

INSTRUCTIONS:

The Department of Child Services (DCS) employee who reviewed the request for an Administrative Review will use this form to notify a perpetrator (NOT a licensed resource parent, childcare worker [CCW], or DCS employee) when the perpetrator's request for an Administrative Review is denied. Mail or hand-deliver the documents to the alleged perpetrator. See policy 2.02 Administrative Review Process for more information. NOTE: If the alleged perpetrator is a minor, a copy of this form must be sent to the minor alleged perpetrator and a separate, additional copy of this form must be sent to the minor alleged perpetrator's parent(s), court appointed guardian, or legal representative.

This form was $\square$ mailed or $\square$ 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 in (local county office) has classified Child Abuse
and/or Neglect (CA/N) allegations as substantiated in assessment (assessment
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and/or Neglect (CA/N) allegations as substantiated in assessment (assessment
and/or Neglect (CA/N) allegations as substantiated in assessment (assessment number), approved on (date: mm/dd/yyyy) against:
and/or Neglect (CA/N) allegations as substantiated in assessment (assessment number), approved on (date: mm/dd/yyyy) against:
and/or Neglect (CA/N) allegations as substantiated in assessment (assessment number), approved on (date: mm/dd/yyyy) against:  Name of alleged perpetrator:
and/or Neglect (CA/N) allegations as substantiated in assessment (assessment number), approved on (date: mm/dd/yyyy) against:  Name of alleged perpetrator:

Because the above-named individual was identified as a perpetrator, you were notified of the classification. This letter is in response to your request for an administrative review of the assessment. Your request for an Administrative Review has been <b>DENIED</b> due to the following:
□ On (date: mm/dd/yyyy), your request for review was received after the deadline for requesting a review.
□ A court has determined that a child is a Child in Need of Services (CHINS), based on the facts presented to the court that are consistent with the facts and conclusions stated in the report; and DCS approved the substantiated report on/after the date of the court's determination on (date: mm/dd/yyyy)
□ A court having jurisdiction over a CHINS case has determined that: □ The report of CA/N was properly substantiated; □ CA/N occurred; or
☐ The above named individual was found by the court to be a perpetrator of CA/N.
□ Criminal charges resulted in a conviction against the above-named individual (or a court made a true finding in a juvenile delinquency [JD] case) and the facts that provided a necessary element for the conviction (true finding) also provided the basis for the substantiated report.
<b>Note:</b> If DCS records indicate that the person identified as an alleged perpetrator is under the age of eighteen (18), a copy of this notice is being sent to the minor alleged perpetrator and the minor'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, court appointed guardian, or legal representative.
You have the right to request reconsideration of the denial of your request for an Administrative Review. To do so, you must submit your request in writing within fifteen (15) calendar days of the date this letter is mailed. You must send your request to the following address:
(DCS Local Office Address: street, city, state, ZIP code)
In your request, you must state the reason you believe you are entitled to an Administrative Review. If you do not request reconsideration, you waive any further right to an Administrative Review or appeal of the decision.
If you have any questions, please contact:
(DCS Local Office Address: street, city, state, ZIP code)
(DCS Local Office Telephone Number)
(BOO Essal Onice Pelephone Names)
You have no right to an administrative appeal hearing at this time.
Printed name and title of the DCS employee who reviewed the request for the Administrative Review:
Signature of the DCS employee who reviewed the request for the Administrative Review: