



**NOTICE OF AN ADMINISTRATIVE REVIEW DECISION  
FOR AN ASSESSMENT CLOSED PRIOR TO OCTOBER 15, 2006**

State Form 53033 (12-21)  
DEPARTMENT OF CHILD SERVICES

*INSTRUCTIONS: The Department of Child Services' (DCS) Employee who conducts the administrative review will complete this form, **only** for allegations substantiated prior to October 15, 2006, to notify an applicant for a foster license of the DCS review decision completed prior to denial of a resource home license based on the substantiation. Attach a copy of the approved redacted [Assessment of Child Abuse and/or Neglected \(SF 113\) \(311\)](#), and mail or hand-deliver the documents to the Licensed Resource Parent. See [2.03 Child Care Worker Assessment Review Process](#) for additional information.*

|                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| This form was <input type="checkbox"/> mailed <input type="checkbox"/> hand-delivered on: _____<br><i>(month, day, year)</i>                 |
| 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> |

You have applied to be a Licensed Resource Parent, and allegations have been substantiated against you, which identified you as a perpetrator of Child Abuse and/or Neglect (CA/N) in an assessment that was closed prior to October 15<sup>th</sup>, 2006, in assessment \_\_\_\_\_.  
*Assessment number*

This letter is to inform you of the outcome of the DCS courtesy review of the decision to substantiate. A summary of the DCS decision concerning the allegations is attached as [Assessment of Alleged Child Abuse or Neglect \(SF 113\) \(311\)](#). The DCS office in \_\_\_\_\_, located at  
*Local county office name*

\_\_\_\_\_, classified child abuse and/or neglect allegations as  
*Address of local county office (number and street, city, state, and ZIP code)*  
substantiated in \_\_\_\_\_, \_\_\_\_\_,  
*Assessment number Legacy number*

approved on \_\_\_\_\_ against:  
*Date of approval (month, day, year)*

\_\_\_\_\_  
*Name of perpetrator*  
\_\_\_\_\_  
*Address of perpetrator (number and street, city, state, and ZIP code)*

As a result of the courtesy review of this assessment, the department has determined that the substantiations remaining against you, if any, for this assessment are as follows:

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

**As this was a courtesy review, you have no right to an administrative appeal.**

|                                                                              |
|------------------------------------------------------------------------------|
| Printed name and title of the DCS employee who conducted the courtesy review |
| Signature of the of the DCS employee                                         |