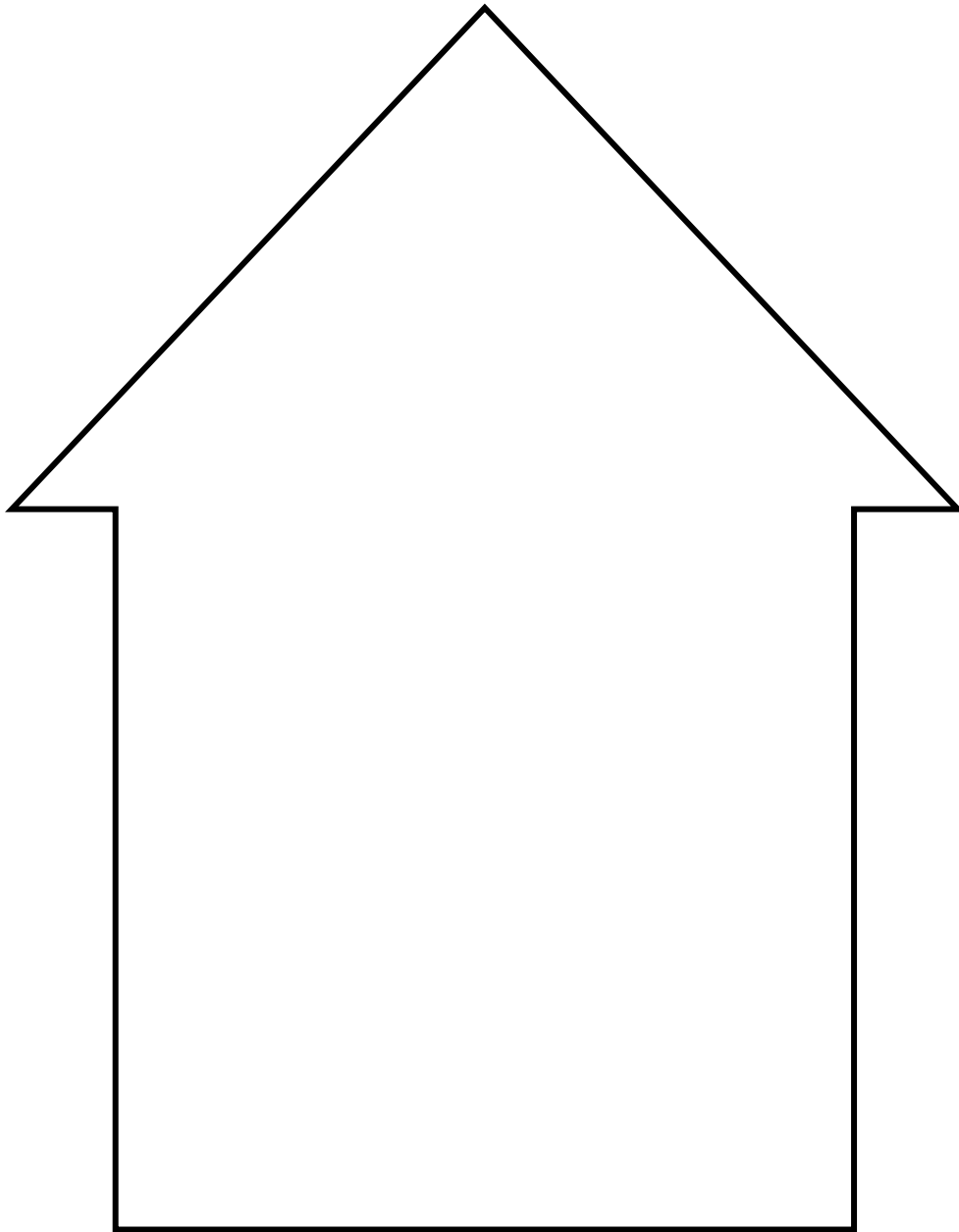
**Casa de preocupaciones**

Mis tres casas



Casa de cosas buenas

Mis tres casas



Casa de sueños

What does an Immediate Safety Plan usually include?

Immediate Safety Plans often involve **short-term changes** to reduce danger, such as:

- Another adult staying in the home or spending increased time with the family,
- Children staying with relatives or trusted adults, or
- One adult temporarily living elsewhere.

These steps are **not meant to be permanent**.

They are used to reduce danger quickly while maintaining important connections, as longer-term solutions are explored.

Do I have to agree to an Immediate Safety Plan?

You do not have to agree to creating an Immediate Safety Plan.

Talking with DCF helps everyone understand whether a plan can keep children safe without removal.

If DCF believes children cannot be kept safe without an Immediate Safety Plan, they may need to consider other options **to protect the children**.

Open conversations help everyone decide what is possible.

What if the plan isn't working?

If parts of the safety plan are not working, the first step is to talk with the DCF worker and safety network so the plan can be adjusted.

If DCF believes children are still not safe, they may ask the police or a judge for help. The officer or judge will listen to everyone's perspective and then decide what, if anything, needs to happen to keep children safe.

What might this feel like?

Safety planning conversations can feel **stressful, emotional, or scary**.

Many families worry about what might happen next.

DCF's role is to reduce danger as quickly as possible while keeping families together whenever it is safe to do so.

An Immediate Safety Plan is a short-term agreement, not a court order. It focuses on keeping children safe and connected to their family while the danger is addressed.

Contact Information

DCF Worker:

Phone:

Email:

DCF Supervisor
Name:

Supervisor Phone
Number:

Kansas Department for Children and Families Prevention and
Protection Services 555 S Kansas Ave. 4th Floor, Topeka, KS 66603
Appendix 2Q REV Jan. 2026

Immediate Safety Planning

A guide for families



Why am I being asked to talk about an Immediate Safety Plan?

An Immediate Safety Plan is used when DCF is worried that a child could be seriously hurt soon—within the next few days or weeks.

The goal of an Immediate Safety Plan is to:



Remove the danger, so the child can stay at home.



Keep children **safe in the care of people they know**, whenever possible.

This plan is used when DCF believes removal might be necessary **unless something changes quickly** to protect the children.

What is an Immediate Safety Plan?

An Immediate Safety Plan is a **short-term plan** that explains:



The danger DCF is worried about **right now**,



Who will help **keep the children safe**, and



What will be done to **protect the children**.

It focuses on what needs to happen **right now** to prevent harm and avoid separation, while decisions are made and longer-term planning begins.

How long does an Immediate Safety Plan last?

Immediate Safety Plans are **short-term by design**.

An Immediate Safety Plan stays in place until the danger has been reduced enough that separation is no longer needed to keep children safe.

The Immediate Safety Plan is a **starting point**. While it is in place, everyone works together to build a longer-term plan that is more sustainable for the family.

Who is involved in creating the plan?

The safety plan is built with:



Parents or caregivers,



Children (when appropriate),



Family members, friends, or other trusted adults **chosen by the family**, and



The DCF worker.

Safety cannot depend on one person alone.

The plan is built by the family, with support and agreement from DCF to make sure it can keep children safe.

It depends on a supportive group of people who know:



What the danger is.



What to do.



When to step in.

What will be discussed in the conversation?

355

The safety planning conversation will focus on:



What life looks like when things are calm and safe.

So the plan can be built from family strengths.



What danger DCF is worried about.

So everyone understands why DCF is concerned.



What might trigger the danger to start again.

So people know when extra support is needed.



What early signs tell people the danger may be returning.

So people can act early.



What each person will do to support parents and protect children.

So the agreements that will be in the plan are clear.



(Administrative, Court and Desk Reviews)

Within 30 Days of Child Entering Custody	7 Months ~~30 days~~ from Initial Custody	Within 12-9 Months from Initial Out of Home Placement and Custody*2	13 Months from Initial Custody	15 Months out-of-home placement in most recent 22 months	On or Before Last Day of 15 th Month	
Date of Custody and Removal by First Court Order Contrary to Welfare Reasonable Efforts	1 st Case Plan (Case Management Provider must hold case planning conference within 20 days of referral and provide copy to DCF by 23 rd day after referral)	Case Planning *1 (2 nd case planning conference held within 170 of initial case plan– Case Management provider sends copy to DCF within 3 days following the conference)	Permanency Hearing*2	Motion to TPR or motion for Permanent Guardianship filed if court found reintegration not viable & adoption or Permanent Guardianship in child’s best interest	15/22 Administrative Desk Review for Permanency (by CM & Supervisor) documented in case logs **	Motion to terminate filed for every 15/22 unless compelling reason in child’s best interest is documented in Case Plan*3
KSA 38-2242 KSA 38-2243 ~~KSA 38-2255~~	PPM 3210	~~KSA 38-2263 (f)~~ KSA 38-2263 (b)	KSA 38-2257; KSA 38-2263 KSA 38-2264 PPM 3372; ASFA (If required, motion to terminate parental rights filed within 30 days of permanency hearing. Hearing is to be set within 90 days after motion to terminate or appoint permanent guardian is filed KSA 38-2264(g)(3)	KSA 38-2264(~~g~~) (i)	ASFA; KSA 38-2264 (h)(i) KSA 38-2255 (f) ** If reintegration remains a viable option, explain why child is not home yet & when they will be. If reintegration is not viable, explain compelling reason why neither adoption nor Permanent Guardianship is in child’s best interest.	ASFA ~~KSA 38-2264(e)~~ KSA 38-2269(a)(9) KSA 38-2269 (9) and (g)(1)

The above timeline is the outside limits on case reviews. Cases may be reviewed more frequently and earlier and staff are encouraged to use the case reviews to move a child to permanency as quickly as possible.

- *1 Recurs every 170 days for so long as child is in custody.
- *2 Recurs every 12 6 months even after termination of parental rights for so long as child is in custody.
- *3 When reintegration is not viable, and neither adoption nor Permanent Guardianship is in the child's best interest, a compelling reason must be documented in the Case Plan. compelling reasons need to be documented in the case plan as to why adoption or appointment of a permanent custodian or a SOUL family legal permanency custodian would not be in the best interests of a child.

KSA 2269(j) following termination, case plan to finalize permanency goal needs to be submitted within 60 days.

MEETING THESE TIMELINES ENSURES COMPLIANCE WITH ASFA.



Definitions

Engagement- The child welfare professional initiates, interacts, and maintains rapport with children, youth, families, colleagues, and other team members to increase collaboration across in shaping decisions about needs, goals, supports, and services.

Assessment- The child welfare professional gathers relevant information and engages in critical thinking using a strength-based perspective, ethical decision-making, and the competency model, to result in an ongoing, accurate, and comprehensive assessment process.

Teaming- The child welfare professional assembles teams within and across organizations that are inclusive of family and network members, contributing to a collaborative approach throughout all phases of the child welfare process.

Planning- The child welfare professional facilitates the planning, development, and coordination of relevant information to create a sequence of strategies and goals informed by the assessment to meet the unique needs of each family to achieve sustainable and beneficial results.

Implementation- The child welfare professional initiates timely action and performs designated tasks in alignment with the assessment and planning process using formal and informal resources to achieve sustainable and beneficial results.

Monitoring and Adjusting- The child welfare professional continuously analyzes, assesses, monitors, and evaluates the effectiveness of strategies, goals, and outcomes and adapts accordingly in response to changing circumstances to achieve sustainable and beneficial results.

Professionalism- The child welfare professional comprehends and applies social work child welfare ethics and principles to interactions and communications with children, youth, families, colleagues, and other team members.

Responsiveness to Difference- The child welfare professional demonstrates acceptance and responds respectfully and effectively utilizing trauma-informed practices that recognize, affirm, and value individuals, families, and communities; and protects and preserves human dignity of all people.

Law and Policy- The child welfare professional identifies, understands, and appropriately applies relevant federal, state, and local laws, policies, and regulatory requirements to child welfare practice to protect the rights of children, youth, and families.

Advocacy- The child welfare professional recognizes and promotes the well-being of individuals, families, and communities and pursues equitable service delivery to vulnerable populations.

Supervision Framework

Scaling Definitions

Unacceptable: Practitioner is not successful in demonstrating the minimum behavioral indicators of the competency; does not demonstrate an active understanding of the competency; has been provided with sufficient knowledge to have shown better performance; and corrective action may be required (once practitioner has been made aware of performance deficiencies and that continued performance at this level could result in corrective action or termination). Child Welfare Professional may not grasp the competency no matter how many times it is explained, and practitioner is not seeking out knowledge or assistance. Practitioner, supervisor, or agency may have received comments from outsiders that indicated concerning behaviors. Excessive support is required by others.

Developing: Practitioner's behaviors do not demonstrate competency. Professional may lack experience but have capacity for growth in behavioral indicators within a reasonable period of time. Performance meets some behavioral indicators of competency; however, more key behavioral indicators are performed unsatisfactorily than those that are performed satisfactorily. An immediate and sustained improvement in quality and/or quantity of behavior is necessary. May need coaching and follow-through but can demonstrate the competency under close guidance and supervision.

Competent*: Behavioral indicators are consistent with an acceptable level of understanding of the competency. Behavioral indicators do not require significant improvement. Errors are minimal and seldom repeated. Confidence can be placed in the child welfare professional to require only normal supervision and follow-up.

*Ratings of 3-Competent are the goal, ratings of higher than 3 are to be celebrated, but not expected

Admirable: Practitioner displays superior behavioral indicators in carrying out the competency and takes initiative in development and implementation of the competency. Practitioner requires practically no direction or supervision and consistently thinks beyond the details of the behavioral indicators.

Outstanding: Results consistently and significantly surpass expectations in demonstrating competency. Practitioner takes initiative of development and implementation of the competency within the field. Others seek this individual's counsel based on demonstrated knowledge. Personal commitment to a high level of performance and results are rarely, if ever, in question even in challenging situations.

Assessment Questions

1. Please rate how this practitioner performs according to each of the competency definitions, using the above 1-5 scale.
2. Please describe practitioner performance that would indicate these ratings and any plans to assist this practitioner in continuing to develop this competency.



Let Your VOICE



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Complete the survey to receive a \$50 incentive!*

*You must complete the survey and provide your contact information in order to receive the \$50 incentive.

NYTD – Baseline 17 Survey

You have a unique story—and it matters.

The National Youth in Transition Database (NYTD) survey is your chance to speak up about your experience in Kansas foster care. NYTD surveys help the Kansas Department for Children and Families (DCF) understand how foster care services are really working, and your feedback helps improve support for future youth transitioning to adulthood.

How it Works:

- Identified youth take this survey at age 17, and then again at 19 and 21.
- The survey covers six outcome areas:

Financial self-sufficiency

Positive connections with adults

Experience with homelessness

High-risk behavior

Educational attainment

Access to health insurance

Questions?

Talk to your case manager to find out more about NYTD and DCF Independent Living services, or contact us here:

✉ DCF.NYTD@ks.gov

☎ 1-785-368-8192



Children's Bureau, our federal partner, posts snapshots of previous data collected from young people in Kansas who complete the survey. Find previous results by scanning the QR code to the left.



Scan this QR code to visit the DCF website for more information and resources.

Let's Get Started!

Your Information

We will try to contact you once every four to six months to keep your contact information up-to-date.

Name: _____ Birth Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Case Manager Name: _____ Date Survey Completed: _____

Would you like to decline taking the entire survey? ☐ Yes ☐ No *You may decline the entire survey or specific questions.*

If you would like to decline specific questions, please indicate in the appropriate check box for each question.

If yes, reason survey declined:

NYTD Baseline-17 Survey

1. Currently are you employed full-time?

☐ Yes ☐ No ☐ Declined

“Full-time” means you are working at least 35 hours per week at one or multiple jobs.

2. Currently are you employed part-time?

☐ Yes ☐ No ☐ Declined

“Part-time” means you are working at least 1-34 hours per week at one or multiple jobs.

3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?

☐ Yes ☐ No ☐ Declined

This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped the youth acquire employment-related skills (which can include specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment).

4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents’ payments)?

☐ Yes ☐ No ☐ Declined

These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. A youth may be receiving these payments because a parent or guardian’s disability, rather than his/her own.

5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?

☐ Yes ☐ No ☐ Declined

Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education. “Student loan” means a government-guaranteed, low-interest loan for students in post-secondary education.

Additional Kansas Information: In Kansas, this would include the Education and Training Voucher (ETV) assistance or tuition waiver. This also includes federal financial aid, including Pell grants and Kansas Comprehensive grants.

6. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?

☐ Yes ☐ No ☐ Declined

This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that you receive or funds from a legal settlement. This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care subsidies, child support for your child or other financial help that does not benefit you directly in supporting yourself.

7. What is the highest educational degree or certification that you have received?

- ☐ **High school diploma/GED**
- ☐ **Vocational certificate** (means a document stating that a person has received education or training that qualifies him or her for a particular job, e .g., auto mechanics or cosmetology)
- ☐ **Vocational license** (means a document that indicates that the State or local government recognizes an individual as a qualified professional in a particular trade or business)
- ☐ **Associate’s degree**, e.g. A.A. (generally a two-year degree from a community college)
- ☐ **Bachelor’s degree**, e.g. B.A. or B.S. (a four-year degree from a college or university)
- ☐ **Higher degree** (a graduate degree such as a Masters or Doctorate degree)
- ☐ **None of the above**
- ☐ **Declined**

8. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?

☐ Yes

☐ No

☐ Declined

This means both enrolled in and attending high school, GED classes, or postsecondary vocational training or college. A youth is still considered enrolled in and attending school if the youth would otherwise be enrolled in and attending a school that is currently out of session (e.g., Spring break, summer vacation, etc.).

9. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?

☐ Yes

☐ No

☐ Declined

This refers to an adult who the youth can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship to share personal achievements. This can include, but is not limited to, adult relatives, parents or foster parents. The definition excludes spouses, partners, boyfriends or girlfriends and current caseworkers. The adult must be easily accessible to the youth, either by telephone or in person.

10. Have you ever been homeless?

☐ Yes

☐ No

☐ Declined

“Homeless” means that the youth had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.

11. Have you ever referred yourself or has someone else referred you for an alcohol or drug abuse assessment or counseling?

☐ Yes

☐ No

☐ Declined

This includes either self-referring or being referred by a social worker, school staff, physician, mental health worker, foster parent, or other adult for an alcohol or drug abuse assessment or counseling. Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.

12. Have you ever been confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

☐ Yes

☐ No

☐ Declined

This means that the youth was confined in a jail, prison, correctional facility, or juvenile or community detention facility in connection with a crime (misdemeanor or felony) allegedly committed by the youth.

13. Have you ever given birth or fathered any children that were born?

☐ Yes

☐ No

☐ Declined

This means giving birth to or fathering at least one child that was born. If males do not know, answer “No.”

14. If you responded yes to the previous question, were you married to the child’s other parent at the time each child was born?

This means that when every child was born the youth was married to the other parent of the child.

☐ Yes

☐ No

If Question 13 was answered “Yes,” then Question 14 may not be answered “Not Applicable.”

☐ Declined

☐ Not Applicable

If Question 13 was answered “No” or “Declined,” then Question 14 must be answered “Not Applicable.”

15. Currently are you on Medicaid?

☐ Yes

☐ No

Medicaid (or the State medical assistance program) is a health insurance program funded by the government.

☐ Don’t Know

☐ Declined

Additional Kansas Information: In Kansas, this may also be referred to as KanCare administered through Managed Care Organizations (MCO) such as Healthy Blue Kansas, Sunflower Health Plan, or UnitedHealthcare Community Plan of Kansas.

16. Currently do you have health insurance, other than Medicaid?

“Health insurance” means having a third party pay for all or part of health care. Youth might have health insurance such as group coverage offered by employers or schools, or individual policies that cover medical and/or mental health care and/or prescription drugs, or youth might be covered under parents’ insurance. This also could include access to free health care through a college, Indian Tribe, or other source.

☐ Yes☐ No☐ Don’t Know☐ Declined**17. Does your health insurance include coverage for medical services?**

This means that the youth’s health insurance covers at least some medical services or procedures. This question is for only those youth who responded “Yes” to having health insurance.

If Question 16 was answered “Yes,” then Question 17 may not be answered “Not Applicable.”

If Question 16 was not answered “Yes,” then Question 17 must be answered “Not Applicable.”

☐ Yes☐ No☐ Don’t Know☐ Declined☐ Not Applicable**18. Does your health insurance include coverage for mental health services?**

This means that the youth’s health insurance covers at least some mental health services. This question is for only those youth who responded “Yes” to having health insurance with medical coverage.

If Question 16 was answered “Yes,” then Question 18 may not be answered “Not Applicable.”

If Question 16 was not answered “Yes,” then Question 18 must be answered “Not Applicable.”

If Question 17 was answered “Yes,” then Question 18 may not be answered “Not Applicable.”

If Question 17 was not answered “Yes,” then Question 18 must be answered “Not Applicable.”

☐ Yes☐ No☐ Don’t Know☐ Declined☐ Not Applicable**19. Does your health insurance include coverage for prescription drugs?**

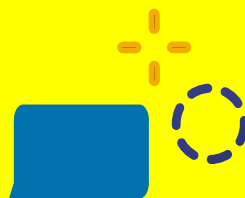
This means that the youth’s health insurance covers at least some prescription drugs. This question is for only those youth who responded “Yes” to having health insurance with medical coverage.

If Question 16 was answered “Yes,” then Question 19 may not be answered “Not Applicable.”

If Question 16 was not answered “Yes,” then Question 19 must be answered “Not Applicable.”

If Question 17 was answered “Yes,” then Question 19 may not be answered “Not Applicable.”

If Question 17 was not answered “Yes,” then Question 19 must be answered “Not Applicable.”

☐ Yes☐ No☐ Don’t Know☐ Declined☐ Not Applicable



Stay in Touch

In this section, please provide additional contact information so we can reach you to send your monetary incentive and notify you of opportunities to complete additional surveys and earn more incentives in the future.

Please note: We will not share your information or use it for any other purpose except to contact you for NYTD survey information. If you list other people as possible contacts, we will only ask them how to get in touch with you in the event we cannot reach you at the contact information you provided; we will never ask them for other information about you.

Alternate Mailing Address

If you are planning to move or otherwise might not be reached at your current mailing address.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Phone Numbers

Cell Phone: _____ Home Phone: _____

Family/Friend's Phone: _____ Other Phone: _____

Alternate Email Addresses

Your Alternate Email(s): _____

Friend or Family Email(s): _____

Social Media Accounts

We will only use this information to contact you via private message. Please list the social media platform alongside your account handle(s).

Your Social Media Handle(s): _____

Preferred Contact Method

What is the best way to reach you over the next two years? Select all that apply.

☐ Cell Phone
 ☐ Home Phone
 ☐ Family/Friend's Phone
 ☐ Text Message
 ☐ Email
 ☐ Facebook
 ☐ Postal Mail
 ☐ Other (please specify): _____

Alternate Contact Person 1

Please provide as much contact information as possible for someone whom you expect to maintain contact with for the next two years. If you do not want to answer, leave these fields blank.

Name: _____ Relationship to You: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other: _____

Alternate Contact Person 2

Please provide as much contact information as possible for someone whom you expect to maintain contact with for the next two years. If you do not want to answer, leave these fields blank.

Name: _____ Relationship to You: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other: _____

Do Not Contact

*Please list any specific contact information you would like us **not** to use, or any specific people you would like us **not** to contact.*

Thank you for sharing your experience!
Your feedback helps improve programs and policies to support young people like you.



In order to receive your \$50 prepaid debit card or other incentives, you must provide a mailing address and phone number. NYTD staff will follow up with you at the contact information provided if more information is needed.

☐ I want a prepaid debit card.

Mailing Address: _____ Phone Number: _____

☐ I do not want a prepaid debit card. Please send a check.

Mailing Address: _____ Phone Number: _____

☐ I do not want a prepaid debit card or a check.

Let Your VOICE



Be Heard!



\$50

Complete the survey to receive a \$50 incentive!*

*You must complete the survey and provide your contact information in order to receive the \$50 incentive.

NYTD – Follow Up 19 and 21 Survey

You have a unique story—and it matters.

The National Youth in Transition Database (NYTD) survey is your chance to speak up about your experience in Kansas foster care. NYTD surveys help the Kansas Department for Children and Families (DCF) understand how foster care services are really working, and your feedback helps improve support for future youth transitioning to adulthood.

How it Works:

- You first took this survey at age 17, and now again at 19 or 21.
- The survey covers six outcome areas:

Financial self-sufficiency

Positive connections with adults

Experience with homelessness

High-risk behavior

Educational attainment

Access to health insurance



Children's Bureau, our federal partner, posts snapshots of previous data collected from young people in Kansas who complete the survey. Find previous results by scanning the QR code to the left.

Questions?

Talk to your case manager to find out more about NYTD and DCF Independent Living services, or contact us here:

✉ DCF.NYTD@ks.gov

☎ 1-785-368-8192



Scan this QR code to visit the DCF website for more information and resources.

Let's Get Started!

Your Information

We will try to contact you once every four to six months to keep your contact information up-to-date.

Name: _____ Birth Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Case Manager Name: _____ Date Survey Completed: _____

Survey Population Type: ☐ Follow up 19 years ☐ Follow up 21 years

Would you like to decline taking the entire survey? ☐ Yes ☐ No *You may decline the entire survey or specific questions.*

If you would like to decline specific questions, please indicate in the appropriate check box for each question.

If yes, reason survey declined: _____

NYTD Follow Up 19 and 21 Survey

1. Currently are you employed full-time?

☐ Yes ☐ No ☐ Declined

"Full-time" means you are working at least 35 hours per week at one or multiple jobs.

2. Currently are you employed part-time?

☐ Yes ☐ No ☐ Declined

"Part-time" means you are working at least 1-34 hours per week at one or multiple jobs.

3. In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid?

☐ Yes ☐ No ☐ Declined

This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped the youth acquire employment-related skills (which can include specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment).

4. Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)?

☐ Yes ☐ No ☐ Declined

These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. A youth may be receiving these payments because a parent or guardian's disability, rather than his/her own.

5. Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses?

☐ Yes ☐ No ☐ Declined

Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education. "Student loan" means a government-guaranteed, low-interest loan for students in post-secondary education.

Additional Kansas Information: In Kansas, this would include the Education and Training Voucher (ETV) assistance or tuition waiver. This also includes federal financial aid, including Pell grants and Kansas Comprehensive grants.

6. Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment?

☐ Yes ☐ No ☐ Declined

This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that you receive or funds from a legal settlement. This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care subsidies, child support for your child or other financial help that does not benefit you directly in supporting yourself.

7. What is the highest educational degree or certification that you have received?

- ☐ **High school diploma/GED**
- ☐ **Vocational certificate** (means a document stating that a person has received education or training that qualifies him or her for a particular job, e .g., auto mechanics or cosmetology)
- ☐ **Vocational license** (means a document that indicates that the State or local government recognizes an individual as a qualified professional in a particular trade or business)
- ☐ **Associate's degree**, e.g. A.A. (generally a two-year degree from a community college)
- ☐ **Bachelor's degree**, e.g. B.A. or B.S. (a four-year degree from a college or university)
- ☐ **Higher degree** (a graduate degree such as a Masters or Doctorate degree)
- ☐ **None of the above**
- ☐ **Declined**

8. Currently are you enrolled in and attending high school, GED classes, post-high school vocational training, or college?

☐ Yes

☐ No

☐ Declined

This means both enrolled in and attending high school, GED classes, or postsecondary vocational training or college. A youth is still considered enrolled in and attending school if the youth would otherwise be enrolled in and attending a school that is currently out of session (e.g., Spring break, summer vacation, etc.).

9. Currently is there at least one adult in your life, other than your caseworker, to whom you can go for advice or emotional support?

☐ Yes

☐ No

☐ Declined

This refers to an adult who the youth can go to for advice or guidance when there is a decision to make or a problem to solve, or for companionship to share personal achievements. This can include, but is not limited to, adult relatives, parents or foster parents. The definition excludes spouses, partners, boyfriends or girlfriends and current caseworkers. The adult must be easily accessible to the youth, either by telephone or in person.

10. In the past two years, were you homeless at any time?

☐ Yes

☐ No

☐ Declined

“Homeless” means that the youth had no regular or adequate place to live. This includes living in a car, or on the street, or staying in a homeless or other temporary shelter.

11. In the past two years, did you refer yourself or had someone else referred you for an alcohol or drug abuse assessment or counseling?

☐ Yes

☐ No

☐ Declined

This includes either self-referring or being referred by a social worker, school staff, physician, mental health worker, foster parent, or other adult for an alcohol or drug abuse assessment or counseling. Alcohol or drug abuse assessment is a process designed to determine if someone has a problem with alcohol or drug use.

12. In the past two years, were you confined in a jail, prison, correctional facility, or juvenile or community detention facility, in connection with allegedly committing a crime?

☐ Yes

☐ No

☐ Declined

This means that the youth was confined in a jail, prison, correctional facility, or juvenile or community detention facility in connection with a crime (misdemeanor or felony) allegedly committed by the youth.

13. In the past two years, did you give birth to or father any children that were born?

☐ Yes

☐ No

☐ Declined

This means giving birth to or fathering at least one child that was born. If males do not know, answer “No.”

14. If you responded yes to the previous question, were you married to the child’s other parent at the time each child was born?

This means that when every child was born the youth was married to the other parent of the child.

☐ Yes

☐ No

If Question 13 was answered “Yes,” then Question 14 may not be answered “Not Applicable.”

☐ Declined

☐ Not Applicable

If Question 13 was answered “No” or “Declined,” then Question 14 must be answered “Not Applicable.”

