



FOSTER HOME LICENSE REVOCATION OR DENIAL DUE PROCESS VERIFICATION

State Form 55232 (4-13)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Complete and submit to Central Office Foster Care Licensing with a request to revoke or deny a foster home license that is based on a Child Protective Services (CPS) substantiation.

Name of Perpetrator		MaGIK number	Legend number
Was the substantiation supported by a Child in Need of Services (CHINS) finding or a criminal conviction (<i>the substantiation was the basis for a criminal conviction</i>)? <input type="checkbox"/> Yes (<i>Stop here and submit a copy of the conviction or CHINS finding with this document.</i>) <input type="checkbox"/> No (<i>Answer next question.</i>)			
Was the substantiation on or after October 15, 2006? <input type="checkbox"/> Yes (<i>Go to section A</i>) <input type="checkbox"/> No (<i>Go to section B</i>)			
SECTION A. (Substantiations on or after 10/15/06)			
Insert information below about the Child Care Worker Assessment Review (CCWAR) and administrative appeal process.			
Date on Notice of Intent to Substantiate (<i>month, day, year</i>)	Date CCWAR held (<i>month, day, year</i>)	Date CCWAR decision sent to applicant/licensee (<i>month, day, year</i>)	
Date DCS received request for Administrative Appeal Hearing (<i>month, day, year</i>)	<input type="checkbox"/> If not requested, check here and <u>submit a copy of the CCWAR decision.</u>		
Date of Administrative Law Judge (ALJ) opinion (<i>month, day, year</i>)	<input type="checkbox"/> For State <input type="checkbox"/> For Appellant		
Does the file reveal whether or not licensee/applicant filed for Judicial Review? <input type="checkbox"/> Yes (<i>Complete date and case number below.</i>) <input type="checkbox"/> No (<i>Submit a copy of ALJ decision.</i>)			
Date filed (<i>month, day, year</i>)	Case number		
SECTION B. (Substantiations prior to 10/15/06)			
Type of Substantiation (<i>check one and follow instructions</i>): <input type="checkbox"/> NOTICE GIVEN. If there is documentation in file to show the person was notified and given an opportunity to challenge substantiation, <u>submit supporting documentation with this form.</u> <input type="checkbox"/> NO NOTICE: If there is no documentation in the file to show that the person was given opportunity to challenge substantiation, DCS must conduct a courtesy administrative review of the substantiation. (<i>Please complete information below.</i>)			
Date of courtesy administrative review of substantiation (<i>month, day, year</i>)		Decision at administrative review (<i>check one</i>): <input type="checkbox"/> Uphold Substantiation <input type="checkbox"/> Overturn Substantiation	
Date on notification of review decision (<i>month, day, year</i>) (<i>Attach a copy of the notification of review decision with this form.</i>)			
Signature of DCS Local Office Director or DCS Staff Attorney			Date (<i>month, day, year</i>)
Printed name of DCS Local Office Director or DCS Staff Attorney			