NOTICE OF RIGHT TO ADMINISTRATIVE APPEAL OF A CHILD ABUSE / NEGLECT DETERMINATION

State Form 55148 (R / 7-13)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The person completing this form will send this Notice to persons identified as perpetrators following reconsideration of a denial of administrative review, or administrative review that upholds a substantiated allegation, and attach the approved State Form 113 (CW311), Investigation of Child Abuse or Neglect, and State Form 54776, Request for Administrative Appeal Hearing for Child Abuse or Neglect Substantiation. Place a copy of this Notice in the Department of Child Services (DCS) assessment file.
This form is not to be used for any substantiation approved before October 15, 2006.

The Indiana Department of Child Services (DCS) ☐ local office in _____ County or ☐ Institutional Unit classified allegations in assessment number _____ , approved on *(month, day, year)* _____ against:

Name of person identified as a perpetrator	
Address of person identified as a perpetrator *(number and street, city, state, and ZIP code)*	
ALLEGATION(S) CURRENTLY SUBSTANTIATED	**VICTIM *(Insert initials of victim(s) or NONE for each allegation)***
Physical abuse	
Sexual Abuse	
Neglect	

ONLY the paragraph(s) checked below apply(ies) to you.

☐ **NOTICE OF ADMINISTRATIVE REVIEW DECISION TO SUBSTANTIATE**

☐ This letter is in response to your request for an administrative review conducted under DCS Policy 2.2. A DCS administrative review was conducted on *(month, day, year)* _____ by _____ .

☐ This letter is to inform you of the results of an administrative review conducted under DCS Policy 2.4. A DCS administrative review was conducted on *(month, day, year)* _____ by _____ .

☐ You were identified as a child care worker or a foster parent. This letter is to inform you of the outcome of the review meeting held on *(month, day, year)* _____ at _____ relating to Assessment number _____ . The meeting was conducted by _____ . DCS records indicate that you ☐ did ☐ did not participate in that meeting. Any information you submitted was carefully considered. The DCS decision is to uphold the substantiated allegations above.

You have the right to request an administrative appeal hearing to contest the substantiation.*

☐ **NOTICE OF RECONSIDERATION OF ADMINISTRATIVE REVIEW DENIAL**

Pursuant to your timely submitted written request, the Department of Child Services (DCS) reconsidered the DENIAL of administrative review of a substantiated allegation against _____ Reconsideration of a denial of administrative review was conducted on *(month, day, year)* _____ by _____ .

DCS upheld the decision to DENY administrative review based on the following:

☐ Your request for review was received after the deadline for requesting administrative review.

☐ A court has determined that a child is a child in need of services, based on facts presented to the court that are consistent with the facts and conclusions stated in the report; and DCS approved the substantiated report on/after the date of the court's determination.

☐ A court having jurisdiction over a child in need of services case has determined that:

- ☐ The report of child abuse was properly substantiated; or
- ☐ Child abuse or neglect occurred; or
- ☐ You were found by the court to be a perpetrator of child abuse or neglect.

☐ Criminal charges resulted in a conviction against you (or a court made a true finding in a juvenile delinquency case) and the facts that provided a necessary element for the conviction (or true finding) also provided the basis for the substantiated report.

You have the right to appeal the DCS decision to deny administrative review of the substantiation.*

* To request an administrative appeal hearing, you must submit (1) a copy of this letter, (2) State Form 54776, *Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation* and (3) a copy of the approved State Form 113 (CW311*), Investigation of Child Abuse or Neglect to DCS Hearings and Appeals*. All required forms are attached for your convenience. You must submit your request, within **thirty (30)** days following the date this letter is mailed or hand delivered. If this is mailed, an additional three (3) days is allowed for mail time.

Signature of DCS representative	Date *(month, day, year)*	☐ Mailed ☐ Hand delivered
Printed name and title of DCS representative		

Attachments: State Form 54776, Request for Administrative Appeal Hearing for Child Abuse or Neglect Substantiation
State Form 113 (CW311), Investigation of Child Abuse or Neglect