

## Notice of CCWIR Decision

Insert Date

Name  
Street Address 1  
Street Address 2  
City, State Zip Code

RE: Substantiated abuse or neglect determination  
Case No. \_\_\_\_\_

Dear Insert Name,

This letter is to inform you of the outcome of the Child Care Worker Investigation Review Meeting, held on Insert date of CCWIR at Insert location. Our records indicate that you did/did not participate in that meeting. I have carefully reviewed the investigation and the information gathered at the CCWIR. As a result of that review, **the Department of Child Services has taken the following action for each allegation listed below:**

Action:	Allegation
<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Indicated	Insert Allegation
<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Indicated	Insert Allegation
<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Indicated	Insert Allegation

A copy of the approved investigation report is enclosed for your review.

**IF NONE OF THE ALLEGATIONS ABOVE HAVE BEEN SUBSTANTIATED, PLEASE READ THE FOLLOWING.**

The record of this determination will be expunged from the Department's records and computerized information system under the rules and procedures that apply to the classification of this determination.

**IF ONE OR MORE ALLEGATIONS HAVE BEEN SUBSTANTIATED, PLEASE READ THE FOLLOWING.**

DCS will notify your employer and the appropriate licensing unit, if applicable within two (2) business days of the date of this notice. Any decision related to discipline or other action that may be taken based on this notice will be made by your employer and/or the licensing unit.

**YOU have the right to appeal the substantiation.** To do so you must complete the enclosed form, [Request for Administrative Appeal Hearing](#). Your request must be received by DCS within eighteen (18) days of the date of this letter. The form has instructions and a summary of the process. If you have any questions, please contact the Insert County Name local DCS office at Insert Gen Office #.

Sincerely,

Person who conducted CCWIR  
Insert title