

NOTICE OF DEPARTMENT FINDINGS INSTRUCTIONS

Date of Mailing:	<i>Enter date notice is going in the mail</i>	Event #:	<i>ENTER the event # from FACTS</i>	DCF Office:	<i>ENTER the DCF Office sending the notice</i>
TO: <i>ENTER the first and last name of person notice is being sent to</i>		FROM: <i>ENTER the name of the CPS Specialist or designee sending the notice</i>		<i>ENTER the telephone # of CPS Specialist or designee sending the notice</i>	
ADDRESS: <i>ENTER the address of the person notice is being sent to</i>		TELEPHONE #:		<i>ENTER the address of CPS Specialist or designee sending the notice</i>	
Street/P.O. Box		Street/P.O. Box			
City	<i>ENTER the city of the person receiving the notice</i>	State	<i>ENTER the state of the person receiving the notice</i>	City	<i>ENTER the city of CPS Specialist or designee sending the notice</i>
				State	<i>ENTER the state of CPS Specialist or designee sending the notice</i>
ZIP	<i>ENTER the zip code of the person notice is being sent to</i>	ZIP	<i>ENTER the zip code of CPS Specialist or designee sending the notice</i>		
The Kansas Department for Children and Families has completed an investigation of a report dated:					<i>Date from the PPS 1001</i>
The following decisions have been made:					
Child's Name/ Alleged Victim	Allegation	Finding	Unsubstantiated Alleged Perpetrator OR Substantiated Perpetrator *		
<i>ENTER the child's first and last name</i> <i>If the allegation type and case finding decision is the same for all children. All the children can be entered on the same line.</i> <i>Insert and delete lines as needed to customize the notice.</i>	<i>ENTER one of the following allegation types:</i> <i>Physical Abuse</i> <i>Physical Neglect</i> <i>Sexual Abuse</i> <i>Lack of Supervision</i> <i>Emotional Abuse</i> <i>Medical Neglect</i> <i>Abandonment</i>	<i>ENTER Substantiated or Unsubstantiated</i>	<i>ENTER the alleged perpetrator's first and last name</i>		
Recommendations:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Document Recommendations: <i>Check either "Yes" or "No" to indicate whether services are recommended.</i> <i>Document recommendations, any information, or resources for family to obtain the services, including information regarding services available from DCF or other community agencies.</i> <i>If services are recommended, the PPS 2020 Assessment Map is required.</i>		
Is case finding substantiated with a child under the age of three? <i>Mark "Yes" or "No" to indicate whether the case finding is substantiated, and the child is under the age of three.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, a referral to Infant-Toddler Services shall be completed per PPM 2543		
Basis of Decision: <i>If the case finding is unsubstantiated, the "Basis of Decision" section shall include only the following statement; "Facts and circumstances do not support a substantiated finding by clear and convincing evidence."</i> <i>If the case finding decision is substantiated, the notice should also include:</i> <ol style="list-style-type: none"> <i>1. Date of report</i> <i>2. Use of language indicating the standard of evidence being preponderance</i> <i>3. A specific reason for the Department's finding decision</i> 					
Distribution/copies:	An ✕ in the box indicates persons notice is being sent to			<input type="checkbox"/>	File
<input type="checkbox"/> Parents/Care giver of child	<input type="checkbox"/>	Alleged Perpetrator		<input type="checkbox"/>	Child
<input type="checkbox"/> Contractor providing services	<input type="checkbox"/>	Director of Facility		<input type="checkbox"/>	Child Placing Agency of foster home
<input type="checkbox"/> KDHE	<input type="checkbox"/>	Regional Mental Health Field Staff		<input type="checkbox"/>	KDADS
<input type="checkbox"/> KDOC-JS	<input type="checkbox"/>	DCF Foster Care and Residential Facility Licensing		<input type="checkbox"/>	DCF Child Care Provider Manager
<input type="checkbox"/> County/District Attorney (SB/AF)					