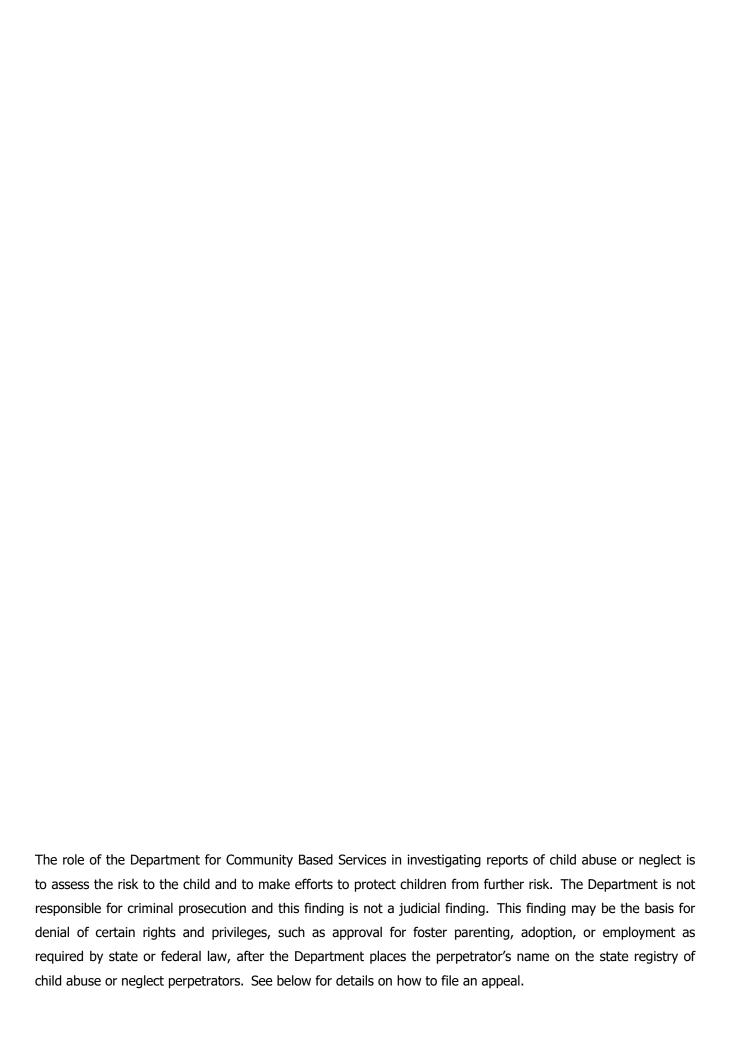


CABINET FOR HEALTH AND FAMILY SERVICES COMMONWEALTH OF KENTUCKY Department for Community Based Services

Child Protective Service (CPS) Substantiated Investigation Notification Letter

	Date:	
Local Office Address:	TWIST No.:	
Name and Address of Perpetrator, Parent or Caretaker	, Facility Director, and Victim (if appropri	ate):
Dear Superintendent		
On, the Cabinet	for Health and Family Services, Departm	nent for
Community Based Services received a report of suspec	cted child abuse or neglect, as defined ir	ı Kentucky
Revised Statute (KRS) 600.020(1), regarding a child in	ı the,	Public Schools.
The alleged perpetrator,	is a	(type of
employee, e.g., teacher, security guard, janitor, etc.)	at	(name
of school). Based upon the information received throu	gh the investigation of this report, the a	llegations have
been found to be substantiated.		

The factual basis for the substantiated finding of abuse or neglect (KRS 600.020(1)) is as follows:



Pursuant to 922 Kentucky Administrative Regulation (KAR) 1:330, Section 10 (1), individuals who are found to

be substantiated perpetrators of child abuse or neglect shall be given the right to request an administrative

hearing to challenge that finding. The perpetrator identified in this letter may request such an administrative

hearing within thirty (30) calendar days from the date he/she received notification of the Department's

substantiated finding. If no such hearing is requested, the Department will place the school employee's name

on the state registry of child abuse or neglect perpetrators.

Pursuant to 922 KAR 1:470, if the perpetrator identified in this letter does not file an appeal, his or her name

will be listed on a central registry for seven (7) years if the substantiation is related to abuse, neglect or risk of

harm, and will be listed permanently if the substantiation is related to sexual abuse or the fatality or near

fatality of a child. In order to file an appeal, the individual completes and submits the attached DPP-155 to the

address above. The form must be postmarked within thirty (30) calendar days of receipt of the letter.

All information contained within this letter is confidential and shall not be disclosed except as permitted by state

and federal laws. If you need additional information regarding this investigation, please forward an open

records request detailing the information needed to the following address: Cabinet for Health and Family

Services, Records Management Section, 275 E. Main St., 3 E-G, Frankfort, KY 40621.

Sincerely,

Staff Name:

Title:

cc: Principal:

School name:

School address:

Education Professional Standards Board 100 Airport Road, 3rd Floor Frankfort, Kentucky 40601