15. Currently are you on Medicaid?

☐ Yes

☐ No

Medicaid (or the State medical assistance program) is a health insurance program funded by the government.

☐ Don’t Know

☐ Declined

Additional Kansas Information: In Kansas, this may also be referred to as KanCare administered through Managed Care Organizations (MCO) such as Healthy Blue Kansas, Sunflower Health Plan, or UnitedHealthcare Community Plan of Kansas.

16. Currently do you have health insurance, other than Medicaid?

“Health insurance” means having a third party pay for all or part of health care. Youth might have health insurance such as group coverage offered by employers or schools, or individual policies that cover medical and/or mental health care and/or prescription drugs, or youth might be covered under parents’ insurance. This also could include access to free health care through a college, Indian Tribe, or other source.

☐ Yes☐ No☐ Don’t Know☐ Declined**17. Does your health insurance include coverage for medical services?**

This means that the youth’s health insurance covers at least some medical services or procedures. This question is for only those youth who responded “Yes” to having health insurance.

If Question 16 was answered “Yes,” then Question 17 may not be answered “Not Applicable.”

If Question 16 was not answered “Yes,” then Question 17 must be answered “Not Applicable.”

☐ Yes☐ No☐ Don’t Know☐ Declined☐ Not Applicable**18. Does your health insurance include coverage for mental health services?**

This means that the youth’s health insurance covers at least some mental health services. This question is for only those youth who responded “Yes” to having health insurance with medical coverage.

If Question 16 was answered “Yes,” then Question 18 may not be answered “Not Applicable.”

If Question 16 was not answered “Yes,” then Question 18 must be answered “Not Applicable.”

If Question 17 was answered “Yes,” then Question 18 may not be answered “Not Applicable.”

If Question 17 was not answered “Yes,” then Question 18 must be answered “Not Applicable.”

☐ Yes☐ No☐ Don’t Know☐ Declined☐ Not Applicable**19. Does your health insurance include coverage for prescription drugs?**

This means that the youth’s health insurance covers at least some prescription drugs. This question is for only those youth who responded “Yes” to having health insurance with medical coverage.

If Question 16 was answered “Yes,” then Question 19 may not be answered “Not Applicable.”

If Question 16 was not answered “Yes,” then Question 19 must be answered “Not Applicable.”

If Question 17 was answered “Yes,” then Question 19 may not be answered “Not Applicable.”

If Question 17 was not answered “Yes,” then Question 19 must be answered “Not Applicable.”

☐ Yes☐ No☐ Don’t Know☐ Declined☐ Not Applicable**20. Currently are you receiving any ongoing welfare payments from the government to support your basic needs?**

This refers to ongoing welfare payments from the government to support your basic needs. Do not consider payments or subsidies for specific purposes, such as unemployment insurance, child care subsidies, education assistance, food stamps or housing assistance in this category.

☐ Yes☐ No☐ Declined**21. Currently are you receiving public food assistance?**

Public food assistance includes food stamps, which are government-issued coupons or debit cards that recipients can use to buy eligible food at authorized stores. Public food assistance also includes assistance from the Women, Infants and Children (WIC) program.

☐ Yes☐ No☐ Declined

22. Currently are you receiving any sort of housing assistance from the government, such as living in public housing or receiving a housing voucher?

☐ Yes

☐ No

☐ Declined

Public housing is rental housing provided by the government to keep rents affordable for eligible individuals and families, and a housing voucher allows participants to choose their own housing while the government pays part of the housing costs. This does not include payments from the child welfare agency for room and board payments.

23. Can we help you with independent living services?

☐ Yes

☐ No

If yes, we can help get you in contact with the independent living coordinator in your region.

Stay in Touch

In this section, please provide additional contact information so we can reach you to send your prepaid debit card reward and notify you of opportunities to complete additional surveys and earn more incentives in the future.

Please note: We will not share your information or use it for any other purpose except to contact you for NYTD survey information. If you list other people as possible contacts, we will only ask them how to get in touch with you in the event we cannot reach you at the contact information you provided; we will never ask them for other information about you.

Alternate Mailing Address

If you are planning to move or otherwise might not be reached at your current mailing address.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Alternate Phone Numbers

Cell Phone: _____ Home Phone: _____

Family/Friend's Phone: _____ Other Phone: _____

Alternate Email Addresses

Your Alternate Email(s): _____

Friend or Family Email(s): _____

Social Media Accounts

We will only use this information to contact you via private message. Please list the social media platform alongside your account handle(s).

Your Social Media Handle(s): _____

Preferred Contact Method

What is the best way to reach you over the next two years? Select all that apply.

☐ Cell Phone ☐ Home Phone ☐ Family/Friend's Phone ☐ Text Message ☐ Email ☐ Facebook

☐ Postal Mail ☐ Other (please specify): _____

Alternate Contact Person 1

Please provide as much contact information as possible for someone whom you expect to maintain contact with for the next two years. If you do not want to answer, leave these fields blank.

Name: _____ Relationship to You: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other: _____

Alternate Contact Person 2

Please provide as much contact information as possible for someone whom you expect to maintain contact with for the next two years. If you do not want to answer, leave these fields blank.

Name: _____ Relationship to You: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other: _____

Do Not Contact

Please list any specific contact information you would like us **not** to use, or any specific people you would like us **not** to contact.

Thank you for sharing your experience!
Your feedback helps improve programs and
policies to support young people like you.

\$50

Incentive!

In order to receive your \$50 prepaid debit card or other incentives, you must provide a mailing address and phone number. NYTD staff will follow up with you at the contact information provided if more information is needed.

☐ I want a prepaid debit card.

Mailing Address: _____ Phone Number: _____

☐ I do not want a prepaid debit card. Please send a check.

Mailing Address: _____ Phone Number: _____

☐ I do not want a prepaid debit card or a check.

What is a DCF Finding Decision?

The case finding is the decision about whether what happened meets the State's definitions for abuse/neglect, and whether the alleged perpetrator should not be permitted to reside, work or regularly volunteer in a child care facility regulated by the Kansas Department of Health and Environment (KDHE) or DCF Child Foster Care and Residential Facility Licensing. DCF has two case finding decisions.

- An “**unsubstantiated**” finding means the facts or circumstances do not provide clear and convincing evidence to meet the Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definitions of abuse or neglect. a reasonable person weighing the facts or circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).
- A “**substantiated**” finding means the facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. and K.A.R. definitions of abuse or neglect. a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/ neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meet criteria indicating the alleged perpetrator should not be. A substantiated perpetrator is not permitted to reside, work, or regularly volunteer in a childcare facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing.

If the evidence supports a substantiated finding, the person identified as responsible for the abuse or neglect will have his/her name placed on the Kansas Child Abuse and Neglect Registry—a statewide list of substantiated perpetrators known as the Kansas Child Abuse/Neglect Central Registry.

You will receive a copy of the finding decision in writing.

State law does not allow DCF to tell you who made the report.

Kansas Child Welfare Values: Statements of what we believe drive what we do.

1. All children deserve to be protected and free from abuse and neglect.
2. Children should be maintained with their family whenever possible.
3. Families are important to the health and wholeness of children.
4. Children need consistent nurturing in a healthy environment to realize their full potential.
5. Children and families are to be understood within the context of their own family history and culture.
6. All children need and deserve healthy, enduring relationships that provide stability and belonging.
7. Foster care is a temporary intervention, with the primary goal of reintegration and, if reintegration is not possible, a secondary goal is to attain another form of permanency, such as adoption.
8. Kansas child welfare staff should demonstrate integrity, understanding and compassion when addressing and overcoming difficult issues with children and families.
9. Kansas child welfare staff should be committed, qualified, trained and skilled, and supported by an effectively structured organization.
10. Parents have the primary responsibility for a child's safety and wellbeing. However, the entire community can contribute to helping families so children reach their fullest potential.

Office:

CPS Specialist:

Telephone:

Kansas Department for Children and Families Prevention and Protection Services 555 S Kansas Ave.

Table of Contents

Kansas Child Protective Services

What you need to know about investigations of child abuse or neglect

Why is DCF investigating me?

State law requires the Kansas Department for Children and Families (DCF) and/or law enforcement officers to investigate reports of alleged child abuse and neglect and decide if action is needed to protect your child.

What is going to happen?

DCF staff members will identify themselves, talk with you about what has been reported and what will happen next.

DCF staff and/or a law enforcement officer will gather information to make a decision about whether the allegation(s) of abuse or neglect has happened or is in danger of happening.

To find out if any action is necessary to protect your child, DCF will ask to see and talk to your child, family members and others who may know about what is happening.

DCF will talk with you about the things you are already doing to help your family and other ways your family is being supported.

DCF may work with you, other family members and any other support resources you identify to develop a plan of care in order to protect your child.

What are my rights?

- To refuse to talk to DCF
- To know what was reported
- To request DCF services
- To know the DCF finding decision
- To appeal a substantiated finding decision

What can I do to help?

DCF staff wants to help your family. We will work with you to find the best ways to get the help your family may need. Please see Kansas Child Welfare Values on the back which describes the agency's values supporting our work to partner with families.

You can help by being cooperative and by openly talking to DCF and law enforcement officers. Giving the names of your relatives, friends, doctors, teachers and other people who have first-hand knowledge of you and your children will also be useful.

What if I don't want to talk to DCF?

It is your right not to talk to DCF. However, by talking to DCF, you can help DCF staff members better understand your family's situation. This will ensure the best possible service decisions are made to keep everyone safe.

If you choose not to talk to DCF staff, and DCF staff members are not able to determine that your child is safe, DCF may ask for law enforcement assistance or a court order.

A law enforcement officer who believes a child may be harmed has the authority to take the child into protective custody. If it is necessary, the officer will take your child to a safe place.

What can I do if I am dissatisfied with the process?

Talk about your concerns with DCF, calmly stating the facts as you see them. If you have concerns or questions after talking with DCF staff, you may speak to a DCF supervisor.

You may also contact the DCF Office of Client Services by calling **1-833-765-2003** or emailing DCFCustomerService@ks.gov.

Will my child be removed?

DCF believes children should remain with their parents unless the children are determined unsafe.

Your child will be removed from your home only in the most serious situations and if you are unable to protect your child by yourself.

If abuse or neglect has happened or is likely to happen to your child, DCF will help your family make a plan to keep everyone safe.

In order to ensure the safety of your child and minimize trauma, you may need to consider:

- If someone in your home is a threat to your child, can you tell that person to leave?
- Are any family members or friends willing and able to care for your child in their home?

If neither choice is possible right now, law enforcement may place your child in protective custody or a judge may give temporary custody of your child to DCF or another person.

Will I go to court?

Parents can usually make necessary changes without involving the court. DCF must report substantiated case findings to the county or district attorney. The county or district attorney decides whether to file a case with the court. If a "Child in Need of Care" petition is filed, the court will hold a hearing, and you may appear with an attorney. DCF may be a witness, but DCF has no authority or control over court decisions.

If your child has been removed by a law enforcement officer or by an emergency court order, a court hearing must be held within

72 hours (except weekends and holidays) to determine if your child can be returned to you.

Notice of Department Findings

Date of Mailing: _____ Event #: _____ DCF Office: _____

To: _____ From: _____

TELEPHONE # **Phone Number**: _____

Street Address/P.O. Box: _____ Street Address/P.O. Box: _____

City: _____ City: _____

State: _____ State: _____

ZIP: _____ ZIP: _____

The Kansas Department for Children and Families (**DCF**) has completed an investigation of a report dated: _____
 ("Report Date" on PPS 1001)

DCF has made the following decisions ~~have been made~~:

Child's Name/Alleged Victim	Allegation	Finding	Unsubstantiated-Alleged Perpetrator OR Substantiated Perpetrator [±]

***NOTE REGARDING UNSUBSTANTIATED CASE FINDINGS:** An unsubstantiated finding is a determination the incident reported was not substantiated.

***NOTE TO SUBSTANTIATED PERPETRATORS:** Substantiated Perpetrators have the opportunity to appeal agency findings. If a substantiated perpetrator does not appeal or the appeal is unsuccessful, the substantiated perpetrator's name will be placed on the Kansas Child Abuse / Neglect Central Registry. Persons whose names appear on the Central registry are not permitted by law to work, reside, or regularly volunteer in child care homes or facilities licensed or regulated by the Kansas Department for Health and Environment (KDHE) or the Kansas Department for Children and Families (DCF) Foster Care and Residential Facility Licensing. A substantiated finding may affect a substantiated perpetrator's current employment status in a childcare or residential facility licensed or regulated by the KDHE or DCF Foster Care and Residential Facility Licensing and such person's ability to obtain employment in the future. See reverse side for additional important information regarding appeal and expungement processes.

Recommendations: _____ ☐ Yes ☐ No

Document Recommendations: _____

Is case finding substantiated with a child under the age of three? _____ ☐ Yes ☐ No

If yes, a referral to Infant-Toddler Services shall be completed.

Basis of Decision:

Distribution/copies (An X in the box indicates persons receiving a copy of this notice.):

☐ File	☐ Child	☐ Child Placing Agency of foster home
☐ Parents / or Caregiver of child	☐ Contractor providing services	☐ KDHE
☐ Alleged Perpetrator	☐ Director of Facility	

☐ Regional Mental Health Field Staff	☐ DCF Foster Care and Residential Facility Licensing	☐ County / or District Attorney (SB/AF substantiation only)
☐ KDADS		
☐ KDOC-JS	☐ DCF Child Care Provider Manager	

Important Information

What do the terms “unsubstantiated,” and “substantiated” mean?

A report of alleged or suspected child abuse or neglect is determined to be “unsubstantiated” if the facts or circumstances do not provide clear and convincing evidence to meet the Kansas Statutes Annotated (K.S.A. 38-2202) and Kansas Administrative Regulations (K.A.R. 30-46-10) definition of abuse or neglect. A reasonable person would conclude it is more likely than not (preponderance of the evidence) the facts or circumstances do not result in a finding of abuse and/or neglect per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.) definition.

A report of alleged or suspected child abuse or neglect is determined to be “substantiated” if the facts and circumstances provide clear and convincing evidence to conclude the Alleged Perpetrator's actions or inactions meet the K.S.A. (K.S.A. 38-2202) and K.A.R. (K.A.R. 30-46-10) definition of abuse or neglect. A reasonable person weighing the facts and circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse and/or neglect definition per applicable K.S.A. and K.A.R. and criterion for a substantiated case finding is met. A substantiated case finding results in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry. The perpetrator is then prohibited from residing, working, or regularly volunteering in a childcare facility licensed or regulated by KDHE or Kansas Department for Children and Families Foster Care and Residential and Facility Licensing.

Information regarding unsubstantiated or substantiated findings is restricted by law and is not available to the general public (K.S.A. 38-2209 et seq). The information retained by DCF for the purpose of assisting the department if additional reports are received DCF retains this information for reference if the department investigates or assesses another report involving the same children or adults. The information is available to other agencies with a legal responsibility to protect children, or as otherwise provided by law.

Substantiated Perpetrator

Substantiated perpetrators are those persons who DCF has have been substantiated as having committed an act of child abuse or neglect, as defined by in Kansas Statutes Annotated K.S.A. 38-2202 and Kansas Administrative Regulations K.A.R. (30-46-10). Substantiated Perpetrators have the right to appeal agency findings. If a substantiated perpetrator does not appeal or the appeal is unsuccessful, the substantiated perpetrator's name will be placed on the Kansas Child Abuse and Neglect Registry, and Persons whose names appear on the registry are then prohibited from residing, working, or regularly volunteering in a childcare facility pursuant to K.S.A. 65-516, and amendments thereto. DCF has established criteria for determining when a perpetrator has been substantiated. A person who meets the criteria is substantiated and their name entered in the Kansas Child Abuse and Neglect Central Registry. The Kansas Child Abuse Central Registry is a listing of persons who have been confirmed, validated, or substantiated for child abuse or neglect.

Kansas law (K.S.A. 65-516) states no person shall knowingly maintain a licensed childcare or residential facility if there resides, works or regularly volunteers any person who is listed in the Child Abuse Registry as confirmed, validated or substantiated for child abuse or neglect.

Notice of a substantiation will be provided to The Kansas Department of Health and Environment, the Kansas Department for Children and Families DCF Foster Care and Residential Facility Licensing, and to the childcare or the director of the residential facility where abuse or neglect occurred may receive the PPS 2012 Notice of Department Finding when applicable per DCF PPM 2540 and 2544.

Access to Records

A substantiated perpetrator may access DCF records pertaining to the report of the alleged instance of abuse or neglect prior to any hearing or waiver of the right to a hearing.

Release of Information

Information about reports or findings regarding child abuse and neglect is confidential and restricted pursuant to K.S.A. 38-2209 through K.S.A. 38-2212 not available to the general public. The information is retained by DCF for the purpose of assisting the department if additional reports are received involving the same children or adults. The information is available to other agencies with a legal responsibility to protect children, or as otherwise provided by K.S.A. 38-2209 through K.S.A. 38-2212 law (K.S.A. 38-2209 et

seq). DCF will release information regarding about a substantiated perpetrator will be released as required by law or upon a written release of information by that substantiated perpetrator the person whose name is listed on the registry.

Right to Appeal Decision

A substantiated perpetrator may appeal a decision of substantiation for child abuse and/or neglect by filing a written request for fair hearing pursuant to K.A.R. 30-7-68 et seq. with the Kansas Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, Kansas 66612-1327 within 30 days from the date of the mailing of this Notice of Department Finding per K.A.R. 30-7-68. An additional three days shall be allowed if this Notice of Department Finding is mailed. Additional information or fair hearing request forms may be obtained from any DCF office or from the Kansas Office of Administrative Hearings at <https://oah.ks.gov/pages/administrative-hearing-process> on line at <https://oah.ks.gov/Home/FilingMethods>. The person against on whom DCF made a substantiated finding decision has been made may have legal counsel or others to represent the said person at the hearing. If the substantiated person is dissatisfied with the hearing decision, said person with the substantiated finding may request in writing a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

Expungement from the Kansas Child Abuse and Neglect Central Registry

If a substantiated perpetrator's name is placed on the Kansas child abuse and neglect central registry, said person may apply to the Secretary of DCF to have his or her name expunged from the central registry when three years have passed since the most recent entry of the substantiated person's name on the registry and when there has been a change in his or her circumstances or there is new information for the panel to consider. The application for expungement shall be in writing and shall be directed to the Secretary of the Department for Children and Families, Attention: Prevention and Protection Services, 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.

Any person who has been a substantiated perpetrator of child abuse or neglect and is placed on the child abuse and neglect registry may apply to the Secretary of DCF to have their case reviewed for expungement after three years have passed from the most recent entry of the substantiated person's name on the registry or, if ordered to be on the registry, the date the order was entered, pursuant to HB 2601.

If a person requests their name to be expunged from the registry, the person should direct the request by writing to the Secretary, stating the reason for their request. The letter need not follow any particular form and can be emailed to DCF.ChildRegistryExpungements@ks.gov, or by posting a letter to the Secretary of the Department for Children and Families, attention: Prevention and Protection Services, 555 S. Kansas Ave., Topeka, KS. 66603.



To: *first and last name of the person receiving the notice*

From: *name of the CPS or designee sending the notice*

Street Address/P.O. Box: *address of the person receiving the notice*

Street Address/P.O. Box: *address of the CPS or designee sending the notice*

City: *city of the CPS or designee sending the notice*

State: *state of the person receiving the notice*

State: *state of the CPS or designee sending the notice*

ZIP: *ZIP code of the person receiving the notice*

ZIP: *ZIP code of the CPS or designee sending the notice*

The Kansas Department for Children and Families (DCF) has completed an investigation of a report dated: *from the PPS 1001*
 ("Report Date" on PPS 1001)

DCF has made the following decisions:

Child's Name/Alleged Victim	Allegation	Finding	Unsubstantiated Alleged Perpetrator OR Substantiated Perpetrator
<i>the child's first and last name</i> <i>if the allegation type and case finding decision is the same for all children, all the children can be on the same line</i>	<i>one of the abuse or neglect allegation types per line</i>	<i>substantiated or unsubstantiated</i>	<i>the alleged perpetrator's first and last name</i>
<i>Insert and delete these lines as needed on the notice</i>			

Recommendations: ☐ Yes ☐ No

If yes, a referral to Infant-Toddler Services shall be completed. *either "Yes" or "No" to indicate whether the case finding is substantiated, and the child is under the age of three*

Basis of Decision:

if the case finding is unsubstantiated, include only the following statement: "Facts and circumstances do not support a substantiated finding by clear and convincing evidence."

if the case finding decision is substantiated, also include:

- 1. date of report, as documented on PPS 1001 "Report Date"*
- 2. use language indicating the standard of evidence being clear and convincing*
- 3. the reason for the Department's finding decision*

Distribution/copies (An X in the box indicates persons receiving a copy of this notice.):

☐ File

☐ KDHE

☐ Parents or Caregiver of child

☐ Regional Mental Health Field Staff

☐ Alleged Perpetrator

☐ KDADS

☐ Child

☐ KDOC-JS

☐ Contractor providing services

☐ DCF Foster Care and Residential Facility Licensing

☐ Director of Facility

☐ DCF Child Care Provider Manager

☐ Child Placing Agency of foster home

☐ County or District Attorney (substantiation only)

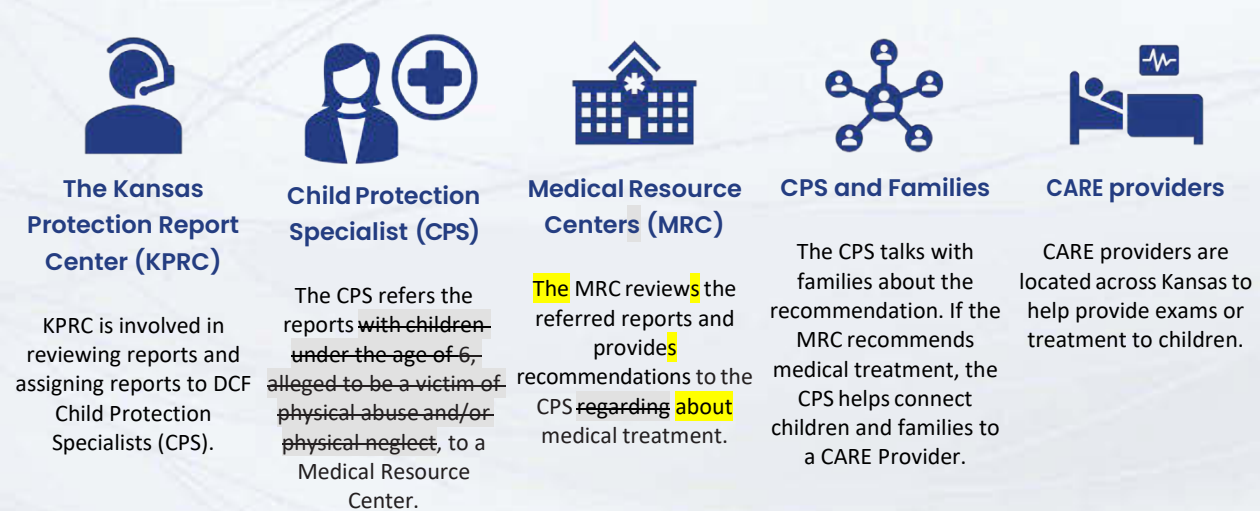
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What is a CARE Referral?

In May 2023, Child Abuse Review and Evaluation Referral (CARE) went into effect requiring **Following K.S.A. 38-2226**, the Kansas Department for Children and Families (DCF) **to make makes CARE** referrals to Medical Resource Centers and CARE providers. The purpose of a CARE referral is to connect children and families with a network of medical professionals to receive recommendations **regarding about** medical treatment a child may need.

Who is involved in the CARE Referral Process?



What is a Medical Resource Center?

The Medical Resource Center (MRC) is a **center group** of specially trained medical providers available to review reports and make recommendations. The CPS will be in communication with you about these recommendations. If a medical exam or treatment is needed, the CPS will assist you with the referral to a CARE provider or another medical professional.



What is a CARE Provider?

CARE Providers are specially trained medical providers located within Kansas communities. CARE Providers are available and equipped to provide an exam or treatment

recommended by the MRC.



Data Privacy

To ensure data privacy, DCF uses IRIS (Integrated Referral and Intake System) to facilitate secure communication between DCF, Medical Resource Centers, and CARE Providers. ~~If you have questions or concerns about IRIS, or you do not consent to your information being entered into IRIS, please discuss your concerns with the CPS. If you don't consent to have your information stored in IRIS, it will be sent to a Medical Resource Center or CARE Provider through email.~~

What information is shared in IRIS?

Information entered and stored in IRIS includes case details (child's name, description of allegations, medical records, photographs, etc.) and the Medical Resource Center or CARE Provider's recommendation. This information can only be seen by staff ~~(users)~~ of the organizations involved in sending or receiving the CARE referral and any IRIS Data Managers ~~(s)~~. All IRIS users **abide by confidentiality laws and regulations that protect individually identifiable information.** ~~must treat personal data in IRIS as private.~~

How is data privacy managed?

IRIS is managed by the Center for Public Partnerships and Research at the University of Kansas. The IRIS tool meets applicable laws **to reasonably** maintain the privacy and security of personal information. Safety measures include regular audits, mandatory IRIS staff training, policies requiring appropriate handling of secure information, encrypting data while at rest and during transmission, housing data on HIPAA-compliant cloud storage solution, and single-user logins.

Contact Information:



CPS SPECIALIST NAME



PHONE



OFFICE LOCATION



PPS 3051 Permanency Plan

This permanency plan has been created to achieve a permanency goal of: **Reintegration**

This case plan also supports achieving a concurrent goal of: **N/A**

Case Management Provider (CMP): Click or tap here to enter text. **Assigned CMP Staff:** Click or tap here to enter text.

CMP Contact Information: Click or tap here to enter text.

Assigned DCF Staff: Click or tap here to enter text.

Permanency Planning Conference Date: Click or tap here to enter text.

This Permanency Plan is Effective From: Click or tap to enter a date. **To:** Click or tap to enter a date.

Section 1 – Child and Family Information

Child Name: Click or tap here to enter text. **DOB:** Click or tap to enter a date. **Court Case No:** Click or tap here to enter text.

County: Click or tap here to enter text.

FACTS Case Number: Click or tap here to enter text. **FACTS Client ID:** Click or tap here to enter text. **FACTS Case Head:** Click or tap here to enter text.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

Parent or Caregiver Name: Click or tap here to enter text.

Relationship to the child: Choose an item.

If there is a legal father, how was paternity established? Choose an item.

Click or tap here to enter text.

If any identified legal parent or caregiver is deceased or no longer retains rights, provide the date this occurred and how it was confirmed:

Click or tap here to enter text.

For the identified child, or any identified parent or caregiver not present, describe efforts made to include them in this permanency planning conference:

Click or tap here to enter text.

Has a Court determined ICWA applies: Click or tap here to enter text. **Date of Court Determination:** Click or tap to enter a date.

Name of Tribe: Click or tap here to enter text. **Tribal Contact:** Click or tap here to enter text.

What assessments have been completed with the family?: Click or tap here to enter text.

Section 2 – Safety

Worries	Safety, Strengths, and Family Successes
<i>What happened that led to the service referral?</i> Click or tap here to enter text.	<i>What have the family members and/or their supports done to provide or build some protection for the child? What has happened that gives people even a bit more confidence that the child will be able to return home (or the alternative permanency goal will be achieved)?</i> Click or tap here to enter text.
<i>What is happening now that is keeping the child from returning home (or keeping an alternative permanency goal from being met)?</i> Click or tap here to enter text.	

<i>Who is worried and what are they worried might happen to the child if things don't change?</i> Click or tap here to enter text.		

Family Resources

Who or what does this family have around them that might help in the safety building process? Who are the natural supports who have the strongest connections to the family and child?

Name of Support	Relationship to the Family
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

Section 3 – Objectives, Services, and Activities

Permanency Objective 1: <i>(What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)</i> Click or tap here to enter text.				
Active Activities				
Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Permanency Objective 1: Achieved or Removed Activities				
Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed	
	Yes No		Click or tap to enter a date.	

Permanency Objective 2: <i>(What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)</i> Click or tap here to enter text.				
Active Activities				
Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Permanency Objective 2: Achieved or Removed Activities				
Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed	
	Yes No		Click or tap to enter a date.	

Permanency Objective 3: <i>(What is the desired outcome? What needs to be happening differently in the care of the children? What's the anticipated positive impact for the children?)</i> Click or tap here to enter text.				
Active Activities				
Activity #	What activities need to be completed to address the worries, and who will help ensure the action is taken?	Court Ordered?	Target Date	Progress Since Last Case Plan
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Yes No	Click or tap to enter a date.	Click or tap here to enter text.
Permanency Objective 3: Achieved or Removed Activities				
Achieved or Removed Activity	Court Ordered?	Document reason for removal of activity or how activity was achieved.	Date activity was achieved or removed	
	Yes No		Click or tap to enter a date.	

What may happen if these Permanency Plan objectives and activities are not completed?

Click or tap here to enter text.

Section 4 – Placement

Attach print out of current placement and all placements since last case plan. For the most recent placement, document if it is safe, meets the needs of the child, is least restrictive, is consistent with the best interest of the child, in close proximity to parents (if reintegration is the permanency goal), and how proximity to home school and appropriateness of the child's educational setting was considered.

