



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

DPP-152C

Child Protective Service (CPS) No Finding Notification Letter

Date: TWIST No.:

Local Office Address:

Name and Address of: (Alleged perpetrator, parent, or caretaker)

Dear _____,

On _____, the Cabinet for Health and Family Services (CHFS/Cabinet), Department for Community Based Services (DCBS) received a report of suspected child abuse or neglect as defined in Kentucky Revised Statute (KRS) 600.020(1) regarding a child or children 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 contact me. You can reach me by phone or email utilizing the contact information below.

Phone number:

Email address:

You have the right to file a service complaint if you feel that you have not been treated fairly during the investigative process. To file a service complaint, please 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 DCBS office. You may also contact the Office of the Ombudsman at 1(800) 372-2973.

Sincerely,

Staff Name:

Title: