



NOTICE OF INTENT TO SUBSTANTIATE ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT (CA/N) BY A CHILD CARE WORKER (CCW) OR LICENSED RESOURCE PARENT

State Form 53028 (12-21)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: The DCS employee authorized to conduct the Child Care Worker Administrative Review (CCWAR) will complete this form to notify a Child Care Worker (CCW) or Licensed Resource Parent when DCS intends to approve the substantiation against the CCW or Licensed Resource Parent, and notify the CCW or Licensed Resource Parent of the date, time, and location of the administrative review that will occur prior to the final approval of the decision. Attach a copy of the approved redacted [Assessment of Child Abuse and/or Neglect \(SF 113\) \(311\)](#), and mail or hand-deliver the documents to the CCW or Licensed Resource Parent. See policy [2.03 Child Care Workers Assessment Review Process](#) for additional information.

This form was <input type="checkbox"/> mailed <input type="checkbox"/> hand-delivered on: _____ <div style="text-align: center;"><i>(month, day, year)</i></div>
Address where form was mailed or hand-delivered to the CWW or Licensed Resource Parent <i>(number and street, city, state, and ZIP code)</i>

The Indiana Department of Child Services (DCS) in _____ has investigated a report of

Local county office

suspected CA/N. DCS intends to substantiate the following allegations against:

Name of alleged perpetrator

Address of alleged perpetrator (number and street, city, state, and ZIP code)

as the person responsible for the following allegations of CA/N:

ALLEGATION(S)	VICTIM <i>(Insert initials of victim(s) or "NONE" for each allegation)</i>
Physical Abuse	
Sexual Abuse	
Neglect	

A draft of the assessment summary [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#) is attached to this notice for your convenience. If the assessment is approved, you will be identified as a perpetrator on the Child Protection Index (CPI). DCS may also notify your employer or an appropriate licensing agency within 48 hours of approval of the substantiated classification in assessment _____.

Assessment number

Because you have been identified as a CCW or Licensed Resource Parent before the assessment is finalized, you have the opportunity to participate in an administrative review of the decision with a DCS administrator who was not involved in making the recommendation to substantiate. This review meeting is to allow you the opportunity to respond to the allegations and give your own account of the incident. You may have an attorney or other representative take part in the meeting and you may provide written statements and documentation. You will not be permitted to present or cross examine witnesses. The review meeting will be conducted by _____.

Name and title of administrator

at the following date, time, and location:

Date (month, day, year) and time

Location with Address

The review meeting may be rescheduled for good cause. If you need to reschedule, call the person conducting the review meeting as soon as possible at _____.

Telephone number

After the review meeting, you will be notified of the DCS decision and any rights that you have at the time to an administrative appeal hearing, if applicable. The review meeting will occur regardless of whether or not you participate, and you will be notified of the decision whether or not you choose to attend.

You may submit information and/or participate in the administrative review meeting. You have no right to request an administrative appeal at this time.

Printed name and title of the DCS employee authorized to conduct the courtesy review
Signature of the of the DCS employee