Placement Date	Is Placement Safe?	Does Placement Meet the Needs of the Child?	Is Placement Least Restrictive?	Is Placement in Close Proximity to Parents?	Is Placement in close proximity to school?	Is Educational Setting Appropriate?	Currently placed with siblings?
Click or tap to enter a date.	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No No Siblings

For each answer, what worries the agency enough to say no or what gives the agency enough confidence to say yes?

Click or tap here to enter text.

Note how relatives have been considered for placement and provide any specific recommendations for placement (such as Qualified Residential Treatment Program [Q RTP]) including caregiving practices important to the parent (such as hair care, bedtime routines):

Click or tap here to enter text.

If the child has been assessed for or placed in a Q RTP, attach the PPS 3060 Q RTP Case Plan Requirements.

Section 5 – Child Well-Being

Provide a summary of how child is doing since last permanency plan conference (include information for sleepovers, self-care, physical restraint, driving, or high-risk activities when applicable.). *Note child's opportunities to engage in age and developmentally appropriate activities.*

[Click or tap here to enter text.](#)

Need	Description	Provider; (Provider address and phone number)	Date of last service or plan	Court ordered?
Primary Care Provider	Example: KBH Yearly	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Dental	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Vision	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Mental Health <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
HCBS Waiver (TA, I/DD, Autism, TBI, SED) *Include Waitlist* <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Alcohol/Drug Treatment	Type Description Here	Provider Name	MM/DD/YYYY	Yes

		Example: 1234 Main St. Wichita KS		No
Behavioral Health <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
Educational (IEP, 504, Educational Advocate) <i>Diagnosis:</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No
<i>Additional Needs</i> <i>OBGYN, PT, OT, etc.</i>	Type Description Here	Provider Name Example: 1234 Main St. Wichita KS	MM/DD/YYYY	Yes No

Federal Benefits If the child has a documented disability, has an SSI referral been made to KLS? Yes No No documented disability If no, documented reason: Click or tap here to enter text.	ABLE or WARDS account? Yes No Is the child a recipient of any of the following federal benefits: SSI SSDI Veterans Affairs Railroad Retirement

Pregnant or Parenting Youth? Yes No <i>Check “yes” for any child who is pregnant, an expectant father, or minor parent</i>	Is the child of the pregnant or parenting youth in the custody of the Secretary?: Yes No Prevention Plan: If no, select the plan that is preventing the child of the pregnant or parenting youth from entering care. Maintaining Safely in the Home with Parent Living Temporarily with Relative or Kin Living Permanently with Relative or Kin Describe what services, supports, or programs are helping make this plan work:

Section 6 – Participation and Signatures

Any remaining questions from the child and a summary in their own words of their experience being involved in the creation of this case plan: <i>Type questions here</i>
Any remaining questions from the parent or caregiver and a summary in their own words of their experience being involved in the creation of this case plan: <i>Insert questions here</i>

My Signature Confirms:

- I was included as a participant in the development of this plan.
- I understand this signed case plan may be released to participants in this plan and they may share information among the participants necessary to implement the plan.
- I understand my signature does not mean I do or do not agree with this plan.
- If I am not a legal parent, legal caregiver, or child, I understand the information discussed in the meeting is confidential shall not be shared.
- **If I am the Legal parent, legal caregiver, or child, I understand I am to be provided a copy of “Section 3: Objectives, Services, and Activities” the date of my signature.**

Printed Name	Signature	Role (note if 3 rd party)	Agency (if applicable)	Date Signed	Participation Codes IP, BP, NI

Past Publication Date: January 1, 2026

Family/Permanency Plan Services and Service Codes (to Share with DCF only)

FACTS Case Name: _____ FACTS Case Number: _____ FACTS Case ID #: _____
 (CHECK ALL SERVICES WHICH ARE A PART OF THIS SERVICE PLAN TO BE DELIVERED OVER THE NEXT 170 DAYS)

HEALTH

☐ Out-Patient Treatment: _____ MD02 N/P ☐ Speech Therapy: _____ MD04 N/P
☐ In-Patient Treatment: _____ MD03 N/P ☐ Occupational Therapy: _____ MD05 N/P

EDUCATIONAL/VOCATIONAL

☐ Tutoring: _____ ED01 N/P ☐ Driver's Education: _____ ED06 N/P
☐ Special Education Program: _____ ED02 N/P ☐ College: _____ ED07 N/P
☐ Adult Basic Education: _____ ED03 N/P ☐ Education Advocate: _____ ED08 N/P
☐ GED Preparation/High School Grad: _____ ED04 N/P ☐ Attendance: _____ ED09 N/P
☐ Vocational Education: _____ ED05 N/P

MENTAL HEALTH SERVICES/DEVELOPMENTAL SERVICES

☐ Psychological Testing*: _____ ME01 N/P ☐ Medicine Management: _____ ME07 N/P
☐ Individual Therapy: _____ ME02 N/P ☐ Child/Youth Mentorship (under 15)*: _____ FU03 N/P
☐ Group Therapy: _____ ME03 N/P ☐ Attendant Care: _____ FU05 N/P
☐ Family Therapy: _____ ME04 N/P ☐ Early Ed (ITS/IDEA): _____ FU06 N/P
☐ Counseling*: _____ ME05 N/P ☐ Waivers (HCBS): _____ FU08 N/P
☐ Partial-Day Social or Educational Services*: _____ ME06 N/P

HOUSING SERVICES

☐ Emergency Clothing: _____ HO01 N/P ☐ Residence Adaptation: _____ HO04 N/P
☐ Emergency House Repairs: _____ HO02 N/P ☐ Emergency Utilities: _____ HO05 N/P
☐ Household Furniture/Appliances: _____ HO03 NP ☐ Emergency Shelter or Rental Assistance: _____ HO06 N/P

EMPLOYMENT SERVICES

☐ Employment Preparation Services: _____ EM01 N/P

PROTECTIVE OR FAMILY PRESERVATION SERVICE

☐ Intake and Assessment: _____ PR01 N/P ☐ Program (family) Support Services*: _____ PR07 N/P
☐ In-Home Family Treatment*: _____ PR02 N/P ☐ Emergency Shelter* (protective): _____ PR08 N/P
☐ Family Preservation Referral: _____ PR03 N/P ☐ Family Services Referral: _____ PR10 N/P
☐ Parenting Education*: _____ PR04 N/P ☐ **START: _____ PR13N-STA**
☐ Respite Care*: _____ PR06 N/P

INCOME SERVICES

☐ Child Support: _____ IN01 N/P ☐ Family Financial/Reunification Asst*: _____ IN03 N/P
☐ Budgeting: _____ IN02 N/P ☐ Assist with Applications for Assistance: _____ IN03 N/P

SUPPORT FOR FAMILY FUNCTIONING SERVICES

☐ Case Management: _____ FU01 N/P ☐ Social Service Coordination (DCF): _____ FU04 N/P
☐ Basic Living Skills: _____ FU02 N/P ☐ Mediation Services*: _____ FU07 N/P

ADOPTION SERVICES

- ☐ Adoptive Placement Services:.....AO01 N/P ☐ Home Study*:.....AO03 N/P
☐ Adoptive Family Preparation Services:.....AO02 N/P ☐ Adoptive Family Recruitment:.....AO04 N/P
☐ Adoptive Family Assessment:.....AO03 N/P ☐ Adoption Subsidy:.....AO05 N/P

CHILD CARE SERVICES

- ☐ Child Care in Other Home Services:.....CH01 N/P ☐ Child Care in Own Home Services:.....CH03 N/P
☐ Child Care Center Services:.....CH02 N/P

INDEPENDENT LIVING SERVICES

(Only check boxes that match federal definitions in 3057A)

- ☐ Psychological Testing*:.....ME01 N/P ☐ Medicine Management:.....ME07 N/P
☐ Individual Therapy:.....ME02 N/P ☐ Child/Youth Mentorship (under 15)*:.....FU03 N/P
☐ Group Therapy:.....ME03 N/P ☐ Attendant Care:.....FU05 N/P
☐ Family Therapy:.....ME04 N/P ☐ Early Ed (ITS/IDEA):.....FU06 N/P
☐ Counseling*:.....ME05 N/P ☐ Waivers (HCBS):.....FU08 N/P
☐ Partial-Day Social or Educational Services*:.....ME06 N/P

OTHER

- ☐ Psychological Testing*:.....ME01 N/P ☐ Medicine Management:.....ME07 N/P
☐ Individual Therapy:.....ME02 N/P ☐ Child/Youth Mentorship (under 15)*:.....FU03 N/P
☐ Group Therapy:.....ME03 N/P ☐ Attendant Care:.....FU05 N/P
☐ Family Therapy:.....ME04 N/P ☐ Early Ed (ITS/IDEA):.....FU06 N/P
☐ Counseling*:.....ME05 N/P ☐ Waivers (HCBS):.....FU08 N/P
☐ Partial-Day Social or Educational Services*:.....ME06 N/P

* Indicates the service is described in the Handbook of Services, EP Appendix E, -in the PPS Policy and Procedure Manual. A service is a category of good(s) or service(s) which can be identified within the case plan as an item which is used to address a family's need. The service codes are entered into FACTS to track the goods and services provided to families. The suffix 'N' means the good(s) or service(s) is provided at no direct charge to DCF. The suffix 'P' means DCF is paying the source of the service/good directly.



Child's Name:		FACTS Client ID #:	
Case Management Provider:		Case Manager:	
DCF Region:		DCF CPS Specialist	
Case Plan Date:		Date DCF Received Case Plan:	
		Date DCF Returned Case Plan:	

This checklist shall be utilized by the assigned DCF CPS Specialist responsible for review and approval of PPS 3051 Permanency Plan forms. Review and approval is required for all permanency plans, including those in which the DCF CPS Specialist participated in the case planning conference.

Approval by DCF through this checklist indicates that all required information has been provided. Approval by DCF through this checklist does not represent an assessment or approval of the of the permanency plan's quality or its adherence to policies that speak to expectations of quality.

Yes	No	N/A	Review Items
☐	☐		1. Child's permanency goal is identified on PPS 3051 and appropriate per policy given the child's age and circumstances.
☐	☐		2. The worries preventing the child from safely achieving the permanency plan goal are clearly stated in Section 2 of the PPS 3051.
☐	☐		3. A minimum of one Family Resource is documented in Section 2 of the PPS 3051.
☐	☐		4. There is at least one objective intended to address the identified factors preventing the permanency plan goal from being achieved.
☐	☐		5. The factors preventing the permanency plan goal from being achieved are addressed by at least one activity.
☐	☐	☐	6. Each parent, guardian, or legal caregiver has at least one activity identified in Section 3 of the PPS 3051.
☐	☐	☐	7. Each child age four and older has at least three self-sufficiency activities identified.
☐	☐		8. Progress toward achieving permanency goal and on all activities is clearly documented on the PPS 3051. For initial case plans, documentation of progress on activities clearly describes what has occurred since the initial service plan. For review case plans, documentation of progress on activities clearly describes what has occurred since the previous case plan.
☐	☐	☐	9. For discontinued tasks, the reason that task is no longer continued is clearly stated and there is an end date.
☐	☐	☐	10. Explanation shall be provided for any yes or no answers in Section 4 of the PPS 3051.
☐	☐		11. Section 5 of the PPS 3051 is completed and includes child well-being information that is both complete and current.
☐	☐	☐	12. For children in out of home placement, PPS 3053 is completed.
☐	☐	☐	13. For children of any age, a PPS 3057 is provided.
☐	☐	☐	14. For children age 14 and older in an out of home placement, there is a minimum of one independent living skill related to helping the young person transition to adulthood identified in Section 3 or Section 5 of the PPS 3051.
☐	☐	☐	15. For children age 14 and older in an out of home placement, a PPS 3059A or PPS 3059B transition plan is initiated, updated and/or completed. If the youth refuses to participate in the transition planning process, the case plan will document efforts to engage the youth in completing the form.
☐	☐		Table of Contents: The PPS 3051 includes the printed name, signature, date and participation code of all case

		planning participants. If signatures have not yet been obtained, documentation shall note when the forms were provided to participants for signature. Digital signatures will be supported by documentation per policy.

If the answer to any of these review items is “no”, the case plan shall not be approved. Only approved case plans shall be submitted to the Court.

The Child Welfare Case Management Provider shall provide the completed case plan documents (PPS 3051, 3052, 3053, 3057, 3059A or B, if applicable, and invitation letters) to DCF within 3 business days of the case planning conference. The assigned DCF CPS Specialist shall review the case plan and, if all review items are scored “yes”, return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the case plan.

If the DCF CPS Specialist is unable to approve the case plan due to the required information not being included in the case planning documents, the case plan shall be returned to the Child Welfare Case Management Provider along with the unsigned PPS 3058 which shall reflect the information that is missing. Child Welfare Case Management Provider is responsible to take the steps needed to make the needed corrections and provide the corrected case plan to DCF for review within 3 business days. DCF staff shall review the revised case plan and return the approved case plan to the Child Welfare Case Management Provider within 3 business days of receipt of the revised case plan.

Comments:

Approved by DCF CPS Specialist:		Date of approval:	



Revised Date July 1, 2026

(Date)

Dear (Relative),

Federal and state law requires **Kansas Department for Children and Families** (DCF) to consider relatives first when seeking a placement for children in custody of the Secretary.

You have been identified as a possible relative to *(Child's First Initial and Last Name)*

~~This letter is written to inform you that your~~
~~_____ (relationship) _____, _____ (Name) _____, _____ (DOB) _____, who~~ was placed in the custody of the secretary of **DCF** ~~the Department for Children and Families~~ for out of home placement on *(Date)* _____.

If you are NOT a relative of the above-mentioned child, or you chose not to be involved in this process, please contact the Child Protection Specialist at or simply disregard this letter.

~~Relatives play an important role in the lives of children, especially those temporarily being cared for by someone other than their parents. Federal and state law requires DCF to consider relatives first when seeking a placement for children in the custody of the Secretary. Studies show children do better when placed with people who know and care about them. The children stay connected to their family and culture and experience more stability. Relatives may be involved with children in care in other ways, such as providing support to the parents, being a mentor for the child in care, offering to transport the child to school or activities, etc.~~

If you ARE a relative to the above mentioned child, please contact *(CWCMP Agency)*

~~_____~~, that provides foster care services for the State of Kansas, at *(Agency Contact Information)* _____.

~~In the next few days, you will be contacted by a representative from _____ (agency name) _____, at _____ (phone number) _____ that provides foster care services for the State of Kansas. This will be your opportunity to offer to be considered as a placement resource, or explore other ways you can be involved with the child or in the child's life, or ask any questions you may have.~~ The Child Welfare Case Management Provider (CWCMP) can discuss ways you can be involved with the child. This could mean being a placement for the child or finding other ways you can remain connected to the child. You ~~can~~ **may** also request to be informed of meetings and **court proceedings**. Enclosed is a card that explains the process and financial options that are available should you become the placement resource for **your relative**. ~~the child.~~

Children in temporary care thrive when placed with relatives, benefiting from greater stability and preserved cultural connections. Relatives also play vital roles as part of the network for the child and the parents. Your support, in any form, makes a difference.

Failure to respond to this notice may result in the child continuing placement in a foster home with persons not known to the child.

A Family Handbook is provided to parents when their children are placed in out of home care. It provides more information about the child welfare system. If you would like a copy, please let the child's worker know. We know this is a trying time for your family. Keeping this child connected to family is important, and we hope that you will choose to help in whatever way you can.

Sincerely,

DCF Child Protection Specialist
(Contact information)



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PPS 5137

Prevention and Protection Services Family Handbook

Introduction

A Message for You

Over the past few years, child well-being services in Kansas have placed added value on the voice and involvement of families and have become more family centered. This Family Handbook is a result of this change.

This Handbook has been written to:

- Help you understand what is happening and what may happen
- Provide you with information so you may be prepared in advance
- Inform you of important steps to take, and resources available to you and your family
- Give you hope.

As family partners, we have been in your shoes, and some of us still are. We know the feelings and the fear of the unknown you may be having. It is our hope that this Handbook will help you through this time. And no matter the challenges you may face, please remember that you are the most important person in the life of your child.

Brought to you by,

A Parent Empowerment Peer (PEP) Support Specialist at:



**FAMILIES
TOGETHER,
INC.**

**In
partner
ship
with**

**K
F
S
C**

**KANSAS FAMILY
SUPPORT CENTER**

Last Publication Date: November 2021

About This Handbook

The Family Handbook gives an overview of the Kansas child well-being system beginning with "out of home placement" (this will be used instead of foster care) and continues through reunification (return home). A brief description of the court process is also included.

The symbols below, and the information they represent, are located at different places in the Handbook to give additional information.

Key Points to pay attention to or do

Practical tips from family partners

Time related information and a reminder that there is a limit on how long a child can be in out of home placement

In the back of the Handbook are **references** and additional resources for you to explore. Included in the **resource** section are common definitions and acronyms (initials of words) used in child well-being along with pages for you to record **contact** information and **notes**.

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Getting Organized

Throughout the process, you will be given a lot of information such as contacts, appointments, hearing dates, and other documents. You will also need to provide information about your child and family. Keeping this information in order will be helpful to you.

Below is a list of some of the information you will need:

Agency Contact Information (take note of emergency after-hours numbers).

Foster Family Information for your child.

Contact List: Who does what and how do you contact them (you may want to use a business card holder).

Calendar: What appointments you have. Include date, time, place, and contact person.

Log: This is a written record of each meeting, call, or contact. Include who attended, your experiences and thoughts about what happened.

Records: Case plan, legal documents such as court orders, forms, correspondence, etc.

Attorney Information

Child's Personal Belongings
Items to Share: Pictures, special cards, etc., to share with your child.

Your child's: full name, age, gender, school grade, date of birth, and social security card; immunization record; birth certificate. (keep in a safe place).

It may be helpful to get a 3-ring notebook with dividers to organize the information you will be receiving

Important Information about Your Child

Answering the following questions about your child will help others to understand his/her uniqueness, special circumstances or needs:

- Does your child have any fears?
- Does your child have a special comfort toy or blanket?
- What helps to calm your child?
- What is your child's regular routine each day?
- Who can have contact with your child?
- Does your child have any special physical needs? Allergies to food?

- Where does your child go to school? Grade?
- Does your child have any cultural needs? (hair care/body products)
- What types of foods does your child like?
- What types of food will your child not eat?
- Does your child go to church? What type of church? Is there a special contact there for your child? Are there religious food restrictions?
- How does your child act when he or she is upset, happy, angry, or sad?
- Does your child have any diagnoses from a doctor, therapist, or counselor, or is your child receiving treatment from a healthcare provider or mental health provider?
- Is your child on any medications? If so, what is the medication, the amount given, and the time it is given.

Documents you may be asked to provide for your child:

- Birth Certificate.
- Social Security Card.
- Adoption Papers/Legal Guardian Papers.
- Divorce/Custody Papers.
- Medical Information (medical and mental health doctor's name, address, phone, insurance card, medical card).
- Individualized Education Program (IEP) and 504 Plan

You may also be asked, or can offer to provide, personal information such as:

- Names and addresses of relatives and family friends who might be able to take care of your child (kinship care)
- Identifying information for both parents (including names, addresses, social security numbers, birthdates, family medical history, phone numbers, driver's licenses, places of employment, etc.)
- Your lawyer's contact information (if applicable)
- Your wage and income

Attend and participate in your child's education and school activities, especially parent/teacher conferences or special education meetings. Does your child have an Individual Education Plan (IEP) or 504 Plan? Check with the child's school if you are not sure and ask for a copy.

What is the Child Well-being System?

There are no perfect families, and all families struggle from time to time. The Child and Family Well-Being System was created to make sure that every parent, child, caregiver, relative and non-relative support person has the tools, skills, and abilities to ensure the safety and well-being of all its members, especially children. In Kansas, the system is managed by federal laws (which are often called regulations), state laws (usually called statutes), and state regulations (which are treated the same as laws but are created by the state agencies), as well as DCF and Child Welfare Case Management Provider policies.



The Kansas Practice Model is Family-Centered

The services and supports that you and your child receive, will be designed by building on your strengths and the strengths of your family. Family-Centered means the services and supports provided, always keep you and your family at the center. Supportive services address your specific personal, cultural, and family needs.

- The family (as a whole) is the focus.
- Strengthening the capacity of families to function effectively is emphasized.
- Families are engaged in designing all aspects of policies, services, and program evaluations.
- Families are linked with more comprehensive, diverse, and community-based networks of supports and services.
- Services received by families are given in the least restrictive and most family like setting possible.
- Immediate and extended family members are crucial partners in case planning and are expected to be actively involved in the process, unless certain family members can be significantly detrimental to the child or youth.
- Families are treated with respect.
- Families have the right to privacy.



Map also available - <https://www.dcf.ks.gov/services/Pages/MapFosterCare.aspx>

DCF & Child Welfare Case Management Providers (CWCMP)

In Kansas, the Department for Children and Families (DCF) is the state agency responsible for providing services to children and their families. Children are placed in the custody of the Secretary of DCF through a court action, according to state laws under the Kansas Code for the Care of Children.

DCF Prevention and Protection Services (PPS) contracts with licensed child placing agencies, referred to as Child Welfare Case Management Providers (CWCMPs), to provide in-home and out-of-home child well-being services. When the court orders out-of-home placement, these providers, in partnership with DCF and other community partners, are responsible for delivering appropriate services and supports to help your child return home as quickly as possible.

Progress toward reintegration must be made within 12 continuous months, or 15 of the last 22 months, from the date your child entered out of home placement or the court will look seriously at moving toward termination of parental rights or another permanency plan. It is important to remember that the length of time in a child's life may feel like it moves faster, and this must be taken into consideration when determining their stay in out-of-home placement.

DCF Assessment Process for Allegations of Child Abuse and Neglect

District Court

The court may release the child to the parents, or if there is evidence that the child should not be in the home, the court can order temporary custody pending the hearing.

Or

The court can find child to be in need of care and grant custody to DCF or another person, or the court can order the family to accept family services, or the court can dismiss the case.

Allegation of Suspected Child Abuse or Neglect

is received from a reporter

Initial Assessment and Response Determination

are done by the Kansas Protection Report Center. Reports are assessed to eliminate those that do not appear to allege abuse or neglect or are too vague to investigate. The response determination specifies how quickly reports should be assessed

Family Assessment and Finding

to assess health and safety of children, and to determine whether abuse or neglect occurred.

Depending on the assessment, the case is referred to...

Protective Custody

if the information shows that the child is in imminent danger or harm, DCF may request a law enforcement officer take the child into protective custody for as long as 72 hours pending court action

Family Services

may include direct services by DCF, or referred to intensive in-home Family Preservation Services provided to prevent removal of child from the home

Other Alternatives

may include referrals to community mental health centers or other community services

Evaluation and Placement

For children placed in DCF custody by the court, DCF's placement options include foster care with services to unite the family, or adoption if indicated. While children are in DCF custody, services are provided to the child and family, and progress is reported to the court. The court may return custody to the parents, grant custody to a relative, or sever parental rights to allow for adoption.

Are you a registered tribal member?

The Indian Child Welfare Act (ICWA) is a federal law that recognizes the sovereignty of Native American Tribes and Nations, including their jurisdiction over Native American children. ICWA applies to Child in Need of Care (CINC) cases.

If you, or your child, are registered members of a tribe, or your child is eligible for registration as a tribal member, please let your case worker know right away. There are many protections in the ICWA law that may apply to your family. The state is required to reach out to your tribe to determine which of those protections may be applied in your family's case. The final decision on this matter is left up to your tribe and must be honored by the State of Kansas and the Court.

For more information on ICWA and Kansas specific practices, please view page 41 of this handbook.

Team Decision Making

The Team Decision Making (TDM) model is an approach to quickly bring together the important people in a child's life when a safety threat suggests a child may need to be separated from their parents.

TDMs are held in hopes of:

- Reducing the possibility of needing to separate child from their parents.
- Increasing the chance of reunification within one year for children of all races, if separation is determined to be the best option.
- Increasing placement stability for children in out-of-home care.
- Keeping children with a relative, or known and trusted friend, from the start of entering out-of-home care.

Under Kansas law, grandparents are to be given substantial consideration for placement of a child placed in out-of-home care. The CWCMP shall assess the grandparents and consider all relevant factors.

People Involved

You will encounter a variety of people such as those listed below. Please note that titles may vary but the person's responsibilities are usually similar.

Provider:

A CWCMP that DCF contracts with to provide services to your family. Each agency will have some, if not all, of the workers listed below although they may have a different title.

Case Manager:

Professionals, social workers, therapists, and/or counselors, responsible for working with the family to write and implement a case plan; assist in meeting goals; collaborate with the DCF, courts, and community providers; ensure your family's needs are being adequately met; and monitor the care of your child.

Family Support Worker:

Paraprofessional staff providing direct services to children and families; arranging family time, answering questions; and accessing community resources for parenting classes, budgeting, adult independent living services, and transportation.

Supervisor:

Professional who provides guidance and assistance to case managers and other staff when questions arise. You may contact this person when you have concerns that are not being addressed by your case manager or family support worker.

Program Manager:

Professional who directs the supervisors from various offices. You may contact this person if your concerns are not addressed by the case manager or supervisor.

Foster Home Worker:

Worker responsible for providing licensing assessments, guidance and support to the foster (resource) parents who will be providing direct care to your child; acting as part of the external team; and having knowledge about daily care and needs of your child.

Volunteers:

Unpaid individuals who help with transporting, filling out documents, and other tasks.

Practicum Students:

People studying to become a professional may "shadow" your case manager to learn skills or may work with your family directly.

Kinship Worker:

Provides resources and support to family members and close friends of the children in care, and for any caregiver who fits the definition of "kin."

Parent Advocates:

Provides support, education, advocacy, training, and resources to help family members and kinship caregivers.

Parent's Rights

- To be treated as an individual with dignity and worth.
- To be listened to and consulted with regarding your child's care.
- To have the opportunity to demonstrate your capacity to provide a suitable home for your child, and to regain custody of them as quickly as possible, when regaining custody is consistent with the health, well-being, and needs of your child.
- To participate in planning for your child, to receive a copy of the case plan and to receive notice of any formal review of your child's case plan.
- To receive services, in accordance with the case plan and court orders, to assist you in overcoming the conditions which led to the removal of your child, and if returning your child to your care is not feasible, to help you cope with an alternative plan for your child.
- To visit and communicate with your child within reasonable guidelines as set by the case plan and/or by the court.
- To have your child's cultural, religious, ethnic or racial heritage respected and planned for as much as possible.
- To receive an explicit description of the expectations you must meet to have your child returned to your home and the services the agency will provide to help you meet those expectations.
- To have your information that is maintained by the agency kept confidential.
- To have access to your information that is maintained by the agency within a framework of agency guidelines which take into consideration others' rights to privacy, and to correct errors contained in these records.

When a child is placed in the custody of the secretary for out-of-home placement, you are not relieved of your financial responsibility to support the child. DCF is responsible for completing an assessment of the ability of both parents to provide financial support for the child while in out-of-home placement. The Court may order child support.

Parent Next Steps

You are encouraged to do the following:

- Participate in creating your family's and child's case plan.
- Share important information about your child.
- Participate in the services that are offered.
- Attend all court hearings.
- Keep appointments you have agreed to.
- Make the appropriate changes needed to reintegrate with your children.
- Be an active participant in helping your child return home.
- Visit and communicate with your child as agreed upon.
- Participate in your child's care and education planning.
- Stay in contact with the case manager and/or family support worker.
- Provide information about your progress and changes in your life.
- Communicate any concerns that you have to the case manager or your lawyer.
- Do not be afraid to be a voice for yourself and your family or reach out to your Parent Empowerment Peer (PEP).
- Pay toward the cost of your child's care.
- Ensure you have all documents that may be needed.

It is important to:

Create a support system around yourself to help you get through the tough times. This can include friends, relatives, community partners, and/or disability advocates.

Take care of yourself so you can be there for your child.

Stay involved with your child during this difficult time. Show interest and support in his/her well-being.

Remember you are still your child's parent, and your child will be helped most by your love and understanding.

How to Address Concerns

When your child is placed in out-of-home placement, DCF and the CWCMP are responsible for, and very interested in, his or her care. Should you find yourself disagreeing with the decisions regarding the best placement and care for your child you may:

Speak with the provider staff

Each CWCMP has a process to address concerns. This information may be located in the material you were given about the agency. If not, ask your case manager for information regarding the chain of command. The process usually begins with having you speaking with the case manager and/or their supervisor.

Contact DCF Customer Service

Office of Client Services can be reached at 1-833-765-2003 or at DCF.CustomerService@ks.gov

Ask for a Court Hearing

Discuss your options with your parent attorney. If the disagreement is about your child's return home, or the provider is not allowing interactions/family time, then you may go to court to settle it. Your attorney can assist you, and it is best to work with your attorney if you are represented. The judge may hear testimony from you, the Guardian Ad Litem (GAL), and the CWCMP, and will make a decision based on what is thought to be in the best interest of your child. Both you and the provider must follow the judge's order.

Ask for a DCF Fair Hearing

You are allowed a fair hearing to appeal a decision by any agent or employee of DCF. Contact your local DCF office for information about the process.

What is a Case Plan?

A case plan, also known as a permanency plan, is a written plan with tasks, goals and target dates for completion of the tasks. The case plan is created together by the family, and the case team, to address the needs identified by the Court which led to the child being placed in the state's custody. **Your voice as the parent is important and valued.**

The CWCMP will ensure that your family receives services to discuss and address the concerns which caused your child to be placed in out-of-home placement. Identifying these services will take place during all case planning conferences. The provider and DCF will continually monitor the effectiveness of these services.

Your family, **as a whole**, are the main focus of the case plan. The case plan shows that your family and the CWCMP can work together effectively by meeting goals in a timely manner.

Your immediate and extended family members, who are found to be safe for your child, are very important partners in the development, services, and evaluation of the planning process. You will be asked to provide names and contact information about relatives and

non-related kin (close family friends) support systems. All family members and friends will be required to fill out a background check in order to be involved with the children while they are in state custody.

The protection and safety of your child will be assessed and evaluated throughout the time your family is working with the CWCMP.

All efforts will be made to help you enhance your child's safety and protection, and the case team will be making continuous assessments to help determine which services and supports would be the best fit for your family. Community services provided to your family are the most effective forms of intervention.

Case planning is a continuous and ongoing process.

The plan will use information provided by you, your child, relative/kin and other support persons. Additional information is provided by social workers, foster families, parent advocates, therapists, school personnel, guardians, Court Appointed Special Advocate (CASA) and others who have knowledge of your family and child. The case plan may also include information contained in psychological and other assessments, medical reports, and therapist reports.

Important items in a case plan:

Contain specific services to be provided to meet the needs of each family member.

Identify specific steps to be taken by your family, the case manager, family support worker, and any other service providers involved.

Document everyone's participation for purposes of meeting your family's plan and the goals for your family. Time frames are provided to meet the permanency goals.

Be relevant to the critical circumstances regarding your family situation.

Be realistic in terms of emotional, physical, and mental capabilities of family members.

Be written in clear language that your family understands.

Be specific about what changes need to happen in your family in order to return the children home.

Describe how success will be determined, giving specific timelines and review dates.

Includes court orders and actions likely to be taken by DCF if the plan is not carried out.

Be completed and signed by all participants.

Be reviewed at least every 170 days or when requested by any member of the team.

Be held within 30 calendar days of a permanency goal change.

Let the team know about services that have already been started for you and your child, as well as services that you may still need.

If you need mental health or substance abuse treatment, the decision to participate in treatment is yours. But be aware that if you choose not to go, it will affect whether your child can return home because you have not completed a case plan goal.

Sometimes there are waiting lists for services that you may need (for example mental health services, public housing, substance abuse treatment). Check to see if there are agreements that allow families whose children are in foster care to move up on these waiting lists. Talk to your case manager if there are problems.

Case Planning Conferences

The initial case plan is developed cooperatively with you and your family, the case manager, family support worker, service providers and other supports as identified by you. You have the right to invite any community and personal supports to the case plan. This group will become the Child and Family Team. The case plan is to be held within 30-45 calendar days, and will be reviewed at least every 170 days, or when requested by any member of the team.

You, your personal supports, and the other team members will be advised of the purpose of the case planning conference by the casemanager.

The case planning conference can be held in a location, and at a time, that is convenient for you and your family in order to provide a safe and favorable setting to meet and develop the plan. If transportation is an issue, let your case manager know.

The case planning conference is a time for everyone involved to have a respectful, positive and open discussion on services the family may need in order to bring their child home. The discussion will also include your rights and responsibilities as the birth or legal parent, the services to be provided, and other permanency options. A discussion will also take place regarding the alternative outcomes of not following through with the case plan goals, tasks, objectives, and other offered services. The plan will be directed toward the permanency, safety, and well-being of the family.

All participants shall have an equal opportunity to actively share at the conference. If any of the members are non-English speaking, deaf or hard of hearing, or have other special needs, let your case manager know so that arrangements or accommodations can be made.

Your participation in the case planning conferences, completion of tasks, and court orders, determine permanency decisions regarding your family.

Birth parents and legal guardians should always have input in case planning. Case planning tasks should be individualized for your family.

What are my rights related to case planning?

The CWCMP will connect, refer, or link you to a variety of services to help you resume care and responsibility for your child at home in the shortest time possible, with consideration of the child's safety and well-being.

The goals of case planning are:

- Supporting the safety and well-being of children and families;
- Promoting earlier permanency decisions for the child;
- Decreasing child's length of stay in out-of-home placement;
- Reducing the number of moves and disruptions for the child;
- Engaged families in early case planning, review and decision-making;
- Maintaining continuity in child's relationships;
- Increasing the likelihood of children having lifetime family connections;
- Setting clear time frames for all parties to successfully achieve the preferred reintegration permanency goal, before recommending a goal change.

Concurrent Case Planning

In Kansas, a concurrent plan may be developed for a child in out-of-home placement. When indicated, concurrent case planning means that the provider works with you on two different plans at the same time. One plan is to get you and your child back together. However, *at the same time* (concurrently), there is a back-up plan for the child to live in another permanent home in case he/she cannot return to your home.

You are part of a team formed to help you, your child and your family. The team's primary purpose is to help build on your family's strengths to carry out your responsibilities and assist you to:

- Remedy problem situations;
- Safeguard your child from dangerous living situations;
- Adequately nurture your child;
- Protect your child's right to grow up with a sense of well-being, belonging and permanence;
- Manage the tasks of daily living.

Kinship Care (Relative or Non-Related Kin)

Kinship care has been a tradition in many cultures and has increased dramatically in recent years. It is viewed as the best alternative to out-of-home placement for your child. Kinship care is **when relatives and non-related kin** are identified to care for your child while you are receiving the support and services needed to be able to provide a safe and secure home for your child. Kinship is about belonging, consider family members (grandparents, aunts/uncles, cousins); great-relatives (great aunts/uncles, extended cousins); "chosen" family (your good friends, people whom your kids call "auntie" or "uncle"); community connections (pastors, coaches, teachers, godparents); work connections (your coworkers, boss) and history connection (people from your childhood who know your family well).

Kinship caregivers are usually asked to care for children unexpectedly. This arrangement can be made on an informal or formal basis. You and your child can voice your opinion of who could provide a safety net for your child.

In Kansas, relative/non-related kin shall be considered first when seeking placement. Kinship caregivers can formally request in court to receive "Interested Party Status". Interested party status will enable caregivers to receive formal notification of all case plan changes and court dates.

The more information you provide about kinship supports, the more likely it can be determined if they could be for placement for your child.

Kinship care is in the best interest of your child and will allow them to remain in their community and/or cultural setting. It provides many benefits for your child, including:

- Maintains connections with your family, culture, language and heritage;
- Provides stability;
- Decreases the likelihood of numerous placements moves;
- Reduce trauma;
- Minimizes the effects of separation from you and other family members;
- Increases the placement of the sibling together and/or sibling connections.

Kinship caregivers may be eligible to receive support for financial expenses (such as TANF), food, clothing, medical, dental, childcare, academic and other, including but not limited to respite, transportation, counseling etc.

Check with your local CWCMP, the child's case manager or kinship worker for information concerning these various supports.

Please note:

Not all cases will qualify
for Kinship Care.

Types of Foster Care Placement

RELATIVE/KINSHIP:

The preferred placement option

- **Informal** - No DCF involvement: Often occurs during an illness or deployment. Custody of the child remains with the parents.
- **Voluntary** - DCF is involved, but the child is still in legal custody of their parents. Court places children with family while parents receive in-home services as an attempt to correct the issue(s) so child may be returned home.
- **Formal** - DCF is involved, court places children with family members, and legal custody is granted to the state.

NON-RELATED KINSHIP:

The second option, before traditional foster care, in hopes of maintaining some type of normalcy in the child's life.

- Someone the child/family is familiar with.
 - May include a family friend, teacher, neighbor, coach, or someone else in the community.
- Need to have or be willing to obtain a foster care license. Temporary licenses are available.

TRADITIONAL FOSTER CARE:

Needs to have a foster care license and provide a safe and stable environment.

- Must be willing to work in collaboration with all parties involved in the case.
- Needs to continually complete all training requirements.
- Provides care until a permanent plan is implemented.

SPECIALIZED, THERAPEUTIC OR MEDICAL FOSTER CARE:

Must have a specialized foster care license.

- Must be willing to provide a safe, stable environment while working in collaboration with all parties involved in the case.
- Needs to obtain specialized training to care for children who have special needs for medical, intellectual or otherwise developmental delays.
- Must use trauma informed care training to help children heal from trauma.

EMERGENCY FOSTER CARE:

Must have a foster care license and be skilled in addressing immediate trauma responses.

- This is a short-term option; placement is usually less than 72 business hours.
- Must be pre-prepared for various age groups.
- This option may include group homes or residential facilities.

RESPIRE CARE:

Must have a foster care license.

- This is not a long-term placement; usually a few days up to two weeks.
- Occurs when a family needs a break or an emergency and the family is prevented from taking their foster child out of the state.

Where is My Child and When Can I See Them?

When children enter out-of-home placement (foster care), the least restrictive (most home-like) placement that best meets their needs will be selected. Your child's connection to family members is important, so placement with related or non-related kin (kinship care) is the preferred option. When this is not possible, most children are placed with a foster family (see description below).

Initial Family Meeting

An initial family meeting between DCF, the CWCMP you and your child will be held within 2 business days of an out-of-home placement referral to the provider. You are encouraged to invite your support person/people to this meeting as well.

Foster Parents

A foster family provides your child with family life experience for a temporary period of time. Foster parents believe that children should be with their parents but understand that there may be a time when that is not possible. Foster parents help children return home, work in partnership with parents, and may serve as a mentor or role model. Foster parents may also commit to being the permanent placement resource for the child when reintegration is not possible.

All foster parents are required to complete a 30-hour program to help them understand the needs of children in foster care and their families. They must go through background checks, and their family must have an assessment by the provider. Their home must also meet Kansas Department for Children and Families regulations.

Family Time

You and your child have the right to reasonable contact, regardless of the case plan goal, unless restricted by the court.

If the case plan goal is reintegration, you and your child will have at least one face-to-face interaction per week, with telephone contact and unlimited mail - unless it is determined not to be in the best interest of your child. These visits can occur face to face in your home, in the office, community setting or foster home.

Visits may be done virtually, such as through Zoom or Microsoft Teams, if needed for health reasons.

If the case plan goal is other than reintegration, the frequency of face-to-face interactions will be determined by the child/family team at a case planning conference.

The location of the parent/child interactions shall be determined based on the best interests of the child, and the activity in which the parent and child shall be engaged. When possible, parent/child interactions shall occur in the parents' home and be unsupervised.

Visits are usually one hour supervised at the local offices. Individual visits can progress from supervised to monitored and then unsupervised. This is determined by how well visits and interactions progress. This is generally determined at the discretion of the case teams.

These interactions are also a means to assess your readiness to resume care of your child. Face-to-face interactions may be supervised as required by the court or limited (or even prohibited) for therapeutic reasons as recommended by a physician or mental health professional.

Interactions Family Time Tips

- Work closely with your case team to develop your case plan to include family time if possible. If your children are in different homes, your plan should include sibling family time.
- Visit as regularly as you can and stay involved with your child. This will be very important to your child. Doing this shows the agency that your child can depend on you.
- Ask your case team what you are supposed to do and whom you call if you can't make a scheduled visit.
- If you need help with transportation to the visits, talk with your case team.
- Try to form a connection and relationship with the foster family or the staff where your child lives.
- It may be helpful to meet the foster family on neutral ground, especially at first while you are getting to know each other. Ask for an Icebreaker meeting if you have not had one.
- It might feel strange to be "visiting" with your own child. You might want to talk with someone who can help you cope with these feelings.
- Use visits to maintain a connection to your child, use the time to enjoy each other and not to discuss case info.
- When you visit and talk with your child, try to understand how difficult it is for him/her to have more than one caregiver right now.
- If your child brings up the subject that he/she feels they have to choose between you and the foster parent. Parents should reassure their child that they are loved and that they don't need to choose between caregivers. Parents can also encourage their child to talk to the case team or therapist.

Sibling Visits

Siblings will be placed together with the same kinship caregiver or foster family whenever possible. However, if there is no one who can take them all, then they will be placed in different placements.

Siblings living in different homes will have at least twice-a-month family time. At least one of these will occur during one of your interactions with all siblings' present. If siblings are not placed together when they enter out-of-home placement, a plan will be made to move them into the same placement as soon as possible

Reunification

You can help your child return home by doing the following:

- Participate in the services described in the case plan and court orders;
- Participate in visits with your child on a regular basis;
- Stay in contact with the case team and ensure they have your current phone number, address and contact info;
- Provide information about your progress and changes in your life;
- Attend all court hearings.

The decision about your child's permanent placement will occur at the permanency hearing or before. **The court's decision will be based on your progress in reaching the goals listed in the case plan.** The court determines whether your child can safely return to your home (reunification approved).

Aftercare

The CWCMP will provide services and supports during the 6-month period following your child's return home after care. These services are provided to ensure stability and to assist you and your family. The case team and your family together will develop a plan that details the services and expectations for this period. During this time, the plan will be reviewed and revised as needed and submitted to DCF and the court.

When you, the provider and the court agree that your child is safe with you and that you are able to care for him/her now and in the future, you will regain full custody of your child, and your case will be completely closed.

What is the Court Process?

When children and families become involved with the child well-being system, they usually become involved with the court system also. Certain legal decisions about children must be made by the court. These decisions are based on federal and state laws and are binding. Whether the child enters out-of-home care is determined by the court.

The Adoption and Safe Families Act (ASFA) of 1997 is one of these laws and was designed to establish the goals of safety, permanency and well-being for children in the child wellbeing system. The Revised Kansas Code for the Care of Children (K.S.A. 38-2201 etc.) was amended to comply with federal ASFA law and requires the court of jurisdiction to hold a permanency hearing within 12 months of the child entering state custody.

Parent's Attorney

You have the right to have an attorney and may hire your own to represent you in court. If you cannot afford an attorney, you may ask the court to appoint one for you. One will not automatically be appointed for you if you are able to afford an attorney. The judge determines whether you are eligible to have a court-appointed attorney.

As a parent you have the right to present your side of the story. You have the right to call and cross-examine witnesses. You may also submit a report to the court at the time of each hearing. The case team will provide you with the name and address of the judge as well as the date and time of the court hearings. If you have an attorney, you and your attorney should discuss what you want to say at each hearing and whether you want to speak for yourself or have your attorney represent your point of view.

Types of Hearings

The court process for Child in Need of Care (CINC) involves several types of hearings that are held in the district court for your county. Each has a different purpose and is held within different time frames. Following is a brief description of these hearings.

Temporary Custody Hearing:

A temporary custody hearing is held within 72 hours (exclusive of weekends and legal holidays) of child's removal from home or may be where the decision to remove is made. The judge reviews the petition and reports, as well as the evidence presented, and decides whether the child stays at home or is to temporarily live out of the home. If the judge orders the child to be removed from the home, custody may be given to a relative, kin or other appropriate person or to the Secretary of DCF. The judge may also place additional conditions on the child and family through court orders.

Adjudication Hearing:

An adjudication hearing is to be held within 60 days of the Temporary Custody Hearing. The judge considers the evidence presented to see if there is enough information to determine whether the child is a Child In Need of Care (CINC). If the judge does not find the child to be a CINC, then the case is dismissed, and the child is returned to the parents. If the judge finds the child is a CINC, a Dispositional Hearing is scheduled.

Dispositional Hearing:

A dispositional hearing may be held at the same time or no later than 30 days after the adjudication hearing. The judge determines if the child will return to the parents, be placed in DCF custody, or placed with relatives or kin. This is different from the temporary custody hearing as the custody decision will be implemented until identified problems are corrected.

At this hearing the judge will consider a variety of issues, including:

- The child's physical, mental, and emotional condition;
- The child's need for assistance;
- Results of court-ordered evaluations such as drug and alcohol, parenting, or psychological;
- The parents' past and present actions and behavior;
- Any additional relevant information, and

The judge may also order:

- An agency to move the child;
- The child and parents to participate in counseling;
- Evaluations of child and family members, drug testing or family time schedule;

- The parents to have no unsupervised contact with the child;
- The parents to pay child support.

Review Hearings:

Review hearings are held as needed. During these hearings, the judge reviews the progress reports of the permanency plan filed by DCF or the provider, the foster parents and others.

Permanency Hearing:

A permanency hearing is held at least every 12 months from the date the child was removed from the home. The judge reviews progress made toward meeting the permanency goal and makes a written finding as to whether reasonable efforts have been made to accomplish the permanency goal, and if continued out-of-home placement is necessary for the child's safety. The judge will determine when the child should be returned to the family or if another goal should be considered for the child. If reintegration is no longer an option, a petition will probably be filed to terminate the parental rights.

Termination of Parental Rights Hearing:

A termination of parental rights hearing may occur anytime during the CINC process. The prosecutor must show by clear and convincing evidence that the parent/child relationship should end:

- Parent is unfit by reason of conduct or condition;
- Parent is unable to care properly for a child;
- Parent conduct or condition is unlikely to change in the foreseeable future.

The judge may terminate the parents' rights or order the family to continue to work on the permanency plan and set another hearing date; or order a new plan and set a review hearing date.

Parents may also voluntarily relinquish custody/rights.

It is important for you to attend and be on time for each court hearing. Failure to attend a hearing could be seen as an indication that you do not care about your child.

The way you dress and act in court shows your respect for the court:

- Dress clothes are appropriate;
- Stand when the judge enters and leaves the courtroom;
- Remain seated unless asked to stand;
- Be quiet, polite and attentive;
- Speak only when asked;
- Food or drink is not allowed in the court room;
- Turn off your cell phone before entering the court room;
- Arrive 15-20 minutes early for the hearing;
- Be prepared for delays.

People Involved

Judge-

Makes legal decisions and court orders in your case.

District or County Attorney (usually the Assistant)- Lawyer representing the state.

Guardian Ad Litem (GAL) - Attorney appointed to protect the interest of the child.

Your Attorney -

Lawyer you hire or request to be appointed (if you are not able to pay for one).

Court Services Officer (CSO)- Monitors the case/court orders for the court.

Parent Advocates -

Volunteers or staff who are there to support caregivers throughout their CINC case.

Court Appointed Special Advocate (CASA) Volunteer-

Trained volunteer appointed by the judge to advocate for the best interests of the child. Some but not all of the 31 District Courts have CASA programs.

Citizen Review Board -

Three to seven trained community volunteers appointed by the judge to review the status of CINC case. Some but not all of the 31 District Courts have Citizen Review Boards.

Parent Ally -

Parents may pick up to two people to be present with them at court hearings for support. These support persons, often family or friends, must participate in the Parent Ally program orientation. (See Resource Section)

Appeals

A parent may appeal any adjudication, disposition, finding of unfitness, termination of parental rights, or order of temporary custody. There are time limits to file an appeal and the appealing party may be required to pay fees and expenses. Even if an order has been appealed, the order will generally remain in effect until the appeal is decided.

Support Obligations

The judge may order the person responsible for the child to pay child support (expenses relating to the child at the dispositional hearing or schedule a separate child support hearing. The judge uses the Kansas Child Support Guidelines to determine the amount each parent must pay.

References

Information contained in this handbook was adapted from the following sources. We encourage you to visit these websites for more information.

- 1) **Policy and Procedure Manual**, Kansas Department for Children and Families, Prevention and Protection Services, <https://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx>
- 2) **A Family's Guide to the Child Welfare System** is a comprehensive resource that answer many challenges families face when they become involved with the child well-being system. The Guide is a collaborative effort among five organizations - National Technical Assistance Center for Children's Mental Health at Georgetown University Center for Child and Human Development; Technical Assistance Partnership for Child and Family Mental Health at American Institutes for Research; Federation of Families for Children's Mental Health; Child Welfare League of America; and National Indian Child Welfare Association. Authors include Jan McCarthy, Anita Marshall, Julie Collins, Girlyn Arganza, Kathy Deserly, and Juanita Milon. The Guide was supported with funding from the federal Department of Health and Human Services. https://www.nicwa.org/wp-content/uploads/2026/04/NICWA_ICWA-Family-Guide_2026.pdf
- 3) **Parent Ally Program Orientation**, Kansas Judicial Branch <https://kscourts.gov/About-the-Courts/Programs/Parent-Ally>
- 4) **Kansas Child in Need of Care (CINC) Statute** <https://www.kslegislature.gov/search/?q=Statute%2038-2201&type=legislation> (Find a Statute: Enter Statute 38-2201)

Additional Information

- 1) **American Bar Association Free Legal Answers - Kansas** <https://kansas.freelegalanswers.org/>
- 2) **Kansas Legal Services –**
(785) 233-2068
<https://www.kansaslegalservices.org/>
- 3) **Kansas Judicial Branch - Self Help** <https://self-help.kscourts.gov/>
- 4) **Child Welfare Information Gateway** provides access to information and resources to help protect children and strengthen families. The Gateway is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.childwelfare.gov/>
- 5) **Kansas Family Advisory Network (KFAN)** is to be a statewide network of family advocates who partner and engage with families across state systems. Our purpose is to initiate positive change in the lives of families, community partners and stakeholders through efforts based upon understanding, compassion and love. <https://www.kfan.org>

Resources

Reintegration:

Child Welfare Information Gateway. (2025) [Reunifying Families | Child Welfare Information Gateway](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

KVC Health Systems, Inc. (2024) [How Does KVC Kansas Help Families Reunify After Foster Care?](#)

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Understanding the Child Welfare System:

Kansas Office of the Child Advocate. (2025) [How the Child Welfare System Works | KS Office of the Child Advocate](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Child Welfare Information Gateway. (2020) [How the Child Welfare System Works | Child Welfare Information Gateway](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Child Welfare League of America (2005) [A Report 05](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Service Providers that may be involved:

Child Welfare Information Gateway. (2016). [Understanding Child Welfare and the Courts | Child Welfare Information Gateway](#) Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Health Care Toolbox. (2021) [Who's Who in the Child Welfare System | Patient Centered Care and Trauma Informed Care for Pediatric Patients - HEALTHCARE TOOLBOX](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Different placements:

Joy Meadows. (2025) [Understanding the Different Types of Foster Care Placements • Joy Meadows](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

KVC Health Systems, Inc. (2018) [The 6 Common Types of Foster Care](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

The role fathers play in this:

U.S. Government Publishing Office (2024) [Navigating the Child Welfare System as a Father](#) U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

National Responsible Fatherhood Clearinghouse (2011) [Homepage | Fatherhood.gov](#) American Bar Association and American Humane Association.

Acronyms Used in Child Well-being

ADA - Americans with Disabilities Act

ADD - Attention Deficit Disorder

ADHD - Attention Deficit Hyperactivity Disorder

APPLA - Another Planned Permanent Living Arrangement

CASA - Court Appointed Special Advocate

CCP - Concurrent Case Planning

CINC - Child in Need of Care

CPS - Child Protective Specialist

CRB - Citizen's Review Board

CSE - Child Support Enforcement

DCF - Kansas Department for Children and Families

DD - Developmental Disability

DRC - Disability Rights Center

ED - Emotional Disability

EPSDT - Early and Periodic Screening, Diagnosis and Treatment; called Kan Be Healthy in Kansas

FBA - Family Based Assessment

FCP - Family Centered Practice

FINA - Family in Need of Assessment

GAL - Guardian ad litem

HCBS - Home and Community Based Services

HIPPA - Federal Health Insurance Portability and Privacy Act

ICPC - Interstate Compact on the Placement of Children

ICWA - Indian Child Welfare Act

ID - Intellectual Disability

IDEA - Individuals with Disabilities Education Act

IEP - Individualized Education Plan

IL - Independent Living

JJA - Kansas Juvenile Justice Authority

JO - Juvenile Offender; a legal term defined by the Kansas Juvenile Offender's code

KCSL - Kansas Children's Service League

KDADS - Kansas Department for Aging and Disability Services

KLS - Kansas Legal Services

KSA - Kansas Statutes Annotated (Laws)

ODD - Oppositional Defiance Disorder

OPC - Order of Protective Custody

OPPLA - Other Planned Permanency Living Arrangement

PFA - Protection From Abuse

PPS - Prevention and Protection Services- division of DCF

PPC - Police Protective Custody

RADAC - Regional Alcohol and Drug Assessment Center

SASSI - Substance Abuse Subtle Screening Inventory

SSI - Supplemental Security Income (disability Social Security)

SSN - Social Security Number

TANF - Federal Temporary Aid to Needy Families

TIPS-MAPP - Trauma Informed Partnering for

Summary of PPS PPM Changes
Safety and Permanence - Model
Approach To Partnerships In
Parenting

439

VR – Vocational Rehabilitation
Services

<https://www.dcf.ks.gov/Agency/Pages/Acronyms/Acronyms.aspx>

[For more go to DCF Acronyms:](#)

Definitions Used in Child Well-being

Adoption If reintegration (return home) is not possible, this is the next preferred permanency option for children. When a child has been in out-of-home placement for 12 continuous months, this option will be considered.

Assessments Culturally respectful process and written documentation that addresses individual strengths, needs, and core concerns of the child and family.

Central Registry The Child Abuse and Neglect Central Registry is a computerized name- based list of persons who have been confirmed validated or substantiated for child abuse or neglect.

Child Welfare Case Management Provider (CWCMP) or Case Management Provider (CMP) A private agency DCF contracts with to provide family preservation, reintegration/foster care/adoption services. The state is divided into five contract regions for the family preservation and reintegration/foster care/adoption contracts.

Child in Need of Care (CINC) According to Kansas law (K.S.A. 38-2201), the state oversees what happens when a child less than 18 years of age that:

- Is being abused;
- Is being abandoned;
- Has been neglected;
- Lives in the same home as another child being abused;
- Is under 10 years of age who committed a crime that if had been done by an adult would qualify as a felony or misdemeanor;
- Has run away from home;
- Has been without care and is not due solely because of financial reasons;
- Is not attending school;
- Who commits an offense that would not be in violation if done by an adult;
 - For example: Truancy (skipping school), violating curfew, or being in possession or consumption of alcohol or tobacco.
- Has been placed for care or adoption in violation of the law;
- Parent is no longer willing or able to take care of the child.

Citizen Review Board A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

Concurrent Case Planning When you and the case manager work on two different plans at the same time. One plan is to get you and your child back together; the other is a back-up plan for the child to live in another permanent home in case they are not able to return to your home.

Court Appointed Special Advocate (CASA) A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of the child.

Crossover Youth A young person, age 10 and older, with any level of concurrent involvement with the child well-being and juvenile justice systems.

- "Involvement" in the Juvenile Justice system includes, but is not limited to, court-ordered community supervision, Immediate Intervention Programs (IIP), and youth placed in detention and correctional facilities.
- "Involvement" in child well-being system includes, but is not limited to, out-of-home placement, or participation in preventative services.

Evidence Proof submitted to the court to influence its decision. Evidence can be written, verbal or physical.

Ex Parte Order An order issued by a judge without a hearing.

Family: Centered Practice Engages families and their communities to prevent and respond to child abuse and neglect, thereby strengthening families and enhancing the safety of children in their communities.

The six guiding principles of systems of care are:

- Youth and family involvement;
- Individualized strengths-based care;
- Cultural competence;
- Interagency collaboration;
- Community-based services;
- Accountability

Family: in Need of Assessment Assignments that are specific family conditions, which do not meet criteria to assign for abuse/neglect, but are assigned to assess and determine whether services to the child and family are indicated.

The following are FINA sub-types:

- **Caregiver Substance Use:** Parent/caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.
- **Caregiver Unable/Unavailable to Provide Care:** Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority, and without services, deterioration of the children's health/well-being is likely; and the children are at risk of removal.
- **Child Substance Use:** Child using substances which will negatively impact the family/child functioning.
- **Children with Behavior Problems:** Children's actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).
- **Infant Positive for Substances:** An infant (birth to age 1) or the mother of an infant with a positive drug screen, or a medical professional has determined the infant is substance affected or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.
- **Less than 10 Committing an Offense:** while less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.
- **Runaway:** Child is willfully and voluntarily absent from the home or placement without the consent of the child's parent or other custodian.
- **Truancy:** Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes home schools registered with the Kansas Department of Education.

Foster Family: Home A private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian (K.A.R. 28-4-311 (d)).

Guardian ad Litem (GAL) An attorney appointed by the court in child in need of care proceedings to represent the best interests of the child.

Icebreaker A facilitated conversation that provides an opportunity for parents/caregivers and foster parents to meet face-to-face, talk about the needs of the child and share information about themselves and their family routines and traditions. The focus is on the care and well-being of the child.

Independent Living Services and supports to help youth in out-of-home placement to move towards self-sufficiency.

Juvenile Justice Authority: (JJA) The agency created by law that oversees some aspects of the Juvenile Offenders Code (K.S.A. 38-1600 et seq.) JJA provides intake and assessment services for alleged juvenile offenders and for the alleged child in need of care (CINC) who come to the attention of law enforcement.

Juvenile Offender A child or youth at least 10 years old who commits an act that would be a felony or misdemeanor if committed by a person over 18, and who has been adjudicated as a juvenile offender by a juvenile court.

K.A.R. Kansas Administrative Regulations are enacted by state agencies after a process of public hearings and regulation. KAR's have the force of law.

K.S.A. Kansas Statutes Annotated are laws enacted by the Kansas legislature and signed into law by the governor.

Kin Any adult, related by blood or not, who plays a significant role in the life of a child or family and who may be considered for placement if the child has to be removed from the home.

Kinship Care The placement of a child in the home of the child's relative or in the home of another adult with whom the child or the child's parent already has a close emotional attachment. Kinship Care involves relatives and non-relative members (extended, blended and other significant support persons) caring for the child when the birth parent(s) cannot.

Kinship- Definitions:

- **Relative** is defined as a person related by blood, marriage or adoption.
- **Non-Related Kin** is defined as someone with an emotional bond to the child.
- **Informal** The relative or non-related kin raising children placed in their care without legal intervention.
- **Formal** The relative is non-related kin raising children placed in their care through legal intervention.

Notice Written information to parties about the date, time and place of court hearing. A copy of the petition is included with the notice.

Other Planned Permanency: Living Arrangement (OPPLA) This permanency option is only considered when there are strong reasons why the others are not acceptable for a child and family.

Parent A birth parent and any adult who is the primary caregiver of a child.

Parties People actively involved in the case: child, parents, grandparents, and/or other individuals approved by the judge.

Permanency: The child is released from DCF custody and has a stable, permanent home through reintegration, custodianship, adoption, or OPPLA.

Permanent Custodianship- A permanency option that allows the current caregiver for a child in out-of-home placement to have all the rights and responsibilities of a parent.

Petition Document written by the County or District Attorney (prosecutors) that describes why the court should find the child to be a Child In Need of Care (CINC).

Protective Custody:

- **Police Protective Custody** A law enforcement officer may remove a child from any location if he or she believes the child is not safe
- **Order of Protective Custody** A judge may order law enforcement to take the child into custody if he or she believes the child is not safe.

Reasonable Efforts Services and supports provided to a child and family to keep the child at home, or help them return home safely, or achieve another permanency goal.

Relative A person related by blood, marriage or adoption but when referring to a relative of a child's parent, does not include the child's other parent.

Resource Family A family willing to provide short term care or service as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process and court hearings, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

Reunification The process of safely returning a child from out-of-home placement to their birth parents or primary caregivers.

Safety A child is protected from abuse and neglect.

Safety Network A safety network may include family, friends and other natural supports who know about and understand the worries and strengths of the family, and who are actively engaged in the support a family may need to keep the child safe, even after child well-being involvement ends.

Temporary Custody Awarded by a court based upon evidence in a hearing prior to disposition.

Truant A child not attending school as required by law.

Well-Being A child's physical health, mental health, developmental and educational needs are provided for.

Definitions of Abuse and Neglect

Abuse means any act or failure to act which results in death, physical harm, emotional harm, or which presents a likelihood of harm to a person under age 18." **KAR 30-46-10**

Physical Abuse means the infliction of physical harm on a child or the causation of a child's deterioration. This term shall include any non-accidental or intentional action or inaction that results in bodily injury or that presents the imminent risk of serious injury. **KAR 30-46-10**

Sexual Abuse means any act committed with a child, including the following:

1. Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person; and
2. allowing, permitting, or encouraging a child to engage in prostitution or to be photographed, filmed, or depicted in obscene or pornographic material. **KAR 30-46-10**

Mental or Emotional Abuse means the infliction of mental or emotional injury on a child or the causation of a child's deterioration. This term may include the following:

1. Any act or omission that impairs a child's social, emotional, or intellectual functioning.
2. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
3. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child;
4. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behaviors; or
5. engaging in any behavior having substantially the same effect on the child as that of any of the actions specified in paragraphs (e)(1) through (e)(3). **KAR 30-46-10**

Physical Neglect means any act or omission resulting in harm to a child or presenting a likelihood of harm if the act or omission is not due solely to the lack of financial means of a child's parent or other custodian. This term may include the following: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. **KAR 30-46-10**

Medical Neglect means any act or omission resulting in harm to a child or presenting a likelihood of harm if the act is not due solely to the lack of financial means of a child's parent or other custodian. This term may include the following: failure to use resources available to treat a diagnosed medical condition if the treatment would make the child substantially more comfortable, reduce pain and suffering, correct or substantially diminish a crippling condition, lengthen the life span, or prevent the condition from worsening. **KAR 30-46-10**

Indian Child Welfare Act

Kansas follows the guidelines under the Indian Child Welfare Act (ICWA) which passed Congress in 1978. This rule makes sure both state and tribal proceedings are followed; no matter who is involved, while still considering the unique circumstances of each child.

Qualifications for ICWA:

ICWA applies to any State child-custody proceeding involving an "Indian child," based on the child's political affiliation with the Tribe. A child is an "Indian child" only if:

1. The child is himself or herself a member of a federally recognized Tribe; or
2. The child's parent is a member of a federally recognized Tribe, and the child is eligible for membership.

Why have ICWA?

ICWA passed Congress to address the agency policies and practices that resulted in the separation of Indian children from their families and tribal backgrounds.

- State and private agencies were removing as many as 25 - 35% of Indian children from their families and placing many of these children in non-Indian foster and adoptive homes.
- Congress determined that cultural ignorance and biases within the child well-being system were significant causes of this problem.
- Congress recognized that it is in the best interest of the child to maintain Tribal connections and that children are vital to Tribes' continued existence, and enacted ICWA to "protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families."

What does ICWA do?

ICWA governs State child-custody proceedings in multiple ways, including:

1. by recognizing Tribal jurisdiction over decisions for their Indian children;
2. by establishing minimum Federal standards for the removal of Indian children from their families or tribal connections.
3. by establishing preferences for placement of Indian children with extended family or other Tribal families; and
4. by instituting protections to ensure that birth parents' voluntary relinquishments of their children are truly voluntary.

Placement Preferences under ICWA:**Adoptions:**

- A member of the child's extended family.
- Other members of the Indian child's tribe.
- Other Indian families.

Foster Care/Out-of-Home Placement and Pre-Adoptive Placement:

- A member of the child's extended family
- A foster home licensed, approved, or specified by the child's tribe,
- An Indian foster home licensed or approved by an authorized non-Indian licensing authority,
- An institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs.

Good Cause or Exceptions for not following ICWA:

- Request of the parents if they have reviewed the placement options
- Request of the child/sufficient age
- Extraordinary physical, mental, or emotional needs of the child/specialized treatment services not available in the community
- Unavailability of placement after a diligent search

Reference:

Office of Indian Services, Bureau of Indian Affairs, [ICWA Rule Public QA](#)

Office of the Law Revision Counsel United States Code, U.S. House of Representatives
[25 USC 1915: Placement of Indian children](#)

Regulations for Native American Child Well-being in Kansas

Kansas follows the guidelines under the **Indian Child Welfare Act (ICWA)** which passed Congress in 1978. This rule makes sure both state and tribal proceedings are followed; no matter who is involved, while still considering the unique circumstances of each child.

Kansas follows ICWA by having tribal-specific foster care through the Kansas Department for Children and Families (DCF).

There are 4 federally recognized tribes in the state of Kansas that DCF works with:

- Prairie Band Potawatomi Nation
- Kickapoo Tribe in Kansas
- Iowa Tribe of Kansas and Nebraska
- Sac and Fox Nation of Missouri in Kansas and Nebraska

Tribal Programs: Each tribe has their own child well-being program and is responsible for child protective services for their members.

State-tribal Partnerships: DCF partners with tribes to ensure compliance with the Indian Child Welfare Act and to provide support to tribal families.

How to Find Information and Support

For tribal members:

- Contact your tribal child well-being program directly for information on foster care services, placement, and support.

For those not in tribal custody:

- If your child is not in tribal custody but is an American Indian or Alaska Native child, state agencies are required to follow ICWA guidelines.

For additional information:

- Contact the [Kansas Native American Affairs Office](#) for resources and information related to tribal child well-being.

Although there are only 4 federally recognized tribes in Kansas, parents can be from any tribe globally and may still qualify for ICWA.

Kansas Department for Children and Families

Customer Service Contact Information

DCF believes in excellent customer service, the importance of listening to customer's needs, and helping customers gain access to a wide variety of agency and community services. If you have an issue you need to discuss, please contact customer service in your Region, or the Office of Customer Service in DCF Central Office.

Statewide Customer Service Number: 1-833-765-2003

Office of Client Services: DCF.CustomerService@ks.gov 1-888-369-4777

When calling or emailing, please have the following information available:

- Full name
- Date of birth
- Case number
- City and state
- Cell phone number
- Home phone number
- Email address
- Your issue or concern

Family Mobile Crisis Helpline

Help is only a call, text, or chat away.

Contact the Family Mobile Crisis Helpline now for help with a mental health crisis for any Kansan 20 years of age and younger. A licensed clinician is available by phone no matter the time, day or night. Local support from statewide mobile crisis providers is ready to respond in person.



Call

1-833-441-2240



Text



Chat

[Click Here to Chat](#)

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Visitation Schedule

This Includes: In person and Virtual Appointments (Unsupervised or Supervised)

Scheduled Date & Time	Arrival Time	Departure Time	No Show? Person(s)	Notes: Reason for no show or activity done
Example: 1/1/26 12:00pm	11:55am	12:15pm	Case Manager and child	Car trouble

Notes

[illegible]

Notes

[illegible]



Prevention and Protection Services Family Handbook

Introduction

A Message for You

Over the past few years, child welfare services in Kansas have placed added value on the voice and involvement of families and have become more family centered. This Family Handbook is a result of this change.

This Handbook was written by Family Partners of the Kansas Family Advisory Network in partnership with the Kansas Department for Children and Families (DCF), Prevention and Protection Services. Family Partners are birth parents, relative and kinship caregivers, foster and adoptive parents and youth, who have lived experience with the Kansas child welfare system.

This Handbook has been written to:

- *Help you understand what is happening and what may happen;*
- *Provide you with information so you may be prepared in advance;*
- *Inform you of important steps to take, and resources available to you and your family;*
- *Give you hope.*

As family partners, we have been in your shoes, and some of us still are. We know the feelings and the fear of the unknown you may be having. It is our hope that this Handbook will help you through this time. And no matter the challenges you may face, please remember that you are the most important person in the life of your child.

The Family Partners of



KFAN

Kansas Family Advisory Network

About This Handbook

The Family Handbook gives an overview of the Kansas child welfare system beginning with “out of home placement” (this will be used instead of foster care) and continues through reunification (return home). A brief description of the court process is also included.

The symbols below and the information they represent are located at different places in the Handbook to give additional information.



Key points to pay attention to or do



Practical tips from family partners



Time-related information and a reminder that there is a limit on how long a child can be in out of home placement

In the back of the Handbook are **References** and additional resources for you to explore. Included in the **Resource** section are common definitions and acronyms (initials of words) used in child welfare along with pages for you to record **Contact** information and **Notes**.

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Getting Organized

Throughout the process, you will be given a lot of information such as contacts, appointments, hearing dates, and other documents. You will also need to provide information about your child and family. Keeping this information in order will be helpful to you. Below is a list of some of the information you will need:

Agency contact information (take note of emergency after hours numbers)

Foster family information for your child

Contact List: Who does what and how do you contact them (you may want to use a business card holder)

Calendar: What appointments you have. Include date, time, and place.

Log: This is a written record of each meeting, call, or contact. Include who attended, your experiences and thoughts about what happened.



It may be helpful to get a 3-ring notebook with dividers to organize the information you will be receiving

Important Information about Your Child

Answering the following questions about your child will help others to understand his/her uniqueness, special circumstances or needs:

- Does your child have any fears?
- Does your child have a special comfort toy or blanket?
- What helps to calm your child?
- What is your child's regular routine each day?
- Who can have contact with your child?
- Does your child have any special physical needs? Allergies to food?

Records:

Case plan, legal documents such as court orders, forms, correspondence, etc.

Attorney Info

Children's Personal Belongings

Items to Share: Pictures, special cards, etc. to share with your child.

Your child's:

full name, age, gender, school grade, date of birth and social security card; immunization record; birth certificate. (keep in a safe place)

- Where does your child go to school? Grade?
- Does your child have any cultural needs? (Hair care/body products)
- What types of foods does your child like?
- What types of food will your child not eat?
- Does your child go to church? What type of church? Is there a special contact there for your child? Are there religious food restrictions?
- How does your child act when he or she is upset, happy, angry, or sad?
- Does your child have any diagnoses from a doctor, therapist, or counselor or is your child receiving treatment for any reason by a health care provider or mental health provider?

Documents you may be asked to provide for your child:

- Birth Certificate
- Social Security Card
- Adoption Papers/Legal Guardian Papers
- Divorce/Custody Papers
- Medical Information (medical and mental health doctors name, address, phone, insurance card, medical card)
- IEP and 504 Plan (because they are renewed yearly and parents would know if their child has one. This is in the tips area at the bottom)

You may also be asked or can offer to provide personal information such as:

- Names and addresses of relatives and family friends who might be able to take care of your child (kinship care)
- Identifying information for both parents (including names, addresses, social security numbers, birth dates, family medical history, phone numbers, driver's licenses, places of employment, etc.)
- Your lawyer's contact information (if applicable)
- Your wage and income



Attend and participate in your child's education and school activities especially parent/teacher conferences or special Education meetings. Does your child have an Individual Education Plan (IEP) or 504 Plan? Check with the child's school if you are not sure and get a copy.

What is the Child Welfare System?

There are no perfect families and all families struggle from time to time. The child and family welfare system was created to make sure that every parent, child, caregiver, relative and non-relative support have the tools, skills, and abilities to ensure the safety and well-being of all its members, especially children. In Kansas, the system is managed by federal and state laws, also known as statutes.

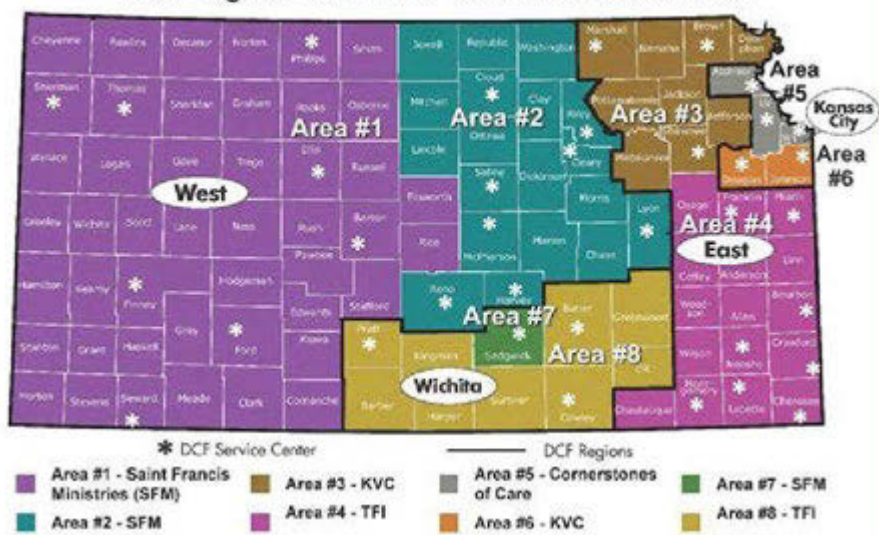


The Kansas Practice Model is family-centered

The services and supports that you and your child receive will be designed by building on your strengths and the strengths of your family. Family-centered simply means the services and supports provided keep you and your family in the center at all times. Supportive services address your specific personal, cultural, and family needs.

- The family (as a whole) is the focus.
- Strengthening the capacity of families to function effectively is emphasized.
- Families are engaged in designing all aspects of policies, services, and program evaluation.
- Families are linked with more comprehensive, diverse, and community-based networks of supports and services.
- Services received by families are given in the least restrictive and most family-like setting possible.
- Immediate and extended family members are crucial partners in case planning and are expected to be actively involved in the process, unless significantly detrimental to the child or youth.
- Families are treated with respect.
- Families have the right to privacy.

DCF Regions and Foster Care Catchment Areas



DCF & Child Welfare Case Management Providers

In Kansas, the Department for Children and Families (DCF) is the state agency responsible for providing services to children and their families. Children are placed in the custody of the Secretary of DCF through a court action, according to state laws under the Kansas Code for the Care of Children.

DCF/Prevention and Protection Services (PPS) contracts with licensed child placing agencies, referred to as Child Welfare Case Management Providers (CMPs), to provide in-home and out-of-home child welfare services. When the court orders out-of-home placement these providers, in partnership with DCF and other community partners, are responsible to deliver appropriate services and supports to help your child return home as quickly as possible.

(See Resources for a map of the provider regions).-



Progress toward reintegration must be made within **12 continuous months, or 15 of the last 22 months**, from the date your child entered out of home placement or the court will look seriously at moving toward termination of parental rights or another permanency plan. It is important to remember that the length of time in a child's life may feel like it moves faster and this must be taken into consideration when determining their stay in out of home placement.

Are you a registered tribal member?



The Indian Child Welfare Act (ICWA) is a Federal law that recognizes the sovereignty of Native American Tribes and Nations including their jurisdiction over Native American children. ICWA applies to Child In Need of Care (CINC) cases.

If you, or your child, are registered members of a tribe, or your child is eligible for registration as a tribal member, please let your caseworker know right away. There are many protections in the ICWA federal law that may apply to your family. The state is required to reach out to your tribe to determine which of those protections may be applied in your family's case. The final decision on this matter is left up to your tribe and must be honored by the State of Kansas and the Court.

Team Decision Making

The Team Decision Making (TDM) model is an approach to quickly bringing together the important people in a child's life when a safety threat suggests a child may need to be separated from their parents.



TDMs are held in hopes of:

- Reducing the possibility of needing to be separated from parents
- Increasing the chance of reunification within one year for children of all races if separation is determined to be the best option.
- Increasing placement stability for children in out of home care.
- Keeping children with relative or known and trusted friend from the start of entering out of home care.



Under Kansas law, Grandparents are to be given substantial consideration for placement of a child placed in out of home care. The Child Welfare Case Management Provider (CWCMP) shall assess the grandparents and consider all relevant factors.



People Involved

You will come into contact with a variety of people such as those listed below. Please note that titles may vary but the person's responsibilities are usually similar.

Provider: A Child Welfare Case Management agency that DCF contracts with to provide services to your family. Each agency will have some, if not all, of the workers listed below although they may have a different title.

Case Manager: Professionals, Social Workers, therapists, and/or counselors, responsible for working with the family to write and implement a case plan; assist in meeting goals; collaborate with the DCF, courts, and community providers; ensure your family's needs are being adequately met; and monitor the care of your child.

Family Support Worker: Paraprofessional staff providing direct services to children and families; arranging visitation, answering questions; and accessing community resources for parenting classes, budgeting, adult independent living services, and transportation.

Supervisor: Professional who provides guidance and assistance to case managers and other staff when questions arise. You may contact this person when you have concerns that are not being addressed by your case manager or family support worker.

Program Manager: Professional who directs the supervisors from various offices. You may contact this person if your concerns are not addressed by the case manager or supervisor.

Foster Home Worker: Worker responsible for providing licensing assessments, guidance and support to the resource (foster) parents who will be providing direct care of your child; acting as part of the external team; and having knowledge about daily care and needs of your child.

Volunteers: Unpaid staff who help with transporting, filing, and other duties needed.

Student Interns: People studying to become a professional may “shadow” your case manager to learn skills or may work with your family directly.

Kinship Worker: Provides resources and support to family members and close friends of the children in care and for any caregiver who fits the definition of “kin.”

Parent Advocates: Provides support, education, advocacy, training and resources to help family members and kinship caregivers.

Parent's Rights

1. To be treated as an individual with dignity and worth.
2. To be listened to and consulted with regarding your child's care.
3. To have the opportunity to demonstrate your capacity to provide a suitable home for your child, and to regain custody of your child as quickly as possible, when regaining custody is consistent with the health and welfare needs of your child.
4. To participate in planning for your child, to receive a copy of the case plan and to receive notice of any formal review of your child's case plan.
5. To receive services, in accordance with the case plan and court orders, to assist you in overcoming the conditions which led to the removal of your child, and if return of your child to your care is not feasible, to help you cope with an alternative plan for your child.
6. To visit and communicate with your child within reasonable guidelines as set by the case plan and/or by the court.
7. To have your child's cultural, religious, ethnic or racial heritage respected and planned for as much as possible.
8. To receive an explicit description of the expectations you must meet in order to have your child returned to your home and of the services that the agency will provide to help you meet those expectations.
9. To have your information that is maintained by the agency kept confidential.
10. To have access to your information that is maintained by the agency within a framework of agency guidelines which take into consideration others' rights to privacy, and to correct errors contained in these records.



When a child is placed in the custody of the Secretary for out-of-home placement, you are not relieved of your financial responsibility to support the child. DCF is responsible to complete an assessment of the ability of both parents to provide financial support for the child while in out-of-home placement. The Court may order child support.

Parent's Responsibilities

You have the responsibility to do the following:

- Participate in creating you family's and child's case plan
- Share important information about your child
- Participate in the services that are offered
- Attend all court hearings (as advised by your attorney)
- Keep appointments you have agreed to
- Make the appropriate changes needed to reintegrate with your children
- Be an active participant in helping your child return home
- Visit and communicate with your child as agreed upon
- Participate in your child's care and education planning
- Stay in contact with the case manager and/or family support worker
- Provide information about your progress and changes in your life
- Communicate any concerns that you have to the case manager or your lawyer
- Do not be afraid to advocate for yourself or utilize K/FAN
- Pay towards the cost of your child's care

It is important to:



Form a support system around yourself to help you get through the tough times. This can include friends, relatives & community partners.

Take care of yourself so you can be there for your child.

Stay involved with your child during this difficult time. Show interest and support in his/her well-being.

Remember that you are still your child's parent and your child will be helped most by your love and understanding.

How to Address Concerns

When your child is placed in out of home placement, DCF and the Child Welfare Case Management (CWCMP) provider are responsible for, and very interested in his or her care. When you find yourself **disagreeing with the decisions** regarding the best placement and care for your child you may:

1. Speak with the Provider staff

Each CWCMP has a process to address concerns. This information may be located in the material you were given about the agency. If not, ask your case manager for information regarding the chain of command. The process usually begins with having you speaking with the case manager and/or their supervisor.

2. Contact the DCF Customer Service

Office of Client Services can be reached at 1-833-765-2003 or at DCF.CustomerService@ks.gov.

3. Ask for a Court Hearing

Discuss with your Parent Attorney about your options. If the disagreement is about your child's return home, or the provider is not allowing interactions/visitations, then you may go to court to settle it. Your lawyer can assist you, and it is best to work with your lawyer if you are represented. The judge may hear testimony from you, the Guardian Ad Litem (GAL), and the CWCMP, and will make a decision based on what is thought to be in the best interest of your child. Both you and the provider must follow the judges' order.

4. Ask for a DCF Fair Hearing

You are allowed a fair hearing to appeal a decision by any agent or employee of DCF. Contact your local DCF office for information about the process, or online at <https://oah.ks.gov/Home/Forms>

What is a Case Plan?

A case plan, also known as a permanency plan, is a written plan with tasks, goals and target dates for completion of the tasks. The case plan is created together by the family and the case team to address the needs identified by the Court which led to the child being placed in the State's custody. **Your voice as the parent is important and valued.**

The Child Welfare Case Management provider will ensure that your family receives services to discuss and address the concerns which caused your child to be placed in out of home placement. Identifying these services will take place during all case planning conferences. The provider and DCF will continually monitor the effectiveness of these services.

Your family as a whole are the main focus of the case plan. The case plan shows that your family and the CWCMP are able to work together effectively by meeting goals in a timely manner.

Your immediate and extended family members who are found to be safe for your child are very important partners in the development, services, and evaluation of the planning process. You will be asked to provide names and contact information of relatives and non-related kin (close family friend) support systems. All family members and friends will be required to fill out a background check in order to be involved with the children while in state's custody.

The protection and safety of your child will be assessed and evaluated throughout the time that your family is working with the CWCMP.



All efforts will be made to help you enhance your child's safety and protection, and the case team will be making continuous assessments to help determine which services and supports would be the best fit for your family. Community services provided to your family are the most effective forms of intervention.

Case planning is a continuous and ongoing process.



The plan will use information provided by you, your child, relative/kin and other support persons. Additional information is provided by social workers, foster families, parent advocates, therapists, school personnel, guardians, Court Appointed Special Advocate (CASA) and others who have knowledge of your family and child. The case plan may also include information contained in psychological and other assessments, medical reports, and therapist reports.

Important items in a case plan:

Contain specific services to be provided to meet the needs of each family member

Identify specific steps to be taken by your family, the case manager, family support worker, and any other service providers involved.

Document everyone's participation for purposes of meeting your family's plan and the goals for your family. Time frames are provided to meet the permanency goals.

Be relevant to the critical circumstances regarding your family situation;

Be realistic in terms of emotional, physical, and mental capabilities of family members;

Be written in clear language that your family understands;

Be specific about what changes are needed to happen in your family; in order to return the children home.

Describe how success will be determined giving specific timelines and review dates;

Includes court orders and actions likely to be taken by DCF if the plan is not carried out;

Be completed and signed by all participants;

Be reviewed at least every 170 days or when requested by any of the team;

Be held within 30 calendar days of a permanency goal change.

Let the team know about services that have already been started for you and your child, as well as services that you may still need.



If you need mental health or substance abuse treatment, the decision to participate in treatment is yours. But be aware that if you chose not to go, it will affect whether your child can return home because you have not completed a case plan goal.

Sometimes there are waiting lists for services that you may need (for example mental health services, public housing, substance abuse treatment). Check to see if there are agreements that allow families whose children are in foster care to move up on these waiting lists. Talk to your case manager if there are problems.



Case Planning Conferences

The initial case plan is developed cooperatively with you and your family, the case manager, family support worker, service providers and other supports as identified by you. You have the right to invite any community and personal supports to the case plan. This group will become the Child and Family Team. The case plan is to be held within 30-45 calendar days and will be reviewed at least every 170 days or when requested by any member of the team.

You, your personal supports, and the other team members will be advised of the purpose of the case planning conference by the case manager. You will also be offered the following pamphlets: *Introduction and Parent's Guide to Case Planning Conferences*.

The case planning conference can be held in a location, and at a time, that is convenient for you and your family in order to provide a safe and favorable setting to meet and develop the plan. If transportation is an issue, let your case manager know.

The case planning conference is a time for everyone involved to have a respectful, positive and open discussion on services the family may need in order to bring their child home. The discussion will also include your rights and responsibilities as the birth or legal parent, the services to be provided, and other permanency options. A discussion will also take place regarding the alternative outcomes of not following through with the case plan goals, tasks, objectives, and other offered services. The plan will be directed toward the permanency, safety, and well-being of the family.



All participants shall have equal rights opportunity to actively share at the conference. If any of the members are non-English speaking or hearing impaired or have other special needs, let your case manager know so that arrangements or accommodations can be made.



Your participation in the case planning conferences, completion of tasks, and court orders determine permanency decisions regarding your family.

[Redacted text block]

[Redacted text block]



[Redacted text block]

[Redacted text block]

- Supporting the safety and well-being of children and families;
- Promoting earlier permanency decisions for the child;
- Decreasing child's length of stay in out-of-home placement;
- Reducing the number of moves and disruptions for the child;
- Engaging families in early case planning, review and decision making;
- Maintaining continuity in child's relationships;
- Increasing the likelihood of child having lifetime family connections;
- Setting clear time frames for all parties to successfully achieve the preferred reintegration permanency goal before recommending a goal change.

Concurrent Case Planning

In Kansas, a concurrent plan may be developed for a child in out of home placement. When indicated, concurrent case planning means that the Provider works with you on two different plans at the same time. One plan is to get you and your child back together. However, *at the same time* (concurrent), there is a back-up plan for the child to live in another permanent home in case he/she is not able to return to your home.

You are part of a team formed to help you, your child and your family. The team's primary purpose is to help build on your family's strengths to carry out your responsibilities and assist you to:



Remedy problem situations;

Safeguard your child from dangerous living situations;

Adequately nurture your child;

Protect your child's right to grow up with a sense of well-being, belonging and permanence;

Manage the tasks of daily living.

Kinship Care (Relative or Non-Related Kin)

Kinship care giving has been a tradition in many cultures and has increased dramatically in recent years. It is viewed as the best alternative to out of home placement for your child. Kinship care is **when relatives and non-related kin** are identified to care for your child while you are receiving the needed supports and services to be able to provide a safe and secure home for your child.

Kinship caregivers are usually asked to care for children unexpectedly. This arrangement can be made on an informal or formal basis. You and your child
your child.



request in court to receive "Interested Party Status".

formal notification of all case plans changes and court dates.

Kinship care is in the best interest of your child and will allow them to remain in their community and/or cultural setting. It provides many benefits for your child, including:

- Maintains connections with your family, culture, language and heritage;
- Provides stability;
- Decreases the likelihood of numerous placements moves;
- Reduce Trauma;
- Minimizes the effects of separation from you and other family members;
- Increases the placements of the siblings together and/or sibling connections.

Kinship caregivers may be eligible to receive support for financial expenses (such as TANF), food, clothing, medical, dental, childcare, academic and other, including but not limited to: respite, transportation, counseling etc. Check with your local Child Welfare Case Management Provider, the child's case manager or kinship worker for information concerning these various supports. Need to add about kinship caregiver's ability to become licensed.

Where is My Child and When Can I See Him/Her?

When children enter out of home placement (foster care), the least restrictive (most home like) placement that best meets their needs will be selected. Your child's connection to family members is important, so placement with related or non related kin (kinship care) is the most preferred option. When this is not possible, most children are placed with a foster family (see description below).

