

## Critical Incident Notification

Select one: ☐ **Initial Notification**    ☐ **Update**

### SECTION I CRITICAL INCIDENT INFORMATION AND TYPE COMPLETE SECTIONS I AND II FOR INITIAL NOTIFICATION

**Select any which apply to this critical incident as defined in PPM 0510:**

☐ **Media-** incident which may draw public or legislative concern

☐ Child death

**Provide to FACTS Data staff the following:**

Child Name:

Date of Death:

☐ Child near death

☐ Child in the custody of the Secretary who attempted suicide

☐ Child in the custody of the Secretary with severe injuries

☐ Foster parent with criminal proceedings related to abuse or neglect

☐ Any child in the custody of the Secretary who spent the night in a Child Welfare Case Management Provider's (CWCMP) office **(Complete Sections I & II Only)**

☐ Death of a parent/caregiver involving a child with any open service case or investigation.

**Provide to FACTS Data staff the following:**

Parent/Caregiver Name:

Date of Death:

**Child(ren) Name(s):**

**DOB:**

**Is the child(ren) in the custody of the Secretary?**

☐ No

☐ Yes

**Date of Custody:**

**Date of out of home placement:**

**Date of last PPS/Provider contact with child:**

**Agency name who completed last contact:**

**FACTS CASE HEAD:**

**FACTS CASE #:**

**Completed by:**

**Date Submitted:**

**DCF Region:**

**County:**

**Local DCF Office:**

**Assigned DCF Staff:**

**Provider:**

**Assigned Provider Staff:**

### SECTION I.A At the time of the incident did PPS have an open case? (Completed by DCF only)

☐ No (If no, skip to Section II.)

☐ Yes **If yes, select the type of open case** (Select all that apply) and provide the date of the referral:

☐ Investigation and Assessment

Date of Referral:

☐ Family Service

Date of Referral:

☐ Family Preservation

Date of Referral:

☐ Reintegration/ Foster Care/Adoption

Date of Referral:

**Briefly describe the family's situation which led to the current open case:**

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### SECTION II. CRITICAL INCIDENT DESCRIPTION:

<b>Date of Incident:</b>		<b>Date of knowledge of the incident:</b>	
<b>Date of last PPS/Provider contact with child:</b>			
<b>Agency name who completed last contact:</b>			
<b>Was a report made to the Kansas Protection Report Center reference this critical incident?</b>			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes	If yes, provide Intake Event #:		
<b>Describe the critical incident (Include the condition of the child):</b>			
<b>Describe immediate action(s) taken following the critical incident:</b>			
<b>How was safety ensured following the critical incident?</b>			
<b>Describe the current status of the case (Including status of law enforcement involvement and legal status of child including, but not limited to, legal custodian of child(ren), adjudications, status of court proceedings):</b>			
<b>Other:</b>			

### III. CASE INFORMATION:

(List all applicable children whose safety is a concern or select N/A. Check box for the identified child(ren) involved in this critical incident.)

NOTE: If you need to include information for additional children, please do so in the space provided at the end of this form.



<input type="checkbox"/>	N/A (Select when incident involved a child(ren) in the custody of the Secretary spending the night in a CWCMP office)		
<input type="checkbox"/>	<b>Child Name:</b>		<b>DOB:</b>
	Current Placement:		
Relationship to identified child:		<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):	

<input type="checkbox"/>	<b>Child Name:</b>		<b>DOB:</b>
	Current Placement:		
Relationship to identified child:		<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):	

<input type="checkbox"/>	<b>Child Name:</b>		<b>DOB:</b>
	Current Placement:		
Relationship to identified child:		<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):	

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<input type="checkbox"/>	<b>Child Name:</b>		<b>DOB:</b>	
<b>Current Placement:</b>				
<b>Relationship to identified child:</b>		<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

<input type="checkbox"/>	<b>Child Name:</b>		<b>DOB:</b>	
<b>Current Placement:</b>				
<b>Relationship to identified child:</b>		<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

<input type="checkbox"/>	<b>Child Name:</b>		<b>DOB:</b>	
<b>Current Placement:</b>				
<b>Relationship to identified child:</b>		<input type="checkbox"/> Sibling <input type="checkbox"/> Step-Sibling <input type="checkbox"/> Half-Sibling <input type="checkbox"/> Not Related <input type="checkbox"/> Relative (specify):		

<b>Name(s) of all other involved:</b> (Caregivers, others involved in the critical incident, other individuals living in the home, non-residential parent, etc.)		<b>Other individual's relationship to child:</b>
<b>PPS Administrator Review:</b>		
The information describing this incident meets the definition of a critical incident. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PPS Administrator Signature:</b>		<b>Date:</b>

<b>Section IV. UPDATES:</b>
Date:
Update:



If you need to include any additional information, please do so on this page.