

1 AGENCY CASE NO.

NORTH CAROLINA DIVISION OF SOCIAL SERVICES FOSTER CARE FACILITY ACTION REQUEST

2 CO. NO.

39

- NEW LICENSE
- CHANGE
- RELICENSE
- TERMINATE/REVOKE
- WAIVER REQUESTED
- RELICENSE/CHANGE

4 NAME OF SUPERVISING AGENCY

3 AGENCY TYPE

<input type="checkbox"/>	1	COUNTY DSS
<input checked="" type="checkbox"/>	2	PUBLIC AGENCY
<input type="checkbox"/>	3	PRIVATE AGENCY

MASONIC HOME FOR CHILDREN

5 FACILITY ADDRESS
600 COLLEGE ST.

6 AREA CODE
919

HOME PHONE NUMBER
693-5111

OXFORD

CITY

STATE
NC

7 ZIP CODE
27565

7 FOSTER PARENT NAME OR FACILITY NAME

8 SOC. SEC. NUMBER

MASONIC HOME FOR CHILDREN

9 DATE OF BIRTH

10 RACE

11 SEX

12 EDUCATION

13 TRAINING

<input type="checkbox"/>	1	MALE
<input type="checkbox"/>	2	FEMALE

GRADE COMPLETED
OR
POST SECONDARY
YEARS

HOURS	TYPE
	1 ORIENTATION
	2 SKILLS DEVELOPMENT
	3 SPECIFIC CHILD

14 FOSTER PARENT NAME

15 SOC. SEC. NUMBER

16 DATE OF BIRTH

17 RACE

18 SEX

19 EDUCATION

20 TRAINING

<input type="checkbox"/>	1	MALE
<input type="checkbox"/>	2	FEMALE

GRADE COMPLETED
OR
POST SECONDARY
YEARS

HOURS	TYPE
	1 ORIENTATION
	2 SKILLS DEVELOPMENT
	3 SPECIFIC CHILD

21 CAPACITY

22 SEX

AGE

24 RATE

065

<input type="checkbox"/>	1	MALE
<input type="checkbox"/>	2	FEMALE
<input checked="" type="checkbox"/>	3	BOTH

23 FROM 00

TO 21

0000

26 FAMILY INCOME

27 TYPE CARE PROVIDED

29 OTHER HH MEMBERS 18 OR OLDER

LASTNAME

FIRST

MI

<input type="checkbox"/>	1	UNDER 10,000	<input type="checkbox"/>	1	FOSTER CARE	
<input type="checkbox"/>	2	10-19,999	<input type="checkbox"/>	2	KINSHIP/RELATIVE FC	
<input type="checkbox"/>	3	20-29,999	<input type="checkbox"/>	3	SPECIALIZED FOSTER CARE	
<input type="checkbox"/>	4	30-39,999	<input type="checkbox"/>	4	EMER. SHELTER	7
<input type="checkbox"/>	5	40-49,999	<input type="checkbox"/>	5	THERAPEUTIC FOS. CARE	
<input type="checkbox"/>	6	50,000	<input checked="" type="checkbox"/>	6	SPECIAL PROGRAM	8

28 TYPE OF FACILITY

<input type="checkbox"/>	1	FAMILY FOSTER	<input type="checkbox"/>	4	MATERNITY HOME
<input type="checkbox"/>	2	GROUP HOME	<input type="checkbox"/>	5	RES. TREATMENT
<input checked="" type="checkbox"/>	3	INSTITUTION	<input type="checkbox"/>	6	THER. CAMP
			<input type="checkbox"/>	7	

41 MEDICAID ID #

43 NPI NUMBER

42 PROFIT INDICATOR

PROFIT

NON-PROFIT

STATE OFFICE USE ONLY

30 FACILITY I.D.

31 SUPERVISING AGENCY

LICENSE ISSUED 32 FROM

LICENSE ACTION

33 TO

B01177

093

01/31/2026

01/31/2028

34 LICENSING ACTIONS

38 OTHER

39 PROCESSING INFORMATION

<input type="checkbox"/>	1	CHANGE
<input type="checkbox"/>	2	TERMINATION
<input checked="" type="checkbox"/>	3	RELICENSE
<input type="checkbox"/>	4	NEW

35 EFFECTIVE DATE

01/31/2026

40 WAIVER GRANTED

36 LICENSE TYPE

37

Reason For Provisional

<input checked="" type="checkbox"/>	1	FULL
<input type="checkbox"/>	2	PROVISIONAL

<input type="checkbox"/>	1	SANITATION STANDARD
<input type="checkbox"/>	2	OTHER-EXPLAIN IN #38



North Carolina
Department of Health and Human Services License

This is to certify that, in accordance with the provisions of the General Statutes, the Department of Health and Human Services, through its duly authorized representative, has made inspection of :
MASONIC HOME FOR CHILDREN

located at: 600 COLLEGE ST. OXFORD NC 27565

This INSTITUTION SPECIAL PROGRAM has complied with the laws of North Carolina
and rules of the North Carolina Department of Health and Human Services and is FULLY licensed to
provide Foster Care Services to: 65 GIRLS & BOYS

Ages: 00 - 21

This license is not transferable and shall continue in full force and effect until 01/31/2028 unless revoked for
cause. Given under the hand and seal of the North Carolina Department of Health and Human Services.

This 31ST day of JANUARY 2026

Devdutta Sangvai


Secretary, Department of Health and Human Services

Lisa Tucker Cauley, MSW


Senior Director for Child, Family and Adult Services

B01177