Initial Family Meeting

An initial family meeting between DCF, the Child Welfare Case Management provider, you and your child will be held within 2 business days of an out-of-home placement referral to the provider. You are encouraged to invite your support person/people to this meeting as well.

Foster Parents

A foster family provides your child with a family life experience for a temporary period of time. Foster parents believe that children should be with their parents but understand that there may be a time when that is not possible. Foster parents help children return home, and work in partnership with parents, and may serve as a mentor or role model. Foster parents may also commit to being the permanent placement resource for the child when reintegration is not possible.

All foster parents are required to complete a 30 hour program to help them understand the needs of children in foster care and their families. They must go through background checks and their family must have an assessment by the provider. Their home must also meet Kansas Department for Children and Families regulations.

Parent/Child Visitations

You and your child have the right of reasonable contact, regardless of the case plan goal, unless restricted by the court.

If the case plan goal is reintegration, you and your child will have at least one face to face interaction per week, with telephone contact and unlimited mail—unless it is determined not to be in the best interest of your child. These visits can occur face to face in your home, in the office, community setting or foster home. Visits may be done virtually, such as through Zoom, if needed for health reasons.

If the case plan goal is other than reintegration, the frequency of face-to-face interactions will be determined by the child/family team at a case planning conference.

The location of the parent/child interactions shall be determined based on the best interests of the child, and the activity in which the parent and child shall be engaged. When possible, parent/child interactions shall occur in the parents' home and be unsupervised.

Visits are usually one hour supervised at the local offices. Individual visits can progress from supervised to monitored and then unsupervised. This is determined by how well visits and interactions progress. This is generally determined at the discretion of the case teams.



These interactions are also a means to assess your readiness to resume care of your child. Face-to-face interactions may be supervised as required by the court or limited (or even prohibited) for therapeutic reasons as recommended by a physician or mental health professional.



Interactions/Visitation Tips

- Work closely with your case team to develop your case plan to include visitation if possible. If your children are in different homes, your plan should include sibling visitation.
- Visit as regularly as you can and stay involved with your child. This will be very important to your child. Doing this shows the agency that your child can depend on you.
- Ask your case team what you are supposed to do and whom you call if you can't make a scheduled visit.
- If you need help with transportation to the visits, talk with your case team.
- Try to form a connection and relationship with the foster family or the staff where your child lives.
- It may be helpful to meet the foster family on neutral ground, especially at first while you are getting to know each other. Ask for an Icebreaker meeting if you have not had one.
- It might feel strange to be "visiting" with your own child. You might want to talk with someone who can help you cope with these feelings.
- Use visits to maintain a connection to your child, use the time to enjoy each other and not to discuss case info.
- When you visit and talk with your child, try to understand how difficult it is for him/her to have more than one caregiver right now.
- If your child brings up the subject that he/she feel they have to choose between you and the foster parent. Parents should reassure their child that they are loved and that they don't need to choose between caregivers. Parents can also encourage their child to talk to the case team or therapist.



Sibling Visits

Siblings will be placed together with the same kinship caregiver or foster family whenever possible. However, if there is no one who can take them all, then they will be placed in different placements.

Siblings living in different homes will have at least twice a month visitations. At least one of these will occur during one of your interactions with all sibling's present. If siblings are not placed together when they enter out of home placement, a plan will be made to move them into the same placement as soon as possible.



Reunification

You can help your child return home by doing the following:

- Participate in the services described in the case plan and court orders;
- Participate in visits with your child on a regular basis;
- Stay in contact with the case team and ensure they have your current phone number, address and contact info;
- Provide information about your progress and changes in your life;
- Attend all court hearings.

The decision about your child's permanent placement will occur at the permanency hearing or before. The court's decision will be based on your progress in reaching the goals listed in the case plan. The court determines whether your child can safely return to your home (reunification approved).

Aftercare

The Child Welfare Case Management provider will provide services and supports during the 6-month period following your child's return home after care. These services are provided to assure stability and to assist you and your family. The case team and your family together will develop a plan that details the services and expectations for this period. During this time, the plan will be reviewed and revised as needed and submitted to DCF and the court.

When you, the provider and the court agree that your child is safe with you and that you are able to care for him/her now and in the future, you will regain full custody of your child and your case will be completely closed.

What is the Court Process?

When children and families become involved with the child welfare system, they usually become involved with the court system also. Certain legal decisions about children must be made by the court. These decisions are based on federal and state laws and are binding. Whether a child enters out of home care is determined by the court.



The Adoption and Safe Families Act (ASFA) of 1997 is one of these laws and was designed to establish the goals of safety, permanency and well-being for children in the child welfare system. The Revised Kansas Code for the Care of Children (K.S.A. 38-2201 etc.) was amended to comply with federal ASFA law and requires the court of jurisdiction to hold a permanency hearing within 12 months of the child entering state custody.

Parent's Attorney

You have the right to have a lawyer and may hire your own to represent you in court. If you cannot afford a lawyer, you may ask the court to appoint one for you. One will not automatically be appointed for you if you are able to afford an attorney. The judge determines whether you are eligible for a court appointed attorney.

As a parent you have the right to present your side of the story. You have the right to call and cross-examine witnesses. You may also submit a report to the court at the time of each hearing. The case team will provide you the name and address of the judge as well as the date and time of the court hearings. If you have a lawyer, you and your lawyer should discuss what you want to say at each hearing and whether you want to speak for yourself or have your lawyer represent your point of view.

Types of Hearings

The court process for Child In Need of Care (CINC) involves several types of hearings that are held in the district court for your county. Each has a different purpose and is held within different time frames. Following is a brief description of these hearings:



Temporary Custody Hearing: A temporary custody hearing is held within 72 hours (exclusive of weekends and legal holidays) of child's removal from home or may be where the decision to remove is made. The judge reviews the petition and reports, as well as the evidence presented, and decides whether the child stays at home or is to temporarily live out of the home. If the judge orders the child to be removed from the home, custody may be given to a relative, kin or other appropriate person or to the Secretary of DCF. The judge may also place additional conditions on the child and family through court orders.



Adjudication Hearing: An adjudication hearing is to be held within 60 days of the Temporary Custody Hearing. The judge considers the evidence presented to see if there is enough information to determine whether the child is a Child In Need of Care (CINC). If the judge does not find the child to be a CINC, then the case is dismissed, and the child is returned to the parents. If the judge finds the child is a CINC, a Dispositional Hearing is scheduled.

Dispositional Hearing: A dispositional hearing may be held at the same time or no later than 30 days after the adjudication hearing. The judge determines if the child will return to the parents, be placed in DCF custody, or placed with relatives or kin. This is different from the temporary custody hearing as the custody decision will be implemented until identified problems are corrected.

At this hearing the judge will consider a variety of issues, including:

- The child's physical, mental, and emotional condition;
- The child's need for assistance;
- Results of court ordered evaluations such as drug and alcohol, parenting, or psychological;
- The parents' past and present actions and behavior;
- Any additional relevant information, and

The judge may also order:

- An agency to move the child;
- The child and parents to participate in counseling;
- Evaluations of child and family members, drug testing or family visitation times;
- The parents to have no unsupervised contact with the child;
- The parents to pay child support.

Review Hearings: Review hearings are held as needed. During these hearings, the judge reviews the progress reports of the permanency plan filed by DCF or the provider, the foster parents and others.



Permanency Hearing: A permanency hearing is held at least every 12 months from the date the child was removed from the home. The judge reviews progress made toward meeting the permanency goal and makes a written finding as to whether reasonable efforts have been made to accomplish the permanency goal, and if continued out of home placement is necessary for the child's safety. The judge will determine when the child should be returned to the family or if another goal should be considered for the child. If reunification is no longer an option, a petition will probably be filed to terminate the parental rights.

Termination of Parental Rights Hearing: A termination of parental rights hearing may occur anytime during the CINC process. The prosecutor must show by clear and convincing evidence that the parent/child relationship should end:

- Parent is unfit by reason of conduct or condition;
- Parent is unable to care properly for a child;
- Parent conduct or condition is unlikely to change in the foreseeable future.

The judge may terminate the parents' rights or order the family to continue to work on the permanency plan and set another hearing date, or order a new plan and set a review hearing date.

Parents may also voluntarily relinquish custody/rights.



It is important for you to attend and be on time for each court hearing. Failure to attend a hearing could be seen as an indication that you do not care about your child.

The way you dress and act in court shows your respect for the court:



~~Dress clothes are appropriate;~~

~~Stand when the judge enters and leaves the courtroom;~~

~~Remain seated unless asked to stand;~~

~~Be quiet, polite and attentive;~~

~~Speak only when asked;~~

~~Food or drink is not allowed in the court room;~~

~~Turn off your cell phone before entering the court room;~~

~~Arrive 15-20 minutes early for the hearing;~~

~~Be prepared for delays.~~



People Involved

Judge—Makes legal decisions and court orders in your case.

District or County Attorney (usually the Assistant)—Lawyer representing the state.

Guardian Ad Litem (GAL)—Lawyer appointed to protect the interest of the child.

Your Attorney—Lawyer you hire or request to be appointed (if you are not able to pay for one).

Court Services Officer (CSO)—Monitors the case/court orders for the court.

Parent Advocates—Volunteers or staff who are there to support caregivers throughout their CINC case.

Court Appointed Special Advocate (CASA) Volunteer—Trained volunteer appointed by the judge to advocate for the best interests of the child. Some but not all of the 31 District Courts have CASA programs.

Citizen Review Board—Three to seven trained community volunteers appointed by the judge to review the status of CINC case. Some but not all of the 31 District Courts have Citizen Review Boards.

Parent Ally—Parents may pick up to two people to be present with them at court hearings for support. These support persons, often family or friends, must participate in the Parent Ally program orientation. (*See Resource Section*)

Appeals

A parent may appeal any adjudication, disposition, finding of unfitness, termination of parental rights, or order of temporary custody. There are time limits to file an appeal and the appealing party may be required to pay fees and expenses. Even if an order has been appealed, the order will generally remain in effect until the appeal is decided.

Support Obligations

The judge may order the person responsible for the child to pay child support (expenses relating to the child) at the dispositional hearing or schedule a separate child support hearing. The judge uses the Kansas Child Support Guidelines to determine the amount each parent must pay.

References

Information contained in this handbook was adapted from the following sources. We encourage you to visit these websites for more information.

1. **Policy and Procedure Manual**, Kansas Department for Children and Families, Prevention and Protection Services, <http://content.def.ks.gov/PPS/robohelp/PPMGenerate/>
2. ***A Family's Guide to the Child Welfare System*** is a comprehensive resource that answers many questions families face when they become involved with the child welfare system. The *Guide* is a collaborative effort among five organizations—National Technical Assistance Center for Children's Mental Health at Georgetown University Center for Child and Human Development; Technical Assistance Partnership for Child and Family Mental Health at American Institutes for Research; Federation of Families for Children's Mental Health; Child Welfare League of America; and National Indian Child Welfare Association. Authors include Jan McCarthy, Anita Marshall, Julie Collins, Girlyn Arganza, Kathy Deserly, and Juanita Milon. The *Guide* was supported with funding from the federal Department of Health and Human Services

You may view or download the Guide at no cost. (Note: it is 140 pages).

http://www.tapartnership.org/advisors/childwelfare/resources/family_guide.asp—

Or you may order a copy for \$10 by contacting: Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, 1000 Thomas Jefferson St. NW, Washington, DC 20007 TAPPublications@air.org

3. **Parent Ally Program Orientation**, Kansas Judicial Branch www.kscourts.org/programs
4. **Kansas Child in Need of Care (CINC) Statute** www.kslegislature.org (Find a Statute: Enter Statute 38-2201)

Additional Information

1. **Kansas Lawyer Referral Service** Phone: 1-800-928-3111 www.ksbar.org/public/public_resources/lawyer_referral/
2. **Child Welfare Information Gateway** provides access to information and resources to help protect children and strengthen families. The Gateway is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. www.childwelfare.gov
3. **Kansas Family Advisory Network (KFAN)** is to be a statewide network of family advocates who partner and engage with families across state systems. Our purpose is to initiate positive change in the lives of families, community partners and stakeholders through efforts based upon understanding, compassion and love. <http://www.kfan.org/kfan-information/>

Resources

Acronyms Used In Child Welfare

A

ADA—Americans with Disabilities Act
ADD—Attention Deficit Disorder
ADHD—Attention Deficit with Hyperactivity Disorder
APPLA—Another Planned Permanent Living Arrangement

C

CASA—Court Appointed Special Advocate
CINC—Child in Need of Care
CPS—Child Protective Services
CRB—Citizen's Review Board
CSE—Child Support Enforcement

D

DCF—Kansas Department for Children and Families
DD—Developmental Disability

E

EPSDT—Early and Periodic Screening, Diagnosis and Treatment; called KanBeHealthy in Kansas

G

GAL—Guardian ad litem

H

HCBS—Home and Community Based Services
HIPPA—federal Health Insurance Portability and Privacy Act

I

ICPC—Interstate Compact on the Placement of Children
ICWA—Indian Child Welfare Act
IDEA—Individuals with Disabilities Education Act

IEP—Individualized Education Plan
IL—Independent Living

J

JJA—Kansas Juvenile Justice Authority
JO—Juvenile Offender; a legal term defined by the Kansas Juvenile Offender's code

P

PPS—Prevention and Protection Services—division of DCF

R

RADAC—Regional Alcohol and Drug Assessment Center

S

SASSI—Substance Abuse Subtle Screening Inventory
SSI—Supplemental Security Income (disability Social Security)
SSN—Social Security Number

T

TANF—Federal Temporary Aid to Needy Families
TIPS MAPP—Trauma Informed Partnering For Safety and Permanence—Model Approach To Partnerships In Parenting

V

VR—Vocational Rehabilitation Services

For more go to DCF Acronyms:
<http://www.dcf.ks.gov/Agency/Pages/Acronyms/Acronyms.aspx>

Definitions Used in Child Welfare

Adoption If reintegration (return home) is not possible, this is the next preferred permanency option for children. When a child has been in out of home placement for 12 continuous months, this option will be considered.

Assessments Culturally respectful process and written documentation that addresses individual strengths, needs, and core concerns of the child and family.

Central Registry The Child Abuse and Neglect Central Registry is a computerized name based list of persons who have been confirmed validated or substantiated for child abuse or neglect.

Child Welfare Case Management Provider A private agency DCF contracts with to provide family preservation, reintegration/foster care/adoption services. The state is divided into five contract regions for the family preservation and reintegration/foster care/adoption contracts.

Child in Need of Care (CINC) According to Kansas law (K.S.A. 38-2201), the state oversees what happens when a child less than 18 years of age has been:

- Injured by a parent;
- Is being neglected;
- Has been abandoned;
- Is not attending school;
- Has run away from home;
- Is under 10 years of age who may have committed a crime.

Citizen Review Board A group of citizen volunteers appointed by a court to review child in need of care cases and make recommendations to the court.

Court Appointed Special Advocate (CASA) A responsible adult other than an attorney or guardian ad litem appointed by the court to represent the best interests of a child.

Evidence Proof submitted to the court to influence its decision. Evidence can be written, verbal or physical.

Ex Parte Order An order issued by a judge without a hearing.

Family Centered Practice Engages families and their communities to prevent and respond to child abuse and neglect, thereby strengthening families and enhancing the safety of children in their communities.

The six guiding principles of systems of care are:

- Youth and family involvement;
- Individualized strengths based care;
- Cultural competence;
- Interagency collaboration;
- Community based services;
- Accountability

Foster Family Home A private home in which care is given for 24 hours a day for a small number of children away from their parent or guardian (K.A.R. 28-4-311 (d)).

Guardian ad Litem (GAL) An attorney appointed by the court in child in need of care proceedings to represent the best interests of the child.

Independent Living Services and supports to help youth in out of home placement to move towards self sufficiency.

Juvenile Justice Authority (JJA) The agency created by law that oversees some aspects of the Juvenile Offenders Code (K.S.A. 38-1600 et seq.) JJA provides intake and assessment services for alleged juvenile offenders and for alleged children in need of care (CINC) who come to the attention of law enforcement.

Juvenile Offender A child or youth at least 10 years old who commits an act that would be a felony or misdemeanor if committed by a person over 18, and who has been adjudicated as a juvenile offender by a juvenile court.

K.A.R. Kansas Administrative Regulations are enacted by state agencies after a process of public hearings and regulation. KAR's have the force of law.

K.S.A. Kansas Statutes Annotated are laws enacted by the Kansas legislature and signed into law by the governor.

Kin Any adult, related by blood or not, who plays a significant role in the life of a child or family and who may be considered for placement if a child has to be removed from the child's home.

Kinship Care The placement of a child in the home of the child's relative or in the home of another adult with whom the child or the child's parent already has a close emotional attachment. Kinship Care involves relatives and non relative members (extended, blended and other significant support persons) caring for the child when the birth parent(s) cannot.

Kinship Definitions:

- **Relative** is defined as a person related by blood, marriage or adoption.
- **Non-Related Kin** is defined as someone with an emotional bond to the child.
- **Informal** The relative or non-related kin raising children placed in their care without legal intervention.
- **Formal** The relative is non-related kin raising children placed in their care through legal intervention.

Notice Written information to parties about the date, time and place of court hearing. A copy of the petition is included with the notice.

Other Planned Permanency Living Arrangement (OPPLA) This permanency option is only considered when there are strong reasons why the others are not acceptable for a child and family.

Parent A birth parent and any adult who is the primary caregiver of a child.

Parties People actively involved in the case: child, parents, grandparents, and/or other individuals approved by the judge.

Permanency The child is released from DCF custody and has a stable, permanent home through reintegration, custodianship, adoption, or OPPLA.

Permanent Custodianship A permanency option that allows the current caregiver for a child in out of home placement to have all the rights and responsibilities of a parent.

Petition Document written by the County or District Attorney (prosecutors) that describes why the court should find the child to be a Child In Need of Care (CINC).

Protective Custody A law enforcement officer may remove a child from any location if he or she believes the child is not safe (Police Protective Custody), or a judge may order law enforcement to take the child into custody if he or she believes the child is not safe (Order of Protective Custody).

Reasonable Efforts Services and supports provided a child and family to keep the child at home, or help the child return home safely, or achieve another permanency goal.

Relative A person related by blood, marriage or adoption but when referring to a relative of a child's parent, does not include the child's other parent.

Resource Family A family willing to provide short term care or service as the adoptive or legal guardian for the child. The resource family is a valued member of the team and will participate in the case planning process and court hearings, serve as a mentor to birth families, and will encourage parent/child interactions in a natural setting.

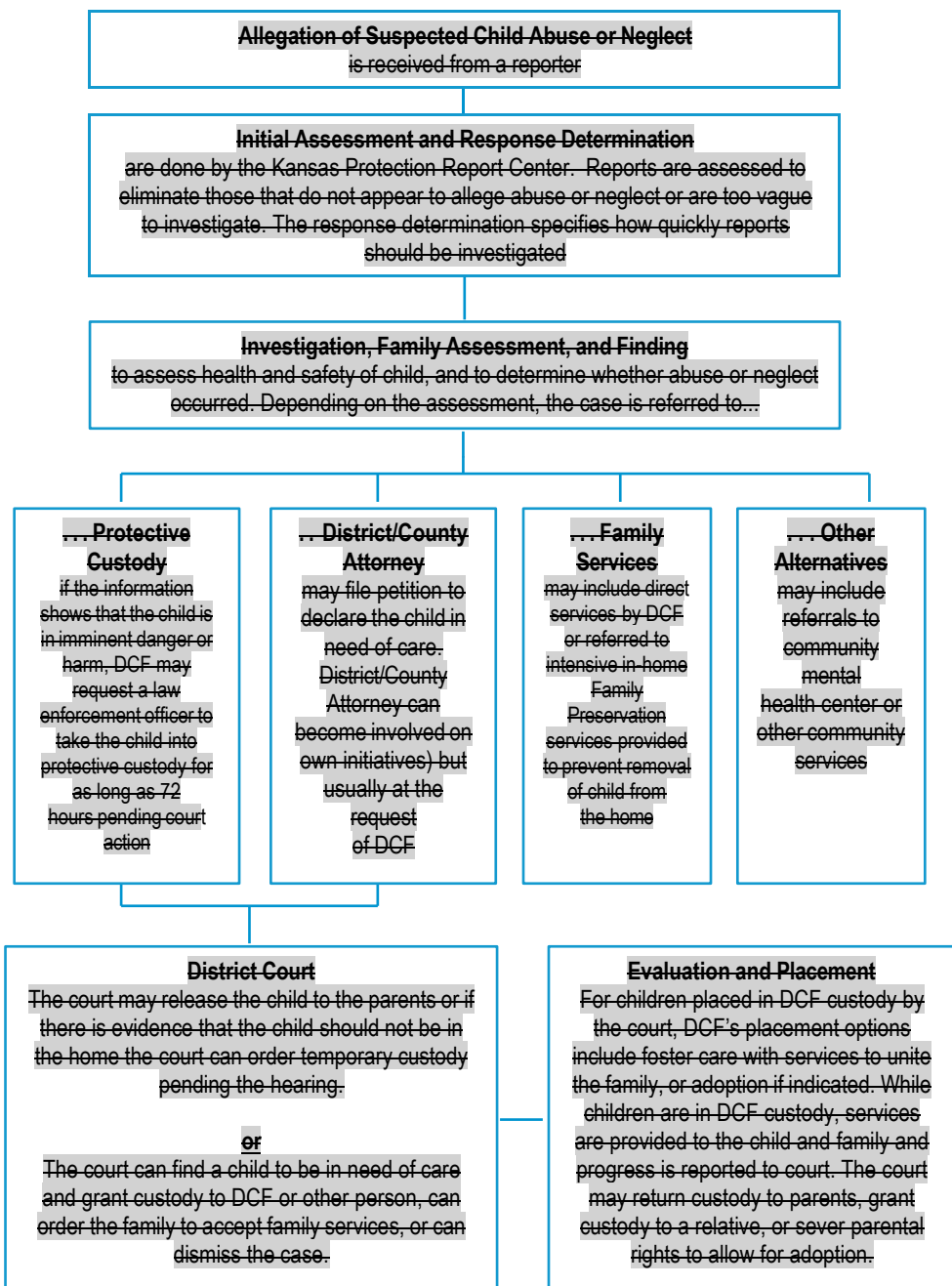
Safety A child is protected from abuse and neglect.

Temporary Custody Awarded by a court based upon evidence in a hearing prior to disposition.

Truant A child not attending school as required by law.

Well-Being A child's physical health, mental health, development and educational needs are provided for.

DCF Assessment Process for Allegations of Child Abuse and Neglect



Abuse means any act or failure to act which results in death, physical harm, emotional harm, or which presents a likelihood of harm to a person under age 18." KAR 30-46-10

Physical Abuse means the infliction of physical harm on a child or the causation of a child's deterioration. This term shall include any non-accidental or intentional action or inaction that results in bodily injury or that presents the imminent risk of serious injury. KAR 3-46-10

Sexual Abuse means any act committed with a child, including the following: 1) Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person; and (2) allowing, permitting, or encouraging a child to engage in prostitution or to be photographed, filmed, or depicted in obscene or pornographic material. KAR 30-46-10

Mental or Emotional Abuse means the infliction of mental or emotional injury on a child or the causation of a child's deterioration. This term may include the following: 1) Any act or omission that impairs a child's social, emotional, or intellectual functioning; (2) terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child; (3) emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; (4) corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behaviors; or (5) engaging in any behavior having substantially the same effect on the child as that of any of the actions specified in paragraphs (e)(1) through (e)(3). KAR 30-46-10

Physical Neglect means any act or omission resulting in harm to a child or presenting a likelihood of harm if the act or omission is not due solely to the lack of financial means of a child's parent or other custodian. This term may include the following: failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. KAR 30-46-10

Medical Neglect means any act or omission resulting in harm to a child or presenting a likelihood of harm if the act is not due solely to the lack of financial means of a child's parent or other custodian. This term may include the following: failure to use resources available to treat a diagnosed medical condition if the treatment would make the child substantially more comfortable, reduce pain and suffering, correct or substantially diminish a crippling condition, lengthen the life span, or prevent the condition from worsening. KAR 30-46-10

Kansas Department for Children and Families Customer Service Contact Information

DCF believes in excellent customer service, the importance of listening to customer's needs, and helping customers gain access to a wide variety of agency and community services. If you have an issue you need to discuss, please contact customer service in your Region, or the Office of Customer Service in DCF Central Office.

**Statewide Customer Service
Number:**

1-888-369-4777

Office of Client Services:

1-833-765-2003

DCF.CustomerService@ks.gov

When calling or emailing, please have pertinent information available, including full name, date of birth, case number, city and state, cell phone number, home phone number, email address, and your issue or concern.



Contact Information**Agency's Name** _____**My Case Manager** _____

Office Phone _____

Alternative Phone _____

Address _____

City _____ State _____ Zip _____

Supervisor's Name _____

Office Phone _____

Alternative Phone _____

Resource Parent _____

Office Phone _____

Alternative Phone _____

Address _____

City _____ State _____ Zip _____

Guardian Ad Litem _____

Office Phone _____

Alternative Phone _____

Address _____

City _____ State _____ Zip _____

My Attorney _____

Office Phone _____

Alternative Phone _____

Address _____

City _____ State _____ Zip _____

Other _____

Agency _____

Office Phone _____

Alternative Phone _____

Address _____

City _____ State _____ Zip _____

Notes

This image shows a full page of a document template designed for handwritten notes or essays. It features a series of evenly spaced, light gray horizontal lines across the entire width of the page. The lines are thin and consistent in color and thickness, providing a guide for writing without being distracting. There are no margins, headers, footers, or other markings present on the page.

Individual Recruitment Plan(IRP) for Child in Need of an Adoptive Resource

Child(ren)'s Information:

1. Name: _____ DOB: _____

FACTS Case#: _____

2. Name: _____ DOB: _____

FACTS Case#: _____

3. Name: _____ DOB: _____

FACTS Case#: _____

4. Name: _____ DOB: _____

FACTS Case#: _____

5. Name: _____ DOB: _____

FACTS Case#: _____

6. Name: _____ DOB: _____

FACTS Case#: _____

7. Name: _____ DOB: _____

FACTS Case#: _____

CWCMP: _____

CWCMP Adoption Resource Coordinator: _____

Initial IRP Date: _____

IRP Update: _____

Adoption Exchange Information:

Date of Initial PPS 5310 Referral to Adoption Exchange: _____

Date of Current PPS 5310 Referral to Adoption Exchange (if applicable): _____

Date PPS 5310 Update Due to Adoption Exchange, if applicable: _____

Adoption Recruitment History:

Date: _____ **Case Status:** _____ **Status Reason:** _____

Notes: _____

Date: _____ **Case Status:** _____ **Status Reason:** _____

Notes: _____

Date: _____ **Case Status:** _____ **Status Reason:** _____

Notes: _____

Date: _____ **Case Status:** _____ **Status Reason:** _____

Notes: _____

Date: _____ **Case Status:** _____ **Status Reason:** _____

Notes: _____

Number of Inquiries received: _____

Type of Recruitment Provided: (check all that apply)

- ☐ **Private Matching** (private profile on adoptkiskids.org - only visible Adopt KS Kids team for purposes of child to family matching)
- ☐ **Public Photo Listing** (public profile on adoptkiskids.org – visible to both inquiring adoptive families, as well as professionals)
- ☐ **Youth Centered Profile** (children 12+ will work with an Adopt KS Kids Child Specialist on the development of their own in-depth profile)
- ☐ **In State Recruitment** (CWCMP will be provided family inquiries from those residing in Kansas)
- ☐ **Out of State Recruitment** (CWCMP will be provided family inquiries from those residing in both Kansas and out of state) If child cannot receive out of state recruitment, what is the reason?

Targeted Adoption Recruitment Activities: *(Targeted Recruitment Activities are community awareness initiatives used for the purpose of resource family recruitment. May include, but are not limited to, AdoptUSKids photo listing, social media, featured child/sibling, television, radio profile, newspaper, church bulletin inserts, Klicks for Kids Heart Gallery.)*

1. Recruitment Activity: _____

Date: _____

Notes: _____

2. Recruitment Activity: _____

Date: _____

Notes: _____

3. Recruitment Activity: _____

Date: _____

Notes: _____

4. Recruitment Activity: _____

Date: _____

Notes: _____

5. Recruitment Activity: _____

Date: _____

Notes: _____

6. Recruitment Activity: _____

Date: _____

Notes: _____

7. Recruitment Activity: _____

Date: _____

Notes: _____

8. Recruitment Activity:

Date:

Notes:

Additional Information Regarding Recruitment Status:

Street Address	City	Zip Code	County

The purpose of this assessment is to determine whether the individual listed above has any physical, mental, emotional, or behavioral health conditions that would impair their ability to provide safe and adequate care to a child, as required by Kansas law (K.A.R. 28-4-804, 28-4-819). The PPS 5317 and PPS 5318 shall be updated at least annually and anytime there is a significant change.

☐ No Conditions Identified That Would Interfere with Parenting I do not find evidence of physical or mental illness that would conflict with the ability to care for the health, safety or welfare of children.

☐ Conditions Identified That May Interfere with Parenting I found evidence of physical or mental illness that would conflict with the ability to care for the health, safety or welfare of children.

