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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | LICENSING DIVISION (LD)  **Child Placing Agency Foster Home Licensing Investigation** | | | |
| **To be completed by Regional Licensor and provided to the Child Placing Agency that will conduct the licensing investigation.** | | | | | |
| CHILD PLACING AGENCY NAME | | | | CHILD PLACING AGENCY LICENSOR’S NAME | |
| DATE OF NOTIFICATION TO CPA | REGIONAL LICENSOR’S NAME | | | | |
| FOSTER PARENT’S NAME | | | | | PROVIDER NUMBER |
| INTAKE NUMBER #1: | | | DATE OF INTAKE: | | |
| Relevant issues/concerns from intake (the investigation may raise additional concerns). Summarize from the intake information indicating “who, what, when, where, why, and how” a licensing violation occurred, that is relevant to the licensing investigation: | | | | | |

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| Possible relevant WAC #1: | | | |
| **To be completed by Child Placing Agency staff and returned to Regional Licensor within 40 days of notification date:** | | | |
| Complete an Interview Summary for each person contacted as part of the investigation. Call intake if any new allegations of child abuse or neglect are discovered during the investigation.  Interview separately (ALL):   * Child identified in the intake (interview must be in person) * Child in the home who may have witnessed or been affected by the alleged licensing violation (interview must be in person) * Foster parent * Adult who may have witnessed or been affected by the alleged licensing violation * Staff identified in the intake * Child’s DCYF/Tribal/DDA case worker * Collateral | | | |
| **Interview #1 Summary** | | | |
| DATE OF INTERVIEW / OBSERVATION / ATTEMPT | LOCATION OF INTERVIEW | | |
| NAME OF INTERVIEWER | | NAME OF PERSON INTERVIEWED | ROLE OF PERSON INTERVIEWED |
| SUMMARY OF INTERVIEW/OBSERVATION OR CONTACT: | | | |

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| **Interview #2 Summary** | | | |
| DATE OF INTERVIEW / OBSERVATION / ATTEMPT | LOCATION OF INTERVIEW | | |
| NAME OF INTERVIEWER | | NAME OF PERSON INTERVIEWED | ROLE OF PERSON INTERVIEWED |
| SUMMARY OF INTERVIEW/OBSERVATION OR CONTACT: | | | |

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| **Interview #3 Summary** | | | |
| DATE OF INTERVIEW / OBSERVATION / ATTEMPT | LOCATION OF INTERVIEW | | |
| NAME OF INTERVIEWER | | NAME OF PERSON INTERVIEWED | ROLE OF PERSON INTERVIEWED |

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| SUMMARY OF INTERVIEW/OBSERVATION OR CONTACT: |

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| **Interview #4 Summary** | | | |
| DATE OF INTERVIEW / OBSERVATION / ATTEMPT | LOCATION OF INTERVIEW | | |
| NAME OF INTERVIEWER | | NAME OF PERSON INTERVIEWED | ROLE OF PERSON INTERVIEWED |
| SUMMARY OF INTERVIEW/OBSERVATION OR CONTACT: | | | |

*Copy and paste table as needed above this line.*

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| **Outcome/Results of Investigation** |
| Possible relevant WAC:   Identified as a violation  Not Identified as a violation |
| Explanation, include any corrective action taken or proposed compliance agreement: |

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| Additional relevant WAC:   Identified as a violation  Not Identified as a violation |
| Explanation, include any corrective action taken or proposed compliance agreement: |

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| **CPA Staff Signature** | | |
| NAME | SIGNATURE | DATE |
| **LD Staff Signature – acknowledgment of receipt** | | |
| NAME | SIGNATURE | DATE |