

**APS Basic Skills Module II**  
**Day Three**  
**Participant Materials**

\_\_\_\_\_ County Department of Social Services

NOTICE TO ADMINISTRATOR

Dear \_\_\_\_\_:

A protective services report has been received and evaluated on the resident named below.

1. Resident's name \_\_\_\_\_

2. Summary of alleged complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Results of Protective Services Evaluation: (check all that apply)
- a) Evidence of abuse was found.
  - b) Evidence of neglect was found.
  - c) Evidence of exploitation was found.
  - d) No evidence of abuse, neglect or exploitation was found.
  - e) The need for protective services was substantiated.
  - f) The need for protective services was not substantiated.

4. General statement about how the conclusion was reached. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **NC Facility Evaluation**

[https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/APS\\_FacilityEvaluation6-06\\_1.pdf](https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/APS_FacilityEvaluation6-06_1.pdf)