

CDDO TREND TRACKING SUMMARY

Name of Individual: _____

Reporter: _____

Targeted Case Manager: _____ Agency: _____

Date of Incident: _____ Time of Incident: _____

AIR Submitted? Yes No Date AIR submitted to KDADS: _____

Type of Incident: *ANE Report* *Medical Report* *Law Enforcement Report*

<input type="checkbox"/> Abuse, Physical	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Suspect/Arrest
<input type="checkbox"/> Abuse, Emotional	<input type="checkbox"/> ER Visit	<input type="checkbox"/> Victim
<input type="checkbox"/> Abuse, Sexual	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Contact/Warning
<input type="checkbox"/> Neglect	<input type="checkbox"/> Death	
<input type="checkbox"/> Exploitation		<input type="checkbox"/> Other

Place of Incident: _____

Type of Place: Group Home Individual's Home Community

SL Apartment Day Services Other

Perpetrator(s): _____

Staff Involved: _____

Individuals Involved: _____

APS/CPS Notified? Yes No Date call made: _____

Brief Summary:

* Attach additional documents if necessary