



North Carolina Department of Health and Human Services
Division of Social Services

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Wayne E. Black
Division Director

March 15, 2014

**DEAR COUNTY DIRECTORS OF SOCIAL SERVICES
DEAR EXECUTIVE DIRECTORS OF PRIVATE CHILD-PLACING AGENCIES FOR FOSTER CARE**

**ATTENTION: FOSTER HOME LICENSING STAFF, FOSTER CARE SUPERVISORS CHILD AND
CHILD WELFARE PROGRAM MANAGERS**

**SUBJECT: REVISION OF FIRE INSPECTION FORM (DSS-1515)
REVISION OF MEDICAL EVALUATION FORM (DSS-5156)**

This letter serves as notification that two foster home licensing forms have been revised. These are forms DSS-1515 (Foster Home Fire Inspection Report) and DSS-5156 (Medical Evaluation).

Form DSS-1515 (Foster Home Fire Inspection Report)

<http://info.dhhs.state.nc.us/olm/forms/dss/dss-1515-ia.pdf>

http://info.dhhs.state.nc.us/olm/forms/dss_spanish/dss-1515sp-ia.pdf

The Foster Home Fire Inspection Report (DSS-1515) has been revised to provide fire inspectors an additional option on Item 6. Option number 4 has been added for manufactured homes only. Manufactured homes that meet HUD requirements at the time the home was initially licensed as a foster home meet smoke alarm requirements. Guidance for Fire Inspectors related to this option can be found at this website (http://www.ncdoi.com/OSFM/Manufactured_Building.aspx).

County departments of social services and private child-placing agencies for foster care will need to make fire inspectors and foster parents aware of this change. Please note that if the fire inspector checks NO to any of the items on the 1515 the foster home will not be approved for licensing.

Form DSS-5156 (Medical Evaluation)

<http://info.dhhs.state.nc.us/olm/forms/dss/dss-5156-ia.pdf>

http://info.dhhs.state.nc.us/olm/forms/dss_spanish/dss-5156sp-ia.pdf

North Carolina is experiencing a shortage of PPD solutions for tuberculin skin tests. The Division of Social Services has been in contact with the Division of Public Health, TB Branch concerning this matter. The TB Branch has advised that a Tuberculosis Risk Questionnaire and a Tuberculosis Symptom Questionnaire can be substituted for the TB Skin Test. The DSS-5156 has been revised to substitute these questionnaires for the TB skin test. The medical provider will need to answer all six questions in the second block of the form under Medical Conditions. If any questions have a Yes response the individual will need to have a TB Skin Test or a

Child Welfare Services

www.ncdhhs.gov • www.ncdhhs.gov/dss • <http://www.ncdhhs.gov/dss/licensing/misc.htm>

Tel 828-669-3388 • Fax 828-669-3365

Location: Building 17 • 952 Old U.S. 70 Highway • Black Mountain, NC 28711

Mailing Address: • 952 Old U.S. 70 Highway • Black Mountain, NC 28711

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Chest X-Ray. On the line where the Physician, Physician Assistant or Nurse Practitioner prints their name we are now requiring that they circle their status.

Agencies should begin using these revised forms immediately. We will accept the old forms for the next six months. However, fire inspectors will need to provide documentation that a manufactured home meets HUD requirements. Medical providers will need to provide documentation that applicants and household members are negative for TB.

If you have any questions about the revised forms contact the Foster Home Licensing Office at 828-669-3388.

Sincerely,



Kevin Kelley, Section Chief
Child Welfare Services

CWS-06-2014

cc: Jack Rogers
Child Welfare Services Team Leaders
Children's Program Representatives

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