

Date

Name

Address

### Notice of Substantiation and Intent to Place Name on Registry

Dear (Name):

In (month, year) this office opened an investigation into a report that you abused or neglected a child, (child/children's initials). ***Based on the information we gathered, we have determined that a reasonable person would conclude that you did (type of abuse/neglect ) this (child/these children).***

If you disagree with this determination and wish to have it reviewed, you have the right to do so. You must request your review by \_\_\_\_\_. If you do not request your review by this date, your name will be entered into the Child Protection Registry. If your name is entered, the substantiation will be assigned a child protection level of \_\_\_\_\_. This level relates to the amount of time that will need to pass before you can petition to expunge your name from the Registry. I have enclosed a pamphlet that explains your review rights and gives you more information about the Child Protection Registry, including how having a registry record may impact you.

If you wish to appeal, please complete the enclosed Request for a Review of Substantiation form attached to the Child Protection Registry Pamphlet enclosed in this letter and mail it to the address below.

- *Mailing Address:* Registry Review Unit  
103 South Main Street, Osgood 2  
Waterbury, VT 05671-2401

Also,

- As we discussed during our investigation, to address the concerns we identified during the investigation, we recommend services for you and your family. Those services are listed on the attached page. I strongly encourage you to arrange these services as soon as possible.

- We are assigning a social worker to work with you to help with the concerns identified in the investigation. The social worker, (name), will be contacting you to set up an appointment.

If you have any questions about this, please call me at (DO phone #).

Sincerely,

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Social Worker

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Supervisor

Enclosure

Ref. intake #:  
**FS-306F R 2012**

Department for Children and Families  
Family Services Division

Recommendations for        Family  
Date:

Recommendations made during investigation: (provide narrative if applicable)

Family Need:  
Recommended Service:  
Contact Person:  
Telephone Number:

Family Need:  
Recommended Service:  
Contact Person:  
Telephone Number:

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Recommended Service:  
Contact Person:  
Telephone Number:

**FS-306F**