

KANSAS DEPARTMENT for CHILDREN AND FAMILIES
NOTICE OF TERMINATION OF CORRECTIVE ACTION

Date of Mailing: _____

DCF Service Center: _____

TO: _____

FROM: _____

ADDRESS: _____

ADDRESS: _____

City, State, Zip: _____

City, State, Zip: _____

TELEPHONE: _____

This is your notice that the corrective action plan _____ is terminated effective
(Date)
the date of this notice.

Initial Amount Owed: _____ Amount Paid: _____

It is the decision of DCF that:

☐

You have successfully complied with the corrective action plan, the agency finding will be changed to unsubstantiated, and your name will not be entered into the Adult Abuse, Neglect, and Exploitation Central Registry. (Note there is no right to appeal this.)

☐

You have not successfully complied with the corrective action plan and your name will be entered into the Adult Abuse, Neglect, and Exploitation Central Registry, subject to due process, as a substantiated perpetrator of

_____ (financial exploitation) of

_____ (Name of adult(s)).

(See reverse side of form for Due Process instructions)

The basis of the finding (refer to K.S.A. 39-1430) is as follows:

If you have any question concerning this notice or the fair hearing process, please feel free to call

at

(Name)

(Phone Number)

Distribution: ☐ Addressee ☐ KIPS record ☐ Attorney General's ANE Unit ☐ LE

RIGHT TO APPEAL DECISION

You may appeal a finding identifying you as a substantiated perpetrator by filing a written request for fair hearing pursuant to K.A.R. 30-7-68 *et seq.* with the Office of Administrative Hearings, 1020 South Kansas Avenue, Topeka, Kansas 66612-1311 within 30 days from the date of this notice. Fair hearing request forms may be obtained from your local DCF office. You may have legal counsel or others to represent you at a hearing. If you are dissatisfied with the hearing decision, you may request a review of the decision by the State Appeals Committee. The decision of the State Appeals Committee may be appealed to the district court.

Unless you appeal this determination within such 30 day time period and prevail in the appeal, your name will be placed in the department's Adult Abuse, Neglect, and Exploitation (ANE) Central Registry concerning the abuse, neglect, or financial exploitation. An individual placed in the registry may be barred from employment. Further, the results of our investigation may be given to other governmental agencies with responsibility for investigation of alleged adult abuse, neglect, or financial exploitation.

If your name is placed in the ANE Central Registry, you may apply to the Secretary of DCF after three years to have your name expunged from the registry. Your application shall be in writing and shall be directed to the Secretary of Department for Children and Families, Attention: Prevention and Protection Services, State Office Building, 555 S. Kansas, Topeka, KS 66603-3444.

CIVIL RIGHTS

No person shall, on grounds of race, color, national origin, age, handicap, religion, or gender, be excluded from participation in, be denied the benefits of, or subject to discrimination under any program or activity of the Department for Children and Families. If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to Civil Rights/EEO Section, Department for Children and Families, 555 S. Kansas, Topeka, KS 66603-3444

