

Adult Foster Care (AFC) and Community Residential Setting (CRS) Program Abuse Prevention Plan (PAPP)

License Holder Name:	AFC License Number: (if applicable)	
Program Address: (Site Specific)	CRS License Number: (if applicable)	
	Date Developed/Revised:	
<p>The Human Services Licensing Act (HSLA), Minnesota Statutes 245A.65, subdivision 2, governs what is required in the adult foster care (AFC) and community residential setting (CRS) program abuse prevention plan. License holders must develop and enforce a written program abuse prevention plan in accordance with the HSLA, and the Reporting of Maltreatment of Vulnerable Adults Act (VAA), Minnesota Statutes 626.557, subdivision 14.</p>		
<p>I. POPULATION ASSESSMENT</p> <p>Describe the persons the program is planning to serve. Assess the possible risk of harm and/or abuse in each identified area. Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.</p>		
Describe the Persons the Program Plans to Serve	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce the Risk to Persons Served by the Program
1. Age:		
2. Gender:		

I. POPULATION ASSESSMENT continued

Describe the persons the program is planning to serve. Assess the possible risk of harm and/or abuse in each identified area.
Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Persons the Program Plans to Serve	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce the Risk to Persons Served by the Program
3. Mental Functioning:		
4. Physical & Emotional Health:		
5. Behaviors:		

I. POPULATION ASSESSMENT continued

Describe the persons the program is planning to serve. Assess the possible risk of harm and/or abuse in each identified area.
Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Persons the Program Plans to Serve	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce the Risk to Persons Served by the Program
6. Need for Specialized Programs:		
7. Specific Staff Training for Individual Needs:		
8. Knowledge of Previous Abuse:		

II. PHYSICAL PLANT

Describe the physical plant in which the program is located. Assess the possible risk of harm and/or abuse to persons served based on the physical plant.
Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Physical Plant	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce the Risk to Persons Served by the Program
1. Condition and Design of the Physical Plant:		
2. Areas Difficult to Supervise:		

III. ENVIRONMENT and COMMUNITY

Describe the physical plant in which the program is located. Assess the possible risk of harm and/or abuse to persons served based on the physical plant.
Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Environment and Community	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce Risk to Persons Served by the Program
1. Neighborhood and Community:		
2. Grounds and Terrain:		

III. ENVIRONMENT and COMMUNITY continued

Describe the physical plant in which the program is located. Assess the possible risk of harm and/or abuse to persons served based on the physical plant.
Describe the program's plan to reduce the risk of harm and/or abuse to persons served in the assessed area.

Describe the Environment and Community	Describe Any Possible Risks - if there are no risks in this area please state that there is no risk	Describe the Plan to Reduce Risk to Persons Served by the Program
3. Type of Internal Programming:		
4. Staffing Pattern:		

_____ Signature of License-Holder _____ Date _____

_____ Signature of License-Holder _____ Date _____

Date(s) of plan review _____