



# NOTICE TO EMPLOYER OF A REPORT OF CHILD ABUSE AND/OR NEGLECT (CA/N)

State Form 53031 (12-21)  
DEPARTMENT OF CHILD SERVICES

*INSTRUCTIONS: The Family Case Manager (FCM) Supervisor will use this form to notify an employer when allegations against an employee have been substantiated. This form is also used to update an employer when allegations against the employee are subsequently unsubstantiated. Mail or hand-deliver this form to the employer. 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>

This letter is to inform you that the Indiana Department of Child Services (DCS) substantiated allegations naming \_\_\_\_\_ as the person responsible for child abuse and/or neglect (CA/N).

*Insert name of perpetrator employee*

**Mark only the option that applies below:**

- The decision to substantiate made by DCS may be subject to Administrative Appeal in accordance with applicable law.
  - As an employer, you were previously notified that the person identified above was substantiated as a result of report of CA/N assessed by DCS. This letter is being sent to update that information and inform you that the allegations against \_\_\_\_\_ have been unsubstantiated.
- Insert name of perpetrator employee*

DCS cannot release any other information to you without a signed authorization from the individual identified as a perpetrator of CA/N, unless you are entitled to receive additional information under Indiana law. If you are a child caring institution, group home, private security facility, or licensed child placing agency licensed by DCS and you believe you are entitled to receive additional information you may submit your request, with supporting documentation, to the DCS Central Office Licensing Unit for consideration. Any other request for further information concerning this assessment must be directed to the DCS local office located at:

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*Insert local county office name*

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*Insert local county office address (number and street, city, state, and ZIP code)*

If this notice is addressed to a facility licensed by either DCS or the Indiana Family and Social Services Agency (FSSA), a copy of this information is also being sent to the appropriate licensing unit.

Printed name of the FCM Supervisor
Signature of the FCM Supervisor