

# INSTRUCTIONS

## CFS-254-U (Notice of Unsubstantiated Child Maltreatment Investigative Determination to Alleged Offender's Employer or Volunteer Coordinator or Licensing/Registering Authority)

### **Purpose:**

This notice of an Unsubstantiated Determination is used to provide notification that the investigative determination was unsubstantiated. The notice is only sent when the Division provided notice during the course of the investigation of the allegation to the alleged offender's employer or entity in charge of their paid or volunteer activity, or licensing or registering authority because the alleged offender was engaged in child-related activities or employment, works with the elderly, or individual with a disability, or an individual with mental illness, and children or other individuals described above, or is a juvenile under care of the offender appeared to be at risk. This form must be sent within ten business days from the investigative determination of unsubstantiated to the appropriate employer, volunteer coordinator or other organizational official, or licensing or registering authority.

**Only provide this notice if the entity was previously provided notice regarding the hotline report.**

### **Completion:**

**To:** Type or write the name and title of the contact at the alleged offender's place of employment, place of volunteer activity, or appropriate licensing or registering authority.

**Address:** Enter the full address of employer, place of volunteer activities, or the licensing or registering authority.

**From:** Enter the name, full address, and county of the DCFS staff sending the notice.

**County of Referral:** Enter the county that the case was referred to.

**Primary Assigned County:** Enter the county of primary assignment.

**Date:** Enter the date the notice is sent.

**CHRIS Referral #:** Insert the CHRIS referral number.

**Name of Alleged Offender:** Enter the name of the alleged offender.

**Date of Allegation:** Enter the date the allegation was originally made.

**Allegation:** Insert a brief description of the suspected child maltreatment.

**Signature:** Print and sign the name of the staff member who is sending the form.

**Mailed by:** Write in the name of the DCFS Central Office Notification Unit staff who is mailing the form.

### **Routing:**

1. Send a copy to place of employment or paid or volunteer activity, or licensing or registering authority within **ten business days** of the investigative determination of unsubstantiated.
2. Retain a file copy.