



NOTICE OF ADMINISTRATIVE REVIEW OUTCOME FOR A DEPARTMENT OF CHILD SERVICES EMPLOYEE

State Form 54317 (R5 / 4-21)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

The Administrative Review Team is to:

1. Complete this form following an administrative review to notify a Department of Child Services (DCS) employee that the case with allegations against the employee has been returned for further assessment or the allegations have been unsubstantiated;
2. Attach the approved [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) (including completion of the "Edits Due to Appeal" section) to this form; and
3. Mail, e-mail, or hand-deliver the completed form and the 311 to the DCS employee. See policy [4.45 Assessment and Review of DCS Alleged Perpetrators](#) for additional information.

Name of DCS employee against whom DCS has substantiated allegations

This form was:

Mailed E-mailed Hand-delivered

Date (month, day, year)

Address where this form was mailed, emailed, or hand-delivered to the DCS employee

DCS initially determined to substantiate allegations of Child Abuse and/or Neglect (CA/N) against you, in assessment number _____, approved on _____.

(Assessment number)

(month, day, year)

A summary of the DCS decision concerning the allegations is attached.

This letter is to inform you of the outcome of the Administrative Review Team's decision after conducting their administrative review of the decision to substantiate _____ against you. The meeting was conducted on _____.

(Type of substantiation)

The assessment and any information you submitted has been carefully considered.

(month, day, year)

As a result of the review: (Check the appropriate box.)

DCS is conducting further assessment of the report allegations. You will be notified of the DCS decision when the assessment is complete. While the further assessment is being completed, your name will continue to appear on the Child Protection Index (CPI).

DCS has decided to unsubstantiate the allegations against you and remove your name from CPI.

**You do not have a right to an administrative appeal at this time.
You will be notified if you have a right to administrative appeal in the future.**

Signature of the Administrative Review Team designee

Date signed (month, day, year)

Printed name of the Administrative Review Team designee