

NOTIFICATION OF CPS INVOLVEMENT

**Division of Social Services
(DSS)**
Regulatory and Licensing Services
952 Old US Highway 70
Black Mountain, North Carolina 28711
Courier # 12-84-05
828.232.3160 (P)
828.669.3365 (F)

<http://www.ncdhhs.gov/dss/licensing/listings.htm>
Family and Therapeutic Foster Homes,
Level I Group Homes, Maternity Homes

**Division of Health Service Regulation
(DHSR)**
Complaint Intake Unit
2711 Mail Service Center
Raleigh, North Carolina 27699
1.800.624.3004 (P)
919.855.4500 (P)
919.715.7724 (F)

<https://info.ncdhhs.gov/dhsr/ciu/index.html>
Mental Health Facilities, Residential
Treatment Facilities - Level II and up

**Division of Child Development
and Early Education
(DCDEE)**
2201 Mail Service Center
Raleigh, North Carolina 27699
1.800.859.0829 (P)
919.814.6300 (P)
919.715.1013 (F)

<https://ncchildcare.ncdhhs.gov/>
Child Care Programs

Please indicate if this is: **Initial Notification** **Case Decision Notification**

This notice satisfies the requirement that DSS/DHSR/DCD shall receive notification of:

1. Child Protective Services (CPS) reports on a licensed placement that are screened-in
OR
2. Child Protective Services (CPS) reports on a licensed placement that are screened-out
AND
3. The completion of a CPS assessment on a licensed placement

Administrative Code 10A N.C.A.C. 70A.0106 authorizes the release of the confidential information contained in this notice.

However, N.C.G.S. 7B-302 requires that the confidential information contained in this report shall remain confidential and may only be re-disclosed if directly connected to the mandated responsibilities of the DSS/DHSR/DCD.

Name of Facility or Name of Foster Parents: _____

Location of Facility/Foster Home (physical address): _____

Licensing/Supervising Agency: _____

License ID#: _____

Alleged Perpetrator(s) (Name and Date of Birth): _____

County Conducting the Investigative Assessment: _____

If the county responsible for the assessment is different from the county conducting the assessment, the county responsible for the assessment submits this form. County responsible (if different from county investigating): _____

Name of Investigating Social Worker: _____

Phone Number: _____

Social Work Supervisor: _____

Phone Number: _____

Initial Notification:

Date: _____ Time: _____

Name and age of all children: _____

Information Needed: Please provide sufficient information.

What happened (how, when, where, who was involved, were there any witnesses)? _____

Who was told about this and what did they do about it? _____

Has this happened before? _____

Was the incident reported to staff? _____

Is anything being done to prevent it from happening again? _____

What is the residents'/patients'/clients' current location (room number)? _____

Case Decision Notification:

The completed North Carolina Case Decision Summary (DSS-5010), case notes, Child Medical Exam's (CME's), and pictures shall be attached to this notice and will serve as notification of the case decision.

Assessments conducted on DSS and DHSR facilities require consultation with a Regional Child Welfare Specialist (RCWS).

RCWS Name: _____

Date case decision staffed with RCWS: _____

Case Decision: _____