



**NOTIFICATION OF ASSESSMENT OUTCOME
AND RIGHT TO REQUEST AN ADMINISTRATIVE REVIEW**

State Form 53068 (4-22)
DEPARTMENT OF CHILD SERVICES

INSTRUCIONES: *The Family Case Manager (FCM) Supervisor or Department of Child Services (DCS) local office designee will use this form to notify an alleged perpetrator (NOT a licensed resource parent, childcare worker [CCW], or DCS employee) that one (1) or more allegations against the alleged perpetrator have been substantiated. Attach a copy of the approved redacted [Assessment of Child Abuse and/or Neglected \(SF 113\) \(311\)](#) and the [Request for Administrative Review of Child Abuse/Neglect Substantiation \(SF 54775\)](#), and mail or hand-deliver the documents to the alleged perpetrator. See [2.01 Notice of Assessment Outcome](#) for more information. **NOTE:** If the alleged perpetrator is a minor, a copy of this form and its required attachments must be sent to the minor alleged perpetrator and a separate, additional copy of this form and its required attachments must be sent to the minor alleged perpetrator's parent(s), court appointed guardian, or legal representative.*

This form was mailed or hand-delivered to _____ (name of individual) on _____ (month, date, year).

Relationship of individual named above to the alleged perpetrator: _____ (self or minor's parent(s), guardian, or legal representative).

Address where this form was mailed or hand-delivered to the individual named above (street, city, state, ZIP code):

The Indiana DCS has conducted an assessment regarding a report of Child Abuse and/or Neglect (CA/N). DCS classified the allegations in assessment _____ (assessment number) as follows, approved on _____ (date: mm/dd/yyyy) against:

Name of perpetrator: _____

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

| SUBSTANTIATED ALLEGATION (mark all applicable) | VICTIM (Insert initials or "None") |
|---|---|
| <input type="checkbox"/> Physical Abuse | |
| <input type="checkbox"/> Sexual Abuse | |
| <input type="checkbox"/> Neglect | |

| UNSUBSTANTIATED ALLEGATION (mark all applicable) | VICTIM (Insert initials or "None") |
|---|---|
| <input type="checkbox"/> Physical Abuse | |
| <input type="checkbox"/> Sexual Abuse | |
| <input type="checkbox"/> Neglect | |

A summary of the DCS decision is attached (see [Assessment of Alleged Child Abuse and/or Neglect \[SF 113\] \[311\]](#)).

You have the right to request an administrative review of a DCS decision to substantiate an allegation. To do so, you must complete and submit the attached form, [Request for Administrative Review of Child Abuse or Neglect Substantiation \(SF 54775\)](#). Your request must be submitted to DCS within fifteen (15) calendar days (plus an additional three [3] calendar days if received by U.S. mail) from the postmarked date of this letter or hand-delivery. The attached form includes instructions and a summary of the administrative review process.

Note: If DCS records indicate the person identified as a perpetrator is under the age of eighteen (18), a separate, additional copy of this notice will be sent to both the minor person alleged to be a perpetrator and the minor person's parent(s), court appointed guardian, or other legal representative. Any request for an administrative appeal by a person under the age of eighteen (18) must be signed by the minor person's parent(s), court appointed guardian, or legal representative.

If you have any questions, please contact the DCS local county office:

(county) Department of Child Services

(DCS county office address: street, city, state, ZIP code)

(DCS local office telephone number)

Printed name of the FCM Supervisor or DCS local office designee:

Signature of the FCM Supervisor or DCS local office designee:
