

## 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: \_\_\_\_\_