III.

ADMINISTRATIVE REVIEW
ADMINISTRATIVE REVIEW

If the Incident Review Team (IRT) assigns the case as an Administrative Review (AR), the worksite administrator will conduct the investigation. The following administrative actions need to be taken by the site administrator during the investigative phase of the AR:

- Verbally notify the employee of the incident within one (1) business day of receipt of the Incident Information Sheet. Direct employee not to discuss the matter with any witnesses, staff, students, parents, or the complaining party to avoid interference with the investigation.
- Provide written notification of the incident to the employee within two (2) business days of receipt of Incident Information Sheet and direct the employee not to discuss the matter directly or indirectly with any witness, in order to avoid interference with the investigation.
- Interview separately and obtain written, signed statements individually from the alleged victim and each witness. These statements should include who, what, where, when, why, and how. See pages III-6 and III-7 for samples.
- Once all the above-referenced information has been received, carefully review the statements.
- Determine if inconsistencies or discrepancies exist that need to be addressed and resolved. Do so as may be appropriate.
- Schedule an interview with the subject and obtain his/her version of the incident. This is not a conference-for-the-record, and the subject should be so informed. It must be noted that, even at this interview, the subject has a right to union representation, if requested by employee.
- Advise the subject that participating in the Administrative Review is voluntary. Ask the subject to provide a written or verbal statement of what occurred. Document verbal statements accurately and completely.
- If the subject refuses to provide a written or verbal statement, explain that the determination as to the substance of the incident will be based upon the data collected and without the benefit of their input.
- Ask the subject to name other relevant witness(es) who he/she would like to have interviewed. Document the responses and interview the witness(es).
- Review all the verbal and written statements and make a determination of Probable Cause or No Probable Cause. Probable Cause is defined as based upon an evaluation of all the relevant evidence, it is more likely than not that the alleged act occurred. No Probable Cause is defined as the absence of Probable Cause. That is, it is not likely that the alleged incident occurred.
- If you are unable to make a determination or need assistance, contact your Region/District Director.

Once all the information has been gathered and a determination has been reached, the worksite administrator must document and review the investigative findings and proposed disciplinary action, if appropriate, with designated personnel at the Region/District Office via the Administrative Review Investigative Report.

After the Region/District Office has thoroughly reviewed the Administrative Review Investigative Report, the worksite administrator must immediately, thereafter, notify the employee of the findings and disciplinary action to be taken, if any. The investigative phase should be completed within 12 business days.

If there is a finding of No Probable Cause, the employee must be advised and a copy of the Administrative Review Investigative Report should be provided to the employee. If there is a finding of Probable Cause, the employee must be scheduled for a Conference-for-the-Record (CFR) and given two (2) days notice. During the CFR, which is a fact finding process, the findings must be reviewed.
with the employee. It should be noted that the employee is entitled to union representation during the CFR. If the employee is not a union member, he/she is entitled to up to two representatives of his/her choosing.

Once the employee has been notified and appropriate disciplinary action has been taken, the completed Administrative Review Investigative Report, along with all supporting and relevant documentation, must be submitted to the Region/District Office and, following their review, to the Office of Professional Standards (OPS) within 20 working days of the date of the memorandum, in order to promptly update and close out the case.

A template of an Administrative Review Investigative Report is included in this section to facilitate this process. See pages III-4 through III-5 for templates.
MEMORANDUM

TO:                                        , Administrative/District Director
    Office of Professional Standards

FROM:                                        , Principal/Worksite Supervisor
    Work Location
    Location #____________________

SUBJECT:  ADMINISTRATIVE REVIEW INVESTIGATIVE REPORT

NAME OF SCHOOL/WORK LOCATION

ADDRESS

CITY, STATE, ZIP CODE

EMPLOYEE:  NAME OF EMPLOYEE

CASE #:                  AA---_________

INCIDENT OCCURRED:   DATE OF OCCURRENCE

INCIDENT REVIEWED:  State the allegation as recorded on the Incident Reporting Form

This administrator has carefully reviewed all the statements obtained throughout this process from the following individuals:

ALLEGED VICTIM: NAME OF VICTIM (STUDENT/EMPLOYEE) #__________

WITNESSES: (1) NAME OF WITNESS (STUDENT/EMPLOYEE) #__________,

(2) NAME OF WITNESS (STUDENT/EMPLOYEE) #__________,

(Please continue same format for all witnesses)

ALLEGED OFFENDER: (NAME OF EMPLOYEE) #__________________________

(or)

The alleged offender (NAME OF EMPLOYEE) #__________________________ did not provide a statement.
CONCLUSION:

Based on the statements gathered during the investigative process, it is this administrator’s conclusion that there is sufficient/insufficient evidence to support and/or corroborate the aforementioned incident.

The following details derived through the investigative process support this administrator’s conclusion: (Use bullets to summarize and support your findings)

Therefore, there is No Probable Cause/Probable Cause to support violation of School Board Policy(ies): * Please refer to the School Board Policy(ies) referenced in the Administrative Review Site Disposition from OPS to worksite.

