

QUESTIONNAIRE

Full Name of Person Requesting Review: _____

Address (including Apt. #): _____

City, State, Zip: _____ Preferred Phone: _____

Email Address: _____ Date of Birth: _____

INSTRUCTIONS

YOU ARE REQUESTING THAT DCFS REVIEW ITS DECISION TO INDICATE YOU FOR ALLEGATION #74, "INADEQUATE SUPERVISION." IN ORDER TO CONDUCT THIS REVIEW, PLEASE FOCUS YOUR ATTENTION ON THE INCIDENT OR SERIES OF EVENTS THAT LED TO THE HOTLINE CALL CLAIMING YOU INADEQUATELY SUPERVISED A CHILD OR CHILDREN. PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. IF YOU DO NOT KNOW AN ANSWER, YOU CAN LEAVE IT BLANK.

Please state the approximate date of the incident or incidents or, if you are unable to recall the date, the approximate month, season, and/or year: _____

SCR Number of DCFS investigation (if known): _____

Please state the names of the children involved in the incident(s) and their ages at the time of the incident(s): _____

Please state the amount of time you believe each child was allegedly left unsupervised or with inadequate supervision: _____

What was the time (or approximate time) of day? _____

Do any of the children have a developmental disability? If yes, please explain: _____

Did the incident involve a child or children being left in a car unsupervised? _____

If the incident involved a child or children being left in a car unsupervised or being left outside, what was the weather and/or approximate temperature?: _____

If the incident did not involve a child being left in a car, at what location (or type of location) was the child left unattended? _____

What was the location of the nearest caregiver to the child?: _____

Were there any circumstances that made you believe the child was safe and appropriately supervised? _____

Did any child suffer an injury as a result of the incident? If yes, please explain: _____

Did any child express any fear of the circumstances they were left alone in? If yes, please explain: _____

Were you the subject of a criminal or juvenile court proceeding that resulted in either a final criminal conviction or a final finding of abuse or neglect against you as a result of the same incident of alleged inadequate supervision? _____ If yes, provide case number: _____ If no, but you were the subject of a criminal or juvenile court case that was resolved in your favor, please provide a copy of the final order or orders and any other relevant documents.

Narrative (please describe the events and circumstances surrounding the incident including why you believe your actions did not violate any duty of care you had toward the child(ren) involved or why you do not believe the children were inadequately supervised. (Attach extra sheets if necessary): _____

Do you wish to have a copy of your full DCFS investigative file (with limited redactions as authorized by state law) in order to submit any additional information? Yes _____ No _____

If you checked "yes", the file will be sent to you via email within 45 days of receipt of this Questionnaire by DCFS. If no email is listed, the investigative file will be sent to you by regular U.S. Mail at the address listed on this Questionnaire.

Please indicate whether you are attaching any documents or information (relevant to the investigation and indicated finding for Allegation 74) with this Questionnaire that you would like DCFS to consider during this review of your case:

Yes, I have attached relevant documents/information: _____ No, not at this time: _____

Please submit this completed questionnaire and any attached documents to this address:

Attn: Nicole P. Special Review
c/o D. Frevert
DCFS Division of Child Protection
4500 S. 6th Street Rd.
Springfield, IL 62703

Please note that, if you requested a copy of the full investigative file above, you will have another opportunity to submit additional relevant documents or information within 45 days of the date DCFS transmits the file via email. That information should be sent to the same address listed directly above.