Name of Healthcare Provider (print or type)	Date of examination(MM/DD/YYYY):
Signature of Healthcare Provider	License type: (MD,DO,DC,PA-C,APRN)
Practice/Clinic Name and Address:	Contact Number:

Adoptive Family Assessment

(To be Updated Annually, or for Significant Change)

Agency Information:					
Agency:		Assessor:			
Phone:		Email Address:		Original Completion Date:	
Updated by:		Date:			
Updated by:		Date:			
Updated by:		Date:			
Dates of Home Visits:					
Identifying Information:					
Name of Parent 1:		Email Address:		Cell Phone #:	
Name of Parent 2:		Email Address:		Cell Phone #:	
Street Address:		City, State and Zip Code:			
County of Residence:		Home Phone:		Fax #:	
Language(s) Spoken in the Home:					
Household Members (Include Parents, Children and Other Household Members):					
<i>Children in the custody of the Secretary placed in the home shall not be listed as household members for purposes of this assessment. The child(ren) in custody of the Secretary placed in the home shall be documented by initials and age within the Additional Assessor section narrative, including their impact on the household.</i>					
Name	Relationship with Each Parent	DOB	SSN	Race/Ethnicity	Is There Full Time (FT) or Part Time (PT)
Comments (Describe the Family Structure. If family is interested in adopting a specific child, note relationship):					
Parent's Histories					

For each parent, list where they have lived, worked, and attended school. Describe their general personality, relationships in family of origin, significant growing up experiences, losses/grief/trauma experiences, strengths/needs, medical and mental health, coping mechanisms, and special interests/hobbies. Include information about issues with drugs or alcohol. Discuss previous relationships – dates, description, how they ended, and if there were connections with any children. How did they deal with ended relationships? How did they help any children involved deal with it?

Parent #1:

Parent #2:

Current Relationship Between Parent #1 and Parent #2:

Describe the length and nature of the relationship, strengths/challenges, communication styles, how decisions are made and conflicts resolved, any fertility issues, and the stability of the relationship.

Parenting Styles and Strengths:

Describe how each parent was parented, how they were disciplined, their child-rearing beliefs and practices, how they discipline, their experience in parenting children not born to them, and their child care plans for an adopted child. Document they received and agreed to the DCF policy regarding positive discipline.

Non-Parent Adults Living in the Home:

For each non-parent adult listed on page 1, explain whether the arrangement is considered temporary or permanent and why, their general characteristics, what their role will be regarding the adopted child(ren) and their feelings about the adoption.

Information about the Children: *This section applies to children of the adoptive family listed as household members.*

For each child listed on page 1, list their school history and grade completed. Describe their personality, health, special needs, attitude toward the adoption plan, and how they have been prepared for the possible addition to the family. Address if they live in the home all of the time or part of the time, and why.

For children out of the home, list who they are and their age and explain why they are no longer in the home, their relationship with parents and siblings, and their opinions about the adoption. For adult children of the adoptive parents, describe their perspective on their upbringing and family life.

Criminal History and DCF History (including additional state registry searches when applicable): *Criminal history and background information shall be reviewed in accordance with the requirements outlined in Section 5330.E.a.iii of 5330 Assessing the Adoptive Family.*

For each person age 10 and older in the household, document the results of DCF history checks and any other applicable state registry checks, including any relevant findings, when they occurred, and an evaluation of how this information impacts the safety, suitability, and overall assessment of the prospective adoptive family.

For each person 10 and older in the household, list criminal offenses including the nature of the offense, where and when it occurred, whether there was a conviction, and the resulting sentence. — what they are, where they occurred, whether there was a conviction and the sentence. Explain/Describe how the person has addressed or resolved feels they have dealt with the issue.

Family Finances:

Attach the PPS 5318A, Adoptive Family Budget. Summarize the Parents' financial situation, their ability to meet the basic needs of the household and how this will be impacted by adoption. Describe their financial stability and ability to manage finances.

Family Environment:

The House: Describe the house, where bedrooms are located and which family member sleeps in each. Note where the adopted child(ren) would be. Describe the structure, number of levels, furnishings, and housekeeping. Document practices regarding smoking, pets, guns and medications.

The Yard: Describe the outside spaces. Note if there are ponds, pools, hot tubs, fencing, buildings, or play structures, and how safety of the child(ren) can be assured.

The Community: Describe the neighborhood where the family lives, and their access to resources, such as medical facilities, schools, counseling services, places of worship, theaters, museums, recreational activities. (Note: do not reference the racial or ethnic composition of the neighborhood.)

Family Involvement in the Community: Describe the family's level of involvement and ability to access community resources. Address whether they home school and if they plan to home school adopted child(ren). Describe the family's involvement in other community activities, such as places of worship, volunteering, or school groups, and what kind of support system they have in place. If the family runs a business out the home, note what type of business and any impact to the plan to adopt. Describe information received from community service providers.

Transportation:

Describe the vehicles owned by the family, insurance information, access to car seats, public transportation options/alternate transportation plans, and note each driver's license number.

Military History:

List who was in the military, which branch, when they entered and were discharged, the type of discharge. Describe how the parent feels military experience has affected/will affect their parenting, both negatively and positively.

Motivation to Adopt and Attitudes/Beliefs about Adoption Issues:

Describe the parents' motivation to adopt, their experience/ability to parent children not born to them, their expectations of themselves and the adoptive child, and how they feel adoption will affect them, their marriage and the family. Assess if they prepared to meet the special challenges of adoption such as: birth parent issues; parenting children with special needs; parenting children who have been abused, neglected, abandoned, and traumatized; dealing with behavior problems, differences in race, culture, religion, lifestyle; accessing and accepting services to meet the needs of the child and family, including the agency. Explain their plans for the future of the adoptive child(ren) should something happen to them. If the parents have experienced an adoptive placement that did not finalize or an adoption dissolution, explain how this has been addressed.

Attitudes About Open Adoption:

Discuss the parent's support of open adoptions and explore the continuum of openness in adoption with the family and how these needs change as an adopted child grows and experiences different stages of development. Identify the family's preferred method(s) for maintaining openness with members of an adopted child's birth family and/or other important connections. What are the family's fears and concerns around openness in the adoption experience? What efforts will the family make to assist their adopted child in maintaining important connections and attachments? Describe the family's plans on how and when they will discuss adoption with the child and make adoption a part of the child's story and their family's story. Assess if they will be supportive of the child if they choose to search for their biological family.

Large Family Assessment:

If the family being assessed already has 6 or more children that live in the home, describe the family's motivation for wanting a large family, and their ability to access the supports and resources necessary. Assess their skills in managing time, being flexible, juggling appointments/schedules, and supervision. Discuss who will be available to the children during the day, and how transportation will be handled.

Additional Assessor Section: *Use this section to document additional observations or considerations. This section shall be used to document information not captured elsewhere in the assessment.*

If the family currently has children in custody of the Secretary placed in the home, identify those children here using initials and age only. Describe their role within the household. Describe how the family manages the needs of children in custody of the Secretary alongside other children in the home. Assess how the adoption of an additional child may impact the household environment, including the needs and stability of any children in custody of the Secretary currently placed in the home. Discuss whether the presence of children in custody of the Secretary in the home may affect the family's ability to support the permanency needs of the child being considered for adoption, or whether the adoption may impact the placement or stability of children currently in custody of the Secretary .

Summary and Recommendations:

Include a summary of the references, the family's strengths and needs, a recommendation as to whether they should be approved as adoptive parents, a justification for that recommendation, and a statement about their suitability for children with specific types of need. List the number, age and sex of the children for which they are approved.

I have read and agree with the Adoptive Home Assessment. I understand it will be shared with others who need information regarding the adoption of children from foster care.

**Adoption Assessor
Signature:**

Date:

**Licensed Supervisor
Signature:**

Date:

Parent # 1 Signature

Date:

Parent # 2 Signature

Date:

I have read and agree with the Adoptive Home Assessment. I understand it will be shared with others who need information regarding the adoption of children from foster care.



Young Adult's Name:			
DCF Independent Living Coordinator:			
ILC Phone:		Email:	

Section I: Purpose

This form explains what you need to do to participate in the DCF Independent Living Program as well as what you can expect from your DCF Independent Living Coordinator (ILC). Our goal is to work together to help you build a strong foundation by developing goals and connecting you with resources to help you achieve lasting success.

Section II: Basic requirements for working with DCF Independent Living

The program requirements are meant to assist your ILC to be able to partner with you to provide meaningful services. While these are basic requirements your ILC will work with you to develop more specific case plans tasks to help you move forward.

By requesting DCF Independent Living Services, I agree to:

General Requirements

1. Initiate contact with my DCF ILC at least once (1) per month.
This can occur through in-person meetings, emails, phone calls, texts, video call or Facebook messenger.
2. Contact my DCF ILC promptly of any significant changes, such as, living situation, school enrollment status, employment status change, etc.
Not providing and updating a good mailing address often causes financial payments to be late.
3. Meet with my DCF ILC at least once every 170 days (6 months) to update my plan and matrix.
4. Provide all required documentation requested by DCF.
This typically includes, but is not limited to things such as financial statements, invoices, receipts, driver's license, insurance, etc.

Specific Service Requirements *check services that apply*

☐ ETV/SOUL PSCT

1. Enroll in a post-secondary education program at least 1 year (9 academic months) in length.
2. Provide copies of semester schedule(s), FAFSA confirmation, financial statements, and grades, dorm or rental agreement, if applicable.

☐ Subsidy *check requirements that apply*

- ☐ Work towards completing your high school diploma or GED if not already achieved.
This could include providing copies of grades, class schedules, completing practice GED tests, etc.
- ☐ Provide copies of _____ job applications per month until employment is found.
- ☐ If employed, provide copies of pay stubs monthly.

All financial services and benefits are not guaranteed and depend on eligibility and funding availability

Section III: Program Expectations of DCF ILC

1. Advocate for and partner with you and your supportive connections to build belonging and help you accomplish your goals towards lasting success.
2. Communicate openly and honestly with you by keeping you informed about decisions and support available to you to help meet your goals.
3. Determine accurate eligibility for services
4. Complete assessments and provide referrals for additional services as needed.
5. Complete all required paperwork in coordination with you and provide you copies of approved case plan documents and budget forms.
6. Make attempts to reach you if you have not initiated contact during a month.
7. Before closing your case due to no contact, your DCF ILC will make at least two different attempts to contact you for at least two months.
8. Maintain accurate financial documentation and submit paperwork to DCF financial departments.
9. Follow all agency, state, and federal laws and policies.
10. DCF ILCs are mandated reporters. This means that they are required by law to report any suspected child or adult abuse or neglect. If an ILC suspects abuse or neglect, they will notify the reporting center so that the situation can be assessed and, if needed, assigned for follow-up.

Section IV: Texting and Social Media Informed Consent

DCF ILCs can communicate with you using text messages and Facebook, if you choose. While these are often easy ways for you to send documentation to your ILC it is recommended you send any personal information to your ILC's email address. If you choose to communicate with your worker via text message or Facebook it's important you know the following:

- Texting and social media are **not** fully secure or completely private
- If someone has access to your phone or Facebook account, they might see the messages
- Information can be stored on third-party servers
- There is a risk of delayed or failed message delivery
- Public comments, tagging, or posting about your services or ILC may compromise your confidentiality

You can choose how to communicate with your ILC. You can also change your mind at any time. Please remember monthly contact is required. Check the methods of communication you're most comfortable with:

☐ Text Messaging

☐ Email

☐ Facebook

☐ Only Phone Calls

I have reviewed this form and have been given the opportunity to ask questions

Signature: _____

Date: _____

The ILC shall provide a copy of this signed form to the young person and retain a copy for the file.

Independent Living Subsidy Payment Unit Notification

☐ **Regular IL Subsidy (8100)**
☐ **Initial Request**
Date Effective:
☐ **Change**
Date Effective:
☐ **SOUL IL Subsidy (8106)**
☐ **Suspend / Terminate**
Date Effective:

Section I: Young Adult and Vendor Information

Young Adult Name:			
SSN & DOB:			
Address:			
City/State/Zip			
Phone:			
Email:			
Vendor Name:		Vendor ID:	
Address:			
City/State/Zip			
Phone:			
Email:			

Section II: Monthly Subsidy Information

Subsidy Amount and Month Authorized:						
Month/Year						
Amount Authorized	\$	\$	\$	\$	\$	\$

Section III: Approvals

Signatures:	
Independent Living Coordinator (ILC)	Date
Independent Living Supervisor	Date
<i>Staffing Notes:</i>	
<i>This form is to be completed and submitted to the Eligibility Payment Unit for subsidy payments to be issued.</i>	
Eligibility Payment Unit:	
Name of DCF staff entering the subsidy payment:	
Date authorized subsidy was entered, changed, suspended, or terminated by Eligibility Payment Unit:	

An electronic copy shall be returned to the ILC with the above information completed. The ILC shall place a completed copy in the case file.

When to Report

Summary of PPS 10-000 changes

A report should be made to DCF when:

- (1) the adult is unable to protect his/her own interest and is in a harmful situation or is in danger of being harmed or
- (2) a specific incident or pattern suggests abuse, neglect, or financial exploitation is occurring or
- (3) the adult is unable to provide or obtain the services necessary to ensure safety and well-being and to avoid

physical and mental harm or illness.

Where and How to Report

Call the **Protection Report Center: 1-800-922-5330**
If the adult is in **imminent danger**, call local law enforcement.

What DCF Will Do

1. Initiate a face-to-face visit with the adult **within 24 hours to five working days** of being assigned the case, depending on the level of risk of imminent danger to the individual.
2. With the consent of the adult, contact collateral sources (relatives, neighbors, service providers, etc.) to obtain additional information.
3. With the consent of the adult, interview the alleged perpetrator, if one has been named.
4. Discuss with the adult, and if appropriate, the guardian, conservator or caretaker, what actions are needed to prevent further harm.
5. Assist in locating services and making referrals that are necessary to maintain physical or mental health. Examples may include legal services, medical care, appropriate living arrangements, assistance in personal hygiene, food, clothing and transportation.

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6. Initiate involuntary intervention (i.e. guardianship or conservatorship) if the adult is incapable of protecting him/herself due to major mental and physical disability, and there are no other options.
7. Provide advocacy to ensure protection of personal rights.
8. Coordinate services that will include only those that are determined to be needed to protect the adult in the least restrictive manner.
9. Make a finding to determine if abuse, neglect and/or financial exploitation occurred.
10. Provide the alleged perpetrator the opportunity to appeal the finding. If the appeal is upheld, the individual's name is entered into the Adult Abuse, Neglect, and Exploitation Central Registry of substantiated perpetrators.
11. Immediately notify the appropriate law enforcement agency if a criminal act has occurred or has appeared to have occurred.

Confidentiality

The name of the person who reports suspected abuse, neglect, or financial exploitation is confidential and cannot be disclosed without the written consent of the person making the report or through a court order.

If you have questions or need more information, please contact your local DCF office at the address given below:

PPS-10000 REV 07/26

511

Kansas Adult Protective Services



Improving the quality of life for Kansas adults who are vulnerable and in need of protection, through building connections with family and community, fostering independence, promoting advocacy, and enhancing preventative services.

Who is at risk?

Summary of PPSPTM changes

Persons at risk are adults 18 years of age or older, who are unable to protect their own interest and who are harmed or threatened. The harm may be financial, mental or physical in nature, through action or inaction by themselves or others. Typically, this includes individuals who are elderly, who are physically disabled, mentally ill and/or have intellectual or developmental disabilities.

What is abuse?

Any act or failure to act intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraint, isolation or medication; threat or menacing conduct.

What is neglect?

Failure or omission by one's self, caretaker or another person with a duty to supply or provide care, goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

What is financial exploitation?

Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources. This includes situations in which a person who is a caretaker of, or who stands in position of trust, to an adult, takes, secrets or appropriates his/her money or property for any use or purpose not in the due and lawful execution of the adult's trust or benefit.

Who should report?

Kansas law K.S.A. 39-1431 requires persons in or financial exploitation of adults residing in the community to the Kansas Department for Children and Families (DCF) immediately. **Failure to report by mandated reporters is a class B misdemeanor.**

Any other person who suspects abuse, neglect, or financial exploitation may also report.

Persons required to report are:

- healing arts
- licensed psychologist or licensed master level psychologist
- licensed clinical psychotherapist
- chief administrative officer of a medical care facility
- licensed social worker
- licensed practical nurse
- licensed dentist
- licensed marriage and family therapist/licensed clinical marriage and family therapist
- licensed professional counselor/licensed clinical professional counselor
- registered alcohol and drug abuse counselor
- law enforcement officer
- case manager
- guardian or conservator
- bank trust officer or any other officers of financial institutions
- legal representative
- governmental assistance provider
- rehabilitation counselor
- holder of a power of attorney
- owner or operator of a residential care facility
- firefighters
- emergency medical services personnel
- court services officers
- community corrections officers

- independent living counselor 512
- chief administrative officer of a licensed home health agency
- chief administrative officer of an adult family
- chief administrative officer of a provider of community services and affiliates thereof operated or funded by the DCF or licensed under K.S.A. 75-3307b and amendments thereto.

Under the law, **an employer is prohibited** from imposing sanctions against an employee who makes a formal complaint.

What to Report

- be abused, neglected, or financially exploited.
- Information regarding the nature of the abuse, neglect, or financial exploitation:
 - What the person saw.
 - Why the reporter considers it to be abuse, neglect, or financial exploitation.
 - Whether the reporter considers the person to be **in immediate danger**.
 - Any information that might be helpful in the investigation and protection of the adult.
 - Specific addresses and/or phone numbers, if known, for caretakers, next of kin, collateral contacts and alleged perpetrators.
 - Name and how to contact the person making the report. This is confidential information and cannot be disclosed without the reporter's permission or through a court order.

Your Rights During an Adult Protective Services Assessment for Self-neglect



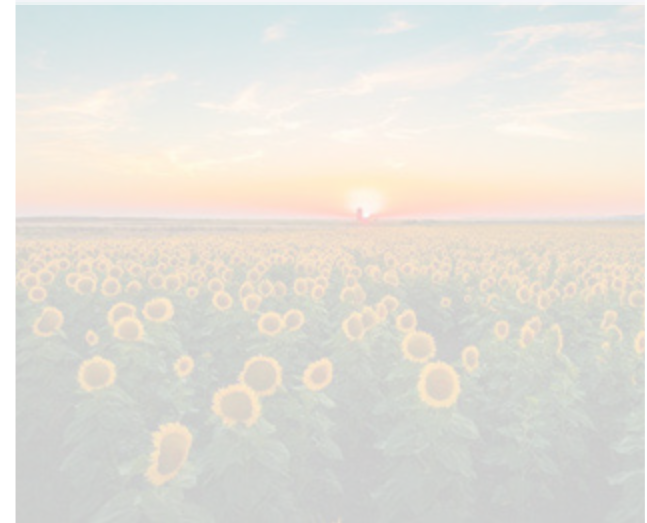
The Kansas Department for Children and Families (DCF) Adult Protective Services (APS) is mandated by Kansas Law 39-1433 to complete an assessment when a report of adult abuse, neglect or financial exploitation is assigned.

Your Rights During an Adult Protective Services Assessment for Self-neglect



The Kansas Department for Children and Families (DCF) Adult Protective Services (APS) is mandated by Kansas Law 39-1433 to complete an assessment when a report of adult abuse, neglect or financial exploitation is assigned.

Your Rights During an Adult Protective Services Assessment for Self-neglect



The Kansas Department for Children and Families (DCF) Adult Protective Services (APS) is mandated by Kansas Law 39-1433 to complete an assessment when a report of adult abuse, neglect or financial exploitation is assigned.

Your Rights

When you are involved in an APS assessment or a case is open for APS services, you have certain rights.

- The right to know there is an open case and the concerns.
- The right to direct your life to the best of your abilities.
- The right to be informed that APS must complete an assessment and may be required to take action to address immediate safety concerns.
- The right to have your confidential information protected, as **required** by law.
- The right to discuss the situation with the APS Supervisor if you have concerns with the manner in which the assessment was conducted.
- The right to consent, withdraw consent, or refuse protective services interventions, unless there is a reason to believe there is not capacity to consent. However, law enforcement may be notified to address immediate safety concerns.
- The right to have decisions made about you free from discrimination due to race, religion, color, sex, disability, national origin or ancestry.
- The right to have any action taken by DCF staff on your behalf be no more restrictive than necessary.
- The right to know when the assessment is completed and the outcome. **The right to refuse to speak to APS.**

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Your Rights During an Adult Protective Services Investigation



The Kansas Department for Children and Families (DCF) Adult Protective Services (APS) is mandated by Kansas Law 39-1433 to complete an assessment when a report of adult abuse, neglect or financial exploitation is assigned.



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The Kansas Department for Children and Families (DCF) Adult Protective Services (APS) is mandated by KSA Kansas Law 39-1433 to conduct an investigation when a report of adult abuse, neglect or financial exploitation is assigned for an investigation.

When you are involved in an APS investigation or a case is open for APS services, you have certain rights.

- The right to know there is an open APS case and the allegations.
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- The right to know when the investigation is completed and the finding/outcome.

• **Right to refuse to speak to APS.**

PPS-10208 REV 07/26-A

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- The right to have any action taken by DCF staff on your behalf in the least restrictive manner necessary.

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• **Right to refuse to speak to APS.**

PPS-10208 REV 07/26-A

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- Right to refuse to speak to APS.

PPS-10208 REV 07/26-A

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- The right to know when the investigation is completed and the finding/outcome.

Adult Guardianship/Conservatorship Referral/Notification to KGP

KIPS Investigation ID: Click or tap here to enter text.

Send copy to:

Kansas Guardianship Program

Address: 3248 Kimball Ave. Manhattan, KS 66503-0353

Email: dataadmin@ksgprog.org & cc KGP Regional Liaison

Telephone: 785-587-8555

DCF Region:	Click or tap here to enter text.
County:	Click or tap here to enter text.
Date Sent to KGP:	Click or tap to enter a date.
APS Protection Specialist:	Name: Click or tap here to enter text. Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

I. Referral Information (Sections I, II, III, IV, V – Completed by DCF/APS)

A. Client Information

Name:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
SSN:	Click or tap here to enter text.
Gender:	Click or tap here to enter text.
DOB:	Click or tap here to enter text.
Medicaid #:	Click or tap here to enter text.
MCO Representative:	Click or tap here to enter text.
MCO Phone #:	Click or tap here to enter text.
Current Location and Address:	Click or tap here to enter text.

Current Home Address:	Click or tap here to enter text.
Address history for the last 5 years.	Click or tap here to enter text.

B. Services Requested (Choose those that apply)

☐ Guardianship	☐ Conservatorship
☐ Guardianship & Conservatorship	☐ Temporary Substitute
☐ Limited	☐ Emergency
☐ Full	☐ Protective Arrangement
☐ Successor Guardianship	☐ Successor Conservatorship
☐ Involuntary	☐ Voluntary

The reason a guardianship is necessary:	Click or tap here to enter text.
The nature and extent of the respondent's alleged need:	Click or tap here to enter text.
Description of why a protective arrangement has or has not been considered or implemented:	Click or tap here to enter text.
Why is a protective arrangement insufficient to meet the respondent's alleged need?	Click or tap here to enter text.
Description of why a limited guardianship/conservatorship has or has not been considered:	Click or tap here to enter text.
Why is a limited guardianship/conservatorship insufficient to meet the respondent's alleged need?	Click or tap here to enter text.

C. Prospective Guardian/Conservator

Prospect available (If yes, complete name, address & phone below if no, skip to section II)
☐ Yes ☐ No

Name (*last, first, middle initial*): Click or tap here to enter text.

Address (*street and number*): Click or tap here to enter text.

City: Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Age: Click or tap here to enter text.

Gender: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Place of Employment: Click or tap here to enter text.

Relationship to the respondent: Click or tap here to enter text.

Reason the respondent should be selected: Click or tap here to enter text.

Potential conflict of Interest: Click or tap here to enter text.

Is the proposed guardian under contract with the Kansas Guardianship Program: Click or tap here to enter text.

Prospect available (*If yes, complete name, address & phone below if no, skip to section II*)

☐ Yes ☐ No

Name (*last, first, middle initial*): Click or tap here to enter text.

Address (*street and number*): Click or tap here to enter text.

City: Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip Code:** Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Age: Click or tap here to enter text.

Gender: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Place of Employment: Click or tap here to enter text.

Relationship to the respondent: Click or tap here to enter text.

Reason the respondent should be selected: Click or tap here to enter text.

Potential conflict of Interest: Click or tap here to enter text.

Is the proposed guardian under contract with the Kansas Guardianship Program: Click or tap here to enter text.

II. KGP Eligibility

Must meet ALL requirements

☐ No family (willing or appropriate)
☐ Disabling condition (<i>e.g. Intellectual / Developmental Disability, Aging-related, Severe and Persistent Mental Illness</i>)
☐ Financially vulnerable (<i>e.g. Medicaid, SSDI, SSI</i>)
☐ APS Referral

III. Describe Current Crisis or Issues

Current / previous ANE investigation?	☐ Yes ☐ No ☐ Unknown Date of Investigation: Click or tap to enter a date.
Describe outcome of investigation(s):	Click or tap here to enter text.

IV: Additional Information

What ~~less~~ least restrictive interventions have been tried?	Click or tap here to enter text.
Describe results and why intervention(s) were unsuccessful.	Click or tap here to enter text.
Explain reasonable efforts attempted.	Click or tap here to enter text.
Is there an Advanced Directive?	☐ Yes ☐ No ☐ Unknown
Is there a Durable Power of Attorney for Healthcare?	☐ Yes ☐ No ☐ Unknown
Is there a Durable Power of Attorney for Finances?	☐ Yes ☐ No ☐ Unknown
Is there currently a Power of Attorney?	☐ Yes ☐ No ☐ Unknown
Is there a S.S.A Representative Payee?	☐ Yes ☐ No ☐ Unknown

Name of attorney in fact / agent:	Click or tap here to enter text.
Address	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Is there a will?	☐ Yes ☐ No ☐ Unknown
Is there a Guardian Ad Litem?	☐ Yes ☐ No ☐ Unknown
Is there a current guardian or conservator?	☐ Yes ☐ No ☐ Unknown
Is there a trustee or custodian of a trust or custodianship of which the respondent is a beneficiary?	☐ Yes ☐ No ☐ Unknown
Any fiduciary appointed by the Department of Veterans Affairs?	☐ Yes ☐ No ☐ Unknown
Is there a curator appointed under K.S.A 73-507?	☐ Yes ☐ No ☐ Unknown
Is there a supported decision maker?	☐ Yes ☐ No ☐ Unknown
Name and address of any person with whom the petitioner seeks to limit the respondent's contact:	

V: Proposed ~~Ward~~ **Respondent/Conservatee** Summary of Facts

A. Family History

1. Names of ~~nearest~~ relative, their addresses, and their relationship to the proposed **respondent**~~ward~~/conservatee

Adult	Name	Relationship	Address	Telephone
Spouse	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Adult Roommate (The adult respondent has shared household responsibilities for more than 6 months in the 12-month period immediately before filing)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Adult Children	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Adult Step-Children	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Former Adult Step-Children (With whom the respondent had an ongoing relationship in the two-year period immediately before filing)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Parents	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Sibling	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Adult primarily responsible for the care of respondent if different from above.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Person nominated as guardian by the respondent	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Person nominated as guardian by the respondents Parents or spouse in a will or other signed record	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Any person known to have routinely assisted the respondent with decision making during the six months immediately before the filing				

2. Describe contact, if any, proposed ~~wr~~e has with immediate or extended family member(s)?	
Click or tap here to enter text.	
3. Names of family members contacted by the Protection Specialist:	
Name Date of contact(s)	
Click or tap here to enter text.	
Click or tap to enter a date.	
Click or tap here to enter text.	
Click or tap to enter a date.	
Click or tap here to enter text.	
Click or tap to enter a date.	
Click or tap here to enter text.	
Click or tap to enter a date.	
4. Reason family member unable to serve as guardian/conservator:	
Click or tap here to enter text.	
5. What other extended family options have been explored (e.g. niece, cousin)?	
Click or tap here to enter text.	

B. Health Status

1. Diagnosis:	Click or tap here to enter text.
2. Functional Impact of the Diagnosis	Click or tap here to enter text.
3. Medications:	Click or tap here to enter text.
4. Health Status:	Click or tap here to enter text.
5. Physician(s):	Name: Address:

	Phone:
	Name: Address: Phone:
	Name: Address: Phone:
6. Behavior problems/issues:	Click or tap here to enter text.
7. Special needs (e.g. adaptive devices, etc.)	Click or tap here to enter text.

C. Services and Supports

1. Agency/Advocate:	Click or tap here to enter text. Telephone: Click or tap here to enter text.
Services Provided:	Click or tap here to enter text.
2. Agency/Advocate:	Click or tap here to enter text. Telephone: Click or tap here to enter text.
Services Provided:	Click or tap here to enter text.
How was the intervention unsuccessful?	Click or tap here to enter text.
Does the respondent need an interpreter, translator or other form of support to communicate?	Click or tap here to enter text.

D. Financial Information

Income Type:	Click or tap here to enter text.	Amount:	\$	Frequency:	Click or tap here to enter text.	Location:	Click or tap here to enter text.

