



**CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET, 3E-A
FRANKFORT, KY 40621
(502) 564-6852 Phone (502) 564-3096 Fax
DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF PROTECTION AND PERMANENCY
AN EQUAL OPPORTUNITY EMPLOYER**

DPP-152C
(6/19)

Child Protective Service (CPS) No Finding Notification Letter

Date: _____

Local Office Address:

Name and Address of: (Alleged perpetrator, Parent or Caretaker)

Dear _____,

On _____, the Cabinet for Health and Family Services, Department for Community Based Services received a report of suspected child abuse or neglect as defined in Kentucky Revised Statute (KRS) 600.020(1) regarding a child in your care. At the time this report was received, the report met the acceptance criteria, and an investigation was opened. During the course of the investigation, information came to light resulting in this matter no longer meeting the acceptance criteria. As soon as that information was discovered, this investigation was immediately terminated. As the investigation was terminated prior to its conclusion, this letter is to inform you that the investigation has been terminated and the investigation has ended with no finding having been reached.

If you have any questions or concerns regarding this letter or the investigation, please call me at _____ (Staff telephone number).

You have the right to file a Service Complaint if you feel that you have not been treated fairly during the investigation. To file a Service Complaint submit your grievance in writing, **postmarked within thirty (30) calendar days of receipt of this letter** to the attention of the Service Region Administrator at your local Department for Community Based Services office. You may also contact the Office of the Ombudsman at 1(800) 372-2973.

Sincerely,

_____ (Staff Name)

_____ (Title)

