



Child Placing Agency Foster Home Licensing Investigation

Section 1

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

TELEPHONE NUMBER

E-MAIL ADDRESS *

FAX NUMBER

DATE FORM SENT TO CPA

REGIONAL LICENSOR'S NAME

TELEPHONE NUMBER

E-MAIL ADDRESS *

FAX NUMBER

*** All provider specific information sent via e-mail must be encrypted.**

FOSTER PARENT'S NAME

PROVIDER NUMBER

INTAKE NUMBER:

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 child was abused or neglected or a licensing violation occurred, that is relevant to the licensing investigation.

Possible relevant WAC:

Additional relevant WAC infractions may be discovered during investigation.

Section 2

To be completed by Child Placing Agency staff and returned to Regional Licensor within _____ days of intake date.

List each interview and person contacted as part of the investigation, and summarize the results of the interview or contact. Include in each summary the name of the interviewer or person who made the contact, the name of the person interviewed or contacted, the date of the interview or contact, the time and location of the interview or contact, and the subjects discussed and information learned during the interview or contact.

Interview separately all foster parents, staff, and verbal foster children who are identified in the intake.

Interview foster children who are placed with the caregiver identified in the intake and who may have witnessed or been affected by the alleged licensing violation. Interviews with people not identified in the intake may be merited to clarify information received in the intake or from other interviews or contacts.

Use DCYF 23-036A for additional interviews as needed.

Interview Summary

DATE OF INTERVIEW	TIME OF INTERVIEW	LOCATION OF INTERVIEW
NAME OF INTERVIEWER		NAME OF PERSON BEING INTERVIEWED

Subjects discussed and information learned during the interview or contact:

WAC provisions identified as violations during the investigation (indicate Not Applicable if no infractions are identified):

Not Applicable

Proposed Compliance Agreement conditions (indicate Not Applicable if no infractions are identified):

Not Applicable

If additional child abuse or neglect allegations or new allegations of licensing regulation violations were discovered:

DATE CALLED IN	NAME OF DCYF REPRESENTATIVE TAKING REPORT
----------------	---