	Click or tap here to enter text.	Amount:	\$	Frequency:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
Resources (<i>e.g.: savings accounts, trusts, certificates of deposit, stocks, bonds, funeral plans, ABLE or Arcare accounts etc.</i>)	Click or tap here to enter text.	Amount:	\$	Value:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
	Click or tap here to enter text.	Amount:	\$	Value:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
	Click or tap here to enter text.	Amount:	\$	Value:	Click or tap here to enter text.	Location:	Click or tap here to enter text.
Debts:	Click or tap here to enter text.	Balance:	\$	Location:	Click or tap here to enter text.		
	Click or tap here to enter text.	Balance:	\$	Location:	Click or tap here to enter text.		

Real Estate:	Click or tap here to enter text.	Value:	\$	Location:	Click or tap here to enter text.
	Click or tap here to enter text.	Value:	\$	Location:	Click or tap here to enter text.
Other Property:	Click or tap here to enter text.	Value	\$	Location	Click or tap here to enter text.
	Click or tap here to enter text.	Value	\$	Location	Click or tap here to enter text.
Insurance (term/whole life, renters, housing, auto, etc.)	Click or tap here to enter text.	Cash Value	\$	Agency	Beneficiary (<i>name and relationship to proposed R#C</i>) Click or tap here to enter text.
	Click or tap here to enter text.	Cash Value	\$	Agency	Beneficiary (<i>name and relationship to proposed R#C</i>) Click or tap here to enter text.
Is there joint ownership on any property	☐ Yes ☐ No ☐ Unknown				
If yes, what property and who co-owns such property?	Click or tap here to enter text.				
Is there anything which	Click or tap here to enter text.				

requires sale?	

This form has been staffed with DCF legal and is approved for referral to the Kansas Guardianship Program.	☐ Yes ☐ No
	Date Staffed _____

VI. Notification from KGP (Sections VI, VII – Completed by KGP)

Name (<i>last, first, middle initial</i>):	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Date of Birth:	
Volunteer will contract with KGP?	☐ Yes ☐ No
KGP Approval Signature:	Date:

VII. Court Action

A. Action (<i>check one</i>)	☐ Guardian Only ☐ Conservator Only ☐ Guardian & Conservator
B. Appointment Date	Click or tap to enter a date.
C. Name of Presiding Judge:	Click or tap here to enter text.
D. District Court Case Number:	Click or tap here to enter text.

Distribution:

☐ DCF Region Legal

☐ Other: Click or tap here to enter text.



Youth Guardianship/Conservatorship Referral

PPS Specialist

DCF Region and
County

Date sent to KGP

DCF E-mail address

Child Welfare (CW) Agency

CW Case Manager (CM)

DCF Phone

CM Email

CM Phone

I. REFERRAL INFORMATION

A. Youth Information

Name (last, first, middle initial)	Last Name	First Name	Middle Initial
Address (facility or resource parent names, state, city, county & zip code)	Address		County
	City	State	Zip Code

Phone #(s) Home, Cell, Facility, Etc.: [Click or tap here to enter text.](#) Phone #s

SSN. Birth date: Gender: Medicaid No.

MCO, Rep, Phone Number

Current Location and Address

Current Home Address

Address History for the last 5 years

B. Services requested: (Chose those that apply)

☐ Conservatorship	☐ Involuntary	☐ Voluntary
☐ Guardianship	☐ Guardianship & Conservatorship	☐ Successor
☐ Temporary ☐ Substitute	☐ Limited	☐ Full
☐ Emergency	☐ Protective Arrangement	☐

Relationship to Youth Background Information

The reason a guardianship is necessary:

The nature and extent of the respondent's alleged need:

Description of why a protective arrangement has or has not been considered or implemented:

Why is a protective arrangement insufficient to meet the respondent's alleged need?

Description of why a limited guardianship/conservatorship has or has not been considered:

Why is a limited guardianship/conservatorship insufficient to meet the respondent's alleged need?

II. KGP ELIGIBILITY - Must meet **all** requirements

No Family or other individual (willing or appropriate) to serve as Guardian/Conservator

Disabling condition (e.g., MI, I/DD, Aging-related) Condition(s) Other Conditions: _____

Financial (Medicaid, SSBG, SSI)

APS referral

III. PROPOSED ~~WARD~~RESPONDENT/CONSERVATEE (WR/C) SUMMARY OF FACTS

A. Family History

1. Names of ~~nearest~~ relatives, their addresses and relationship to proposed ~~ward~~respondent/conservatee

Relatives, Addresses, Phone #s, Relationship to ~~Ward~~respondent

2. Describe contact, if any, proposed ~~wife~~ has with immediate or extended family member?

3. Name of family members contacted by the social worker. _____

Date of contact(s) _____

Reason family member unable to serve as G/C. _____

4. What other extended family options have been explored (e.g., niece)? _____

Date of contact(s) _____

Outcome _____

Spouse

Adult Roommate (The adult respondent has shared household responsibilities for more than 6 months in the 12-month period immediately before filing)

Parents

Sibling

Adult primarily responsible
for the care of respondent if
different from above.

Person nominated as guardian
by the respondent

Person nominated as guardian
by the respondent's parents or
spouse in a will or other
signed record

Any person known to have
routinely assisted the
respondent with decision
making during the six months
immediately before the filing

B. Health Status, Service and Supports Provider

1. Diagnosis (if known): primary & secondary

2. Functional
Impact of the
diagnosis

3. Medications

4. Health status

5. Name and address of physician, include primary physician and specialists and frequency of appointments, if known

Name:

Address:

Phone:

Name:

Address:

Phone:

6. Behavior problems/issues

7. Special needs including adaptive devices, etc.

C. Services and Supports

1. Other Agencies (e.g. CMHC,
CDDO)

Telephone
Number:

Services provided:

2. Does the respondent need an
interpreter, translator or other
form of support to
communicate?

3. Name of Case Manager/Agency _____

D. Financial Information Status (if unknown, please indicate)

1. Income per month – amount and source _____
2. Bank account (name, address, type of account) _____
3. Certificate of Deposit (Name & Amount) _____
4. Other types of income (e.g., VA Benefits) _____
5. Date of application for adult disability _____
6. Is there a trust? ☐ Yes ☐ No
7. Has a Credit Check been completed? _____
8. Any Resources (*e.g.: savings accounts, trusts, certificates of deposit, stocks, bonds, funeral plans, ABLE or Arcare accounts etc.*) _____

IV. ADDITIONAL INFORMATION

What ~~less~~ **least** restrictive interventions have been tried? _____

Describe results and why intervention(s) were **were** ~~was~~ unsuccessful. _____

Explain reasonable efforts attempted

Is there a representative Payee? ☐ Yes ☐ No ☐ Unknown

Name of representative payee: _____

Address/Telephone: _____

Is there an Advanced Directive? ☐ Yes ☐ No ☐ Unknown

Is there a Durable Power of Attorney for Healthcare? ☐ Yes ☐ No ☐ Unknown

Is there a Durable Power of Attorney for Finances? ☐ Yes ☐ No ☐ Unknown

Is there currently a Power of Attorney? ☐ Yes ☐ No ☐ Unknown

Is there a will? ☐ Yes ☐ No ☐ Unknown

Is there a Guardian Ad Litem? ☐ Yes ☐ No ☐ Unknown

Is there a trustee or custodian of a trust or custodianship of which the respondent is a beneficiary? ☒ Yes ☐ No ☐ Unknown

Any fiduciary appointed by the Department of Veterans Affairs? ☐ Yes ☐ No ☐ Unknown

Is there a curator appointed under K.S.A 73-507? ☐ Yes ☐ No ☐ Unknown

Is there a supported decision maker? ☐ Yes ☐ No ☐ Unknown

Name and address of any person with whom the petitioner seeks to limit the respondent's contact:

V. NOTIFICATION FROM Kansas Guardianship Program (KGP) (COMPLETED BY KGP)

Name (last, first, middle) _____

Address _____

City _____ State _____ County _____ Zip Code _____

Telephone Number(s) Work _____ Home _____

Date of Birth _____ Age _____

Place of Employment _____ Gender _____

Relationship to the respondent _____ Potential Conflict of Interest _____

Reason the respondent should be selected _____

Volunteer will contract with KGP? ☐ Yes ☐ No

KGP approval _____ Date _____

VI. COURT ACTION (COMPLETED BY KGP)

A. Action (Check One)

☐ Guardian Only

☐ Conservator Only

☐ Guardian & Conservator

B. Appointment Date _____**C. Name of Presiding Judge** _____**D. District Court / Case Number:** _____Distribution: ☐ Kansas Guardianship Program☐ File

This form has been staffed with DCF legal
and is approved for referral to the Kansas
Guardianship Program.

☐ Yes☐ No

Date Staffed _____



~~1350 Non-family/Unregulated Care Giver Reports -Third Party Reports~~

~~A non-family/unregulated care giver report is a report alleging a child has been abused or neglected by a person other than the child's parent, relative, custodian/care giver or member of the household. Such persons may include, but are not limited to the following:~~

- ~~A. Teachers, administrators, or other employees of a school, other than a home school;~~
- ~~B. Employees and administrators of recreational and/or character building organizations;~~
- ~~C. Babysitters;~~
- ~~D. Acquaintances of the family;~~
- ~~E. Strangers.~~

~~1351 Initial Assessment Decisions Regarding Non-Family/Unregulated Caregiver~~

~~If DCF receives a report alleging a child has been abused or neglected by a non-family/unregulated care giver, the department shall complete the Initial Assessment using the same criteria as reports involving parents and caregivers; with the exception of reports referred to law enforcement agency, refer to PPM 1352.~~

~~All non-family/unregulated care giver reports shall be assessed to determine if there is evidence or suspicion of parental involvement or failure to protect the child meeting criteria to assign for further assessment regarding the parental action or inaction.~~

3382 Permanency Hearing Court Reports

The initial permanency hearing takes place within 9 months of the date the court authorized the child's removal from the home and at least every 6 months thereafter. The court is responsible for sending a notice of the permanency hearing to all parties and interested parties. The court may elect to notify other individuals as appropriate.

A. The Child Welfare Case Management Provider (CWCMP) shall write a report prior to each permanency hearing and include the following:

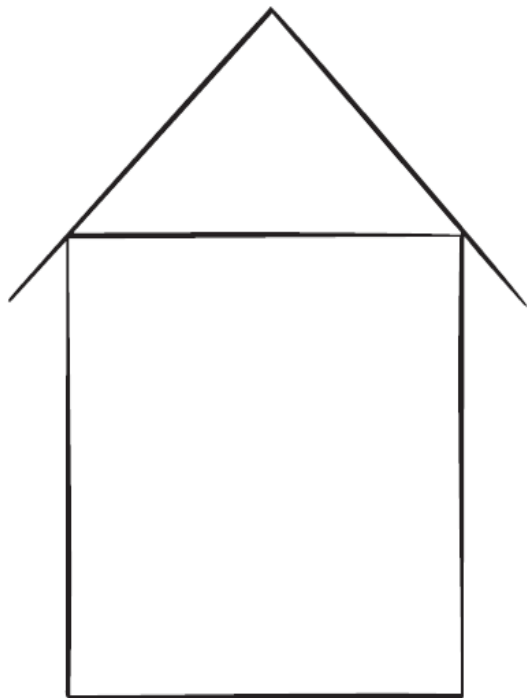
1. Review of family progress toward the permanency goals, objective, and activities;
2. Recommendations to the court regarding permanency goals;
3. The CWCMP's opinion and basis for the opinion regarding whether
4. For children with a case plan goal of APPLA, at each permanency hearing, the
 - a. The intensive, ongoing efforts to place the child/youth with a fit and
 - b. That the child's placement follows the reasonable and prudent

B. The CWCMP shall track what date permanency hearings are due for all children

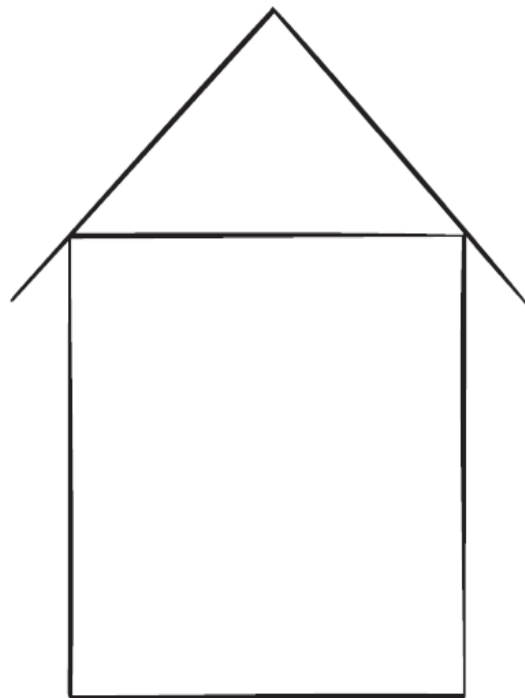
C. A permanency plan may be amended at any time by agreement of the case plan participants. If a permanency plan requires amendment which changes the permanency goal the CWCMP shall notify the court.

Name of Contact: _____ **Type of Contact:** _____

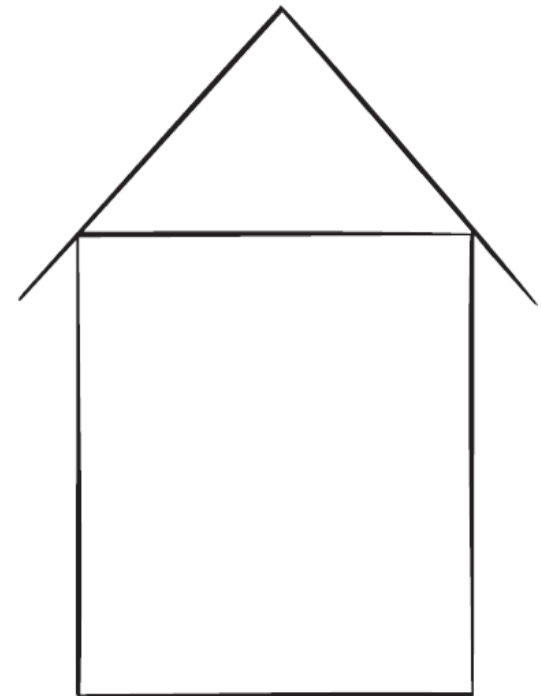
Date/Time/Location: _____ **DCF Staff:** _____



**House of
Worries**



**House of
Good Things**

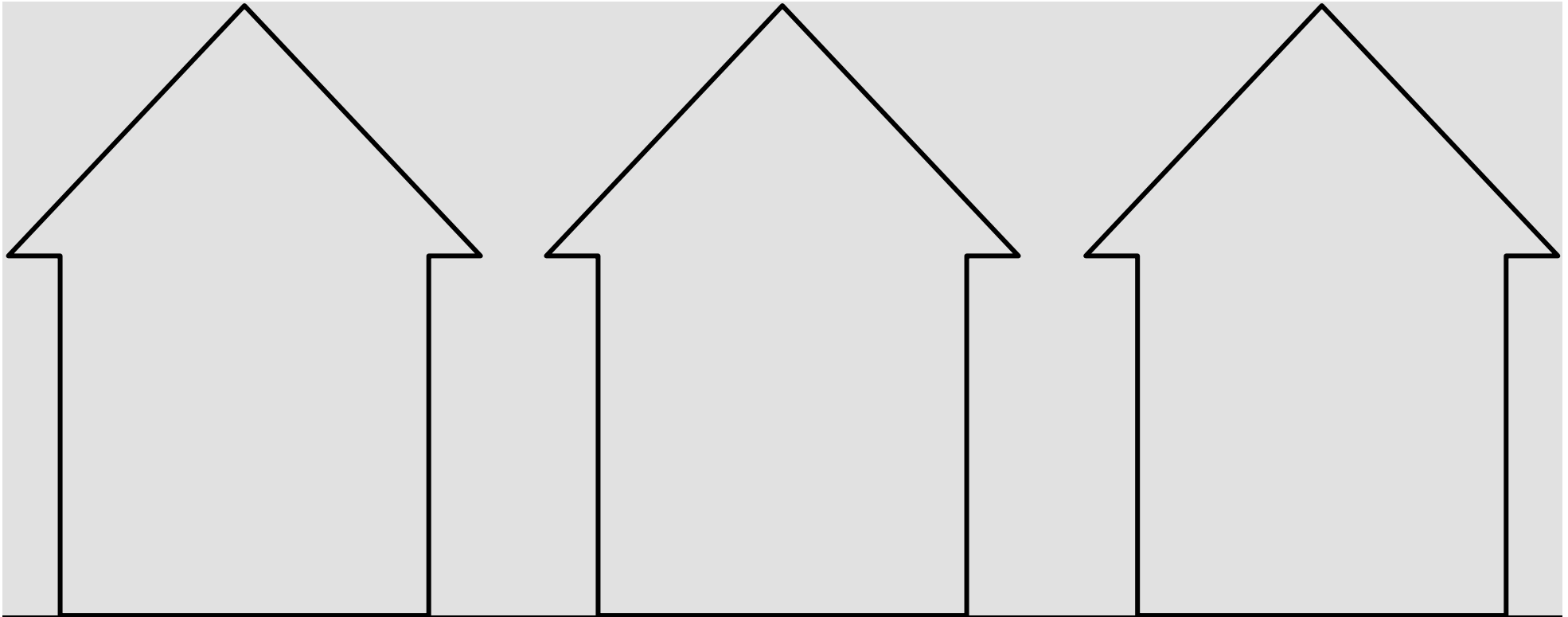


**House of
Dreams**

Mis tres casas

Nombre de la persona de contacto: _____ Tipo de contacto: _____

Fecha, hora y lugar: _____ Personal del DCF: _____



~~Casa de~~
preocupaciones

~~Casa de cosas~~
buenas

~~Casa de sueños~~

All releases and fees should be sent via postal mail to the attention of: **DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601.**

Please complete the information below by printing legibly in ink. All requested information is required to process this request. Incomplete information (blank spaces) will result in the release not being processed and returned. The release may be re-submitted with all requested information.

CONFIDENTIALITY: *Kansas Department for Children and Family records are confidential. No individual, association, partnership, corporation, or other entity shall willfully or knowingly disclose, permit, or encourage disclosure of the contents of records or reports in violation of the confidentiality requirements of K.S.A. 38-2209. Violation of this statute is a class A nonperson misdemeanor and the court may impose a civil penalty of up to \$1,000.*

I, _____, give permission for the release of any information concerning
(Please print complete first, middle and last name)
myself in the Child Abuse and Neglect Central Registry to:

A. Contact Person:

Agency Name:	
Mailing address:	
Email Address:	
Phone Number:	() - () - ()

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency. I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.

☐ Yes ☐ No

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used: (Use N/A if no other names used) _____

Date of Birth: _____

Race: _____

Social Security #: _____

Gender: ☐ Male ☐ Female

Current Address: _____

Signature: _____

Date: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. The following state agencies are exempt from the \$10.00 fee: KDOC JS (Administrative Office or Facilities), KNI, Dept. Of Education – Administrative Office, KDHE, KDADS, State Hospitals, State Correctional Institutions, Tribal Authorities, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assessed the \$10.00 fee.

Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://kansasmentors.org/Find-a-Program>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program: ☐ If yes, please check

For Central Registry Use Only

FEE ATTACHED



SECTION I: Information about current court case. Court reports to include information relevant to the current court case.

In the District Court of _____ County of Kansas

Case Number: _____

Court Date: ~~Click or tap to enter a date.~~ _____

Court Time: _____

Hearing type (check one): ☐ Post Adjudication ☐ Disposition ☐ Permanency ☐ Review ☐ OtherDate report provided: ~~Click or tap to enter a date.~~ _____

Case management agency: _____

Case manager working with family: _____

GAL/Attorney for Child: _____

Email: _____

CASA (if applicable): _____

Supervisor: _____

DCF Foster Care Liaison: _____

Email: _____

Email: _____

SECTION II: Information about the child(ren). Provide the below information for every child in the household.

Name	Age	Birthdate	Gender	Is the child court involved and in DCF custody (yes or no)? If yes, enter court case number.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Add the same information for all sibling residing in other households	Is sibling court involved and in DCF custody (yes or no)? If yes, enter court case number.
_____	_____
_____	_____
_____	_____

Did DCF request removal? ☐ Yes ☐ No _____ If yes, brief description of reason: _____

Reason for removal by the court: _____

List any children from above who have been in custody and in out-of-home placement for 15 of the last 22 months: _____

If child(ren) are listed, are there compelling reasons why termination of parental rights or permanent custodianship would not be in the best interest of the child(ren)? Describe for each child: _____

Does the Interstate Compact on the Placement of Children (ICPC) apply to any children? ☐ Yes ☐ No

If yes, list names: _____

SECTION III: Tribal Affiliation. Indian Child Welfare Act (ICWA) defines “Indian child” as a child under 18 years and either: (1) is a member of an Indian Tribe; or (2) is eligible for membership in an Indian Tribe and is a biological child of a member of an Indian Tribe.

Does the Indian Child Welfare Act (ICWA) apply to any children in family? ☐ Yes ☐ No ☐ Undetermined

Provide the names of each child in which ICWA applies: _____

Name of Tribe: _____

Was notice sent to the Tribe? ☐ Yes ☐ No _____ Date Notice was sent: [Click or tap to enter a date.](#)

Has the Tribe responded? ☐ Yes ☐ No

If yes, summarize current position indicated by the Tribe (i.e., *Tribe will or will not monitor, intervene, or request transfer of case to their Tribal Court*) _____

Describe active efforts: _____

SECTION IV: Information about the family. Provide full legal name for parental/caregiver for each child(ren) listed in Section II.

Name: _____

Relationship: _____

Child(ren)'s names: _____

If applicable, date paternity established: _____

Address _____

Phone: _____

Email: _____

Attorney: _____

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

Name: _____

Relationship: _____

Child(ren)'s names: _____

If applicable, date paternity established: _____

Address _____

Phone: _____

Email: _____

Attorney: _____

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

Name: _____

Relationship: _____

Child(ren)'s names: _____

If applicable, date paternity established: _____

Address _____

Phone: _____

Email: _____

Attorney: _____

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

Name: _____

Relationship: _____

Child(ren)'s names: _____

If applicable, date paternity established: _____

Address _____

Phone: _____

Email: _____

Attorney: _____

Parental Rights: ☐ Intact ☐ Relinquished ☐ Terminated ☐ Appeal Pending ☐ Appeal Complete ☐ Deceased ☐ Other

SECTION V: Child(ren)'s current placement, placement history and relative/kinship exploration. Account for each child in custody. This should only be updated if information has changed from the last court report.

Child(ren)'s Current Placement Address: _____

Date child placed at this address: ~~Click or tap to enter a date.~~

Type of Placement: ☐ Parent/Caregiver ☐ Relative ☐ Non-Related Kin ☐ Family Foster Home ☐ Facility

If Facility, what type: ☐ Group Residential ☐ QRTP ☐ PRTE

If QRTP, does it continue to be the least restrictive arrangement? ☐ Yes ☐ No

Additional information about the current placement *(optional)* _____

Placement History — Include all placements for last 12 months and/or since last court hearing. Include hospitalization, relative and kinship placements, all family foster home, and parent/caregiver placements.

Child's name	Dates	Placement name / type	City	Reason for move, if applicable
_____	_____	_____	_____	_____

If placed with parent/caregiver, describe any previous placement attempts: _____

Relative and Kinship Exploration — If the child(ren) have not been placed with relatives or non-related kin, identify ongoing attempts, and significant/detailed reasons why placement is not appropriate or not occurring. Add as many relative or non-related kin relations as needed.

Maternal Grandparents Names: _____

Date of last attempt(s) and reasoning: _____

Paternal Grandparents Names: _____

Date of last attempt(s) and reasoning: _____

Other Relatives/Relation and Names: _____

Date of last attempt(s) and reasoning: _____

Non-related Kin/Relation and Names: _____

Date of last attempt(s) and reasoning: _____

Other Relatives/Relation and Names: _____

Date of last attempt(s) and reasoning: _____

Non-related Kin/Relation and Names: _____

Date of last attempt(s) and reasoning: _____

SECTION VI: Family history, parent information, case plan, progress and visitation. This information is for parents/caregivers and/or guardians. Include information for both parents. This section is NOT for foster parents.

Provide concise details of the parents own families of origin (child's grandparents), relationships with one another and their children and the reason the child is involved in the court process. Provide on the first court report unless new and relevant information is discovered.

Current Case Plan Goal for child in DCF custody placed at home: ☐ Maintain at home

Current Case Plan Goal for out of home placement: ☐ Reintegration ☐ Adoption ☐ Permanent Custodianship

☐ Another Permanent Plan Living Arrangement (APPLA)

If the child is legally free for adoption and case plan goal is adoption, attach DCF Adoption Tracking Tool (PPS 5400) to this court report

Parents/caregivers court orders/case plan tasks Briefly describe if the parent/caregivers are doing what the case plan provides. Include any tasks that have been court ordered to them and give an update on compliance.

Drug and Alcohol Services: Describe any concerns with parental substance use and services provided or obtained. Include services offered and not obtained.

Date of Test/Service	Type of Test/Service	Results/Outcome

Prepare information based on the **current situation** of the parent or guardian. Update the information if it is different from the past court report. Include information for each parent/caregiver.

Housing Provide housing history with address/dates, and all persons, including children and adults, living with parent. If parent has moved since last court report, explain why. Include condition of home.

Employment Employment history, place and length of employment, work hours, and pay rate. If parent has changed jobs, explain why.

Parent/Caregiver Therapy Provide information on therapists, frequency, type of therapy, and therapeutic goals. Include information from therapists, dates of appointments, if appointments are missed explain the reason.

Parent Medical If applicable, add any medical information.

Describe parent/caregiver strengths and resources *Describe for each parent*

Other relevant information regarding the parent/caregivers

Parent/child(ren) visitation: Describe visits that have happened between court reports.				
Date	Supervised?	Duration/length	Attendees	Strengths/Concerns
	☐ Yes ☐ No			

SECTION VII: Child well-being. Describe the state of the child(ren)'s physical, mental, and emotional health as requested. Account for each child in custody. Add any new and relevant occurring between court reports.

Reasonable and prudent parent standard: *Describe how placement is promoting normalcy for the child. What connections and age-appropriate activities is the child engaged in?*

Physical Health:

Mental Health:

Emotional Health:

Education *Has child maintained in same school? Provide summary on how child is currently doing in school behaviorally and academically.*

School: *Click or tap here to enter text.*

Grade: *Choose an item.*

Anticipated Graduation/GED Completion: chose an item year

Life Skills *List all practical and age appropriate skills of the child. If child is not school aged, list behavioral/developmental milestones and if not meeting those, what is being done to address.*

If child is 14 or older, indicate whether a Transition Plan has been completed. If so, attach a copy of the PPS 3059 Transition Plan to this court report.

Other information *use this area to record any other relevant information about the child(ren)'s well being.*

For each child, provide dates of last appointment and progress on obtaining the following documents. Add information below if needed.

Name of child: _____

Name of child: _____

Kan Be Healthy (KBH): _____

Kan Be Healthy (KBH): _____

Mental/ Behavioral Health: _____

Mental/ Behavioral Health: _____

Dental: _____

Dental: _____

Vision: _____

Vision: _____

Assigned Nurse Care Manager: _____

Assigned Nurse Care Manager: _____

SS card: ☐ in the file ☐ requested ☐ do not have

SS card: ☐ in the file ☐ requested ☐ do not have

Birth Certificate: ☐ in the file ☐ requested ☐ do not have

Birth Certificate: ☐ in the file ☐ requested ☐ do not have

Medical Card: ☐ in the file ☐ requested ☐ do not have

Medical Card: ☐ in the file ☐ requested ☐ do not have

Driver's License: ☐ in the file ☐ requested ☐ do not have

Driver's License: ☐ in the file ☐ requested ☐ do not have

SECTION VIII: Recommendations

Include items or tasks needed to successfully move the family and child toward permanency goal. Recommendations to include previous court orders or case plan goals not yet completed. Include services/supports that will address concerns including safety.

Report prepared/approved by and on this date: _____

Case Manager: _____

Case Manager Supervisor: _____

Date: _____

Date: _____

SECTION X: Additional Information if requested by this court

Additional information here:

List all professionals involved. Add information if needed. If personnel are the same as Section I, say "see Sec. I"

Name	Agency	Title
	Court	Judge
	Court	Court Services Officer (CSO)
	Legal	County/District Attorney
	Legal	Guardian Ad Litem (GAL)
	Legal	Mother's Attorney
	Legal	Father's Attorney
	CASA	CASA
	DCF	Foster Care Liaison
	Case Management Agency	
	Case Management Agency	Case Manager
	Case Management Agency	Supervisor
	Case Management Agency	Family Support Worker



Informal Site Visit Tool

Date of Site Visit: Click or tap to enter a date.

Provider: Click or tap here to enter text.

Provider Contact: Click or tap here to enter text.

DCF Surveyor: Click or tap here to enter text.

Instructions: Complete this form at each quarterly site visit. This tool will serve to document cleanliness, questions or concerns from the facility, issues needing followed up, consultations on areas of noncompliance, and any current investigations.

Conditions of the Facility:

Current Investigations:

Consultation for Noncompliance:

Questions, Concerns, Comments:

I, _____, give permission for the release of information concerning
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Maiden Name and/or Other Names Known By: _____

(PRINT ONLY)

Address: _____

Street City State Zip Code

DOB: _____ SS#: _____ Male ☐ Female ☐
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. Yes ☐ No ☐

Signature: _____ Date: _____

(An Ink Signature or a Verified E-Signature is Required for Processing) (mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry

P.O. Box 751043

Topeka, Kansas 66675

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED