NOTICE OF ASSESSMENT OUTCOME FOR A DEPARTMENT OF CHILD SERVICES EMPLOYEE

State Form 54318 (R5 / 4-21)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:
The Family Case Manager (FCM) Supervisor of the FCM assigned to the assessment will:

1. *Complete this form to notify an employee of the Indiana Department of Child Services (DCS) that DCS has substantiated allegations of Child Abuse and/or Neglect (CA/N) against the employee and an administrative review will be conducted;*
2. *Attach the Assessment of Alleged Child Abuse or Neglect (SF 113) (311) to this document; and*
3. *Mail the completed form and 311 to the DCS employee by certified mail. (In addition to mailing by certified mail, hand-delivery should be attempted if possible.) See policy 4.45 Assessment and Review of DCS Alleged Perpetrators for more information.*

Name of DCS employee against whom DCS has substantiated allegations
Date on which form was mailed certified *(month, day, year)*
Address where this form was mailed to the DCS employee

Was the form hand delivered? ☐ Yes ☐ No	If Yes, date on which form was hand-delivered *(month, day, year)*

Location to which form was hand-delivered to the DCS employee *(if applicable)*

DCS has substantiated 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.

You will receive an administrative review of the decision. The review will be conducted by an Administrative Review Team within fifteen (15) business days of the date the substantiation was approved. The review is scheduled to occur on _____ . You may submit appropriate information for consideration during the review.
(month, day, year)
In order for that information to be considered, you must submit it by close of business on _____
(month, day, year)
to _____ at _____ .
(Name of contact person) _(E-mail address)_
You will be advised in writing of the Administrative Review Team decision. If a substantiation of any allegation is upheld, you will be advised of your right to administrative appeal, if any.

Signature of the FCM Supervisor	Date signed *(month, day, year)*
Printed name of the FCM Supervisor	