- 1121.01, 3121.01, or 4121.01, Employment Standards and Fingerprinting
- 1124, 3124, or 4124, Drug-Free Workplace
- 1129, 3129, or 4129, Conflict of Interest
- 1139, 3139, or 4139, Educator Misconduct
- 1210, 3210, or 4210, Standards of Ethical Conduct
- 1210.01, 3210.01, or 4210.01, Code of Ethics
- 1213, 3213, or 4213, Student Supervision and Welfare
- 1217, 3217, or 4217, Weapons
- 1231, Outside Activities of Administrators, 3231, Outside Activities of Staff, 4231, Outside Activities of Support Staff
- 1232, 3232,4232, Political Activities
- 1362, 3362, 4362, Anti-Discrimination/Harassment
- 1362.02, 3362.02, 4362.02, Anti-Discrimination/Harassment Complaint Procedures
- 1380, 3380, 4380, Threatening Behavior Toward Staff Members
- 1430, 3430, 4430, Leaves of Absence
- 5630, Corporal Punishment and Use of Reasonable Force
- 7540.04, Staff Network and Internet Acceptable Use and Safety
- 7540.05, Staff Electronic Mail
- 8600, Transportation
- 8606, Restrictions on Use and Transmission Devices on Board-Owned Vehicles
- 8670, Post Trip Inspections of School Buses

(Other)________________________________________________

ALL STATEMENTS ARE ATTACHED

cc:_____________, Region/District Superintendent
     _____________, OPS Administrative Director
     _____________, Region Administrative Director
     (Do not include titles, only names of designated individuals)

* Please note the following regarding School Board Policies: 1000 Administrators; 3000 Instructional Staff; 4000 Support Staff; 5000 Students; 7000 Property; 8000 Operations
STUDENT STATEMENT FORM

STUDENT STATEMENT

DATE _____________________________________________________ M-DCPS Case #_____________________________________

MY NAME IS_________________________________________________ D.O.B. ________________________________

I LIVE AT_______________________________________ MY PHONE IS ________________________________

I ATTEND________________________________________________ GRADE _____________ SECTION _________________

MOTHER’S NAME _______________________________________ FATHER’S NAME _____________________________

ON ____________________________________ AT ABOUT ________________________________________________

THIS IS WHAT I SAW HAPPENED:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

PRINTED NAME ___________________________ SIGNATURE ___________________________

WITNESS PRINTED NAME ___________________________ WITNESS SIGNATURE ___________________________

*If the student is not able to write his/her own statement, the administrator, in the presence of the witness signing this document, must write the statement for the student in the student’s own words/vocabulary; not the administrator’s vocabulary.
EMPLOYEE STATEMENT

DATE ____________________________ M-DCPS CASE # ______________________________

NAME ____________________________ EMPLOYEE # ______________________________

ADDRESS OF SCHOOL SITE _____________ CITY/STATE/ZIP ______________________________

________________________________ DATE OF BIRTH ______________________________

DATE OF EMPLOYMENT _________________

HOME PHONE _________________________

WORK LOCATION ______________________ (Name/Number)

POSITION____________________________________________________________________________

STATEMENT (BASED ON PERSONAL OBSERVATION): ________________________________

________________________________

________________________

EMPLOYEE PRINTED NAME

EMPLOYEE SIGNATURE

________________________

WITNESS PRINTED NAME

WITNESS SIGNATURE
MEMORANDUM

TO: ____________________, Administrative/District Director
Office of Professional Standards

FROM: _______________________________ X (Please be sure to sign.)

SUBJECT: ADMINISTRATIVE REVIEW SITE DISPOSITION (PROBABLE CAUSE)

CASE #: AA-__________________________  EMPLOYEE # ____________

NAME: ________________________________________________

SUBJECT: VIOLATION OF SCHOOL BOARD POLICY(IES)

POSITION: ____________________________________________

LOCATION: ____________________________________________

I. Administrative actions taken relative to the designated case. (Choose from below all that apply.)

- The Region/District office has reviewed this case.
- The case has been determined as **Probable Cause** by the weight of information gathered through the investigation conducted by this administrator.

II. Administrative actions taken at the worksite. (Choose from below all that apply.)

- A meeting was held with the employee on ____ Date(s) ____ to discuss the alleged incident.
- A conference-for-the-record notification is completed/signed and is attached.
- A conference-for-the-record was held on ___ Date(s) ______.
- A summary of the conference-for-the-record is completed/signed and is attached.
- Investigative findings were discussed with the employee on ___ Date(s) ____.
- The Administrative Review Investigative Report is attached and statements from all parties involved are attached.
- **Verbal warning(s)** was/were issued to employee on ____ Date(s) ____.
- **Specific directives** were issued to employee (only in CFR).
- **Letter of reprimand** was issued to employee (only with CFR). Attached.

III. Action Taken. (Choose from below all that apply.)

- The employee was notified that all investigative data will be transmitted to Professional Practices Services (PPS), Florida Department of Education (FDOE), for review and possible licensure action by the Educational Practices Commission (EPC). (Only applies when it is a certificated employee.)
- School Board Policy 1121.01, 3121.01, or 4121.01, Employment Standards and Fingerprinting was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
- School Board Policy 1124, 3124, or 4124, Drug-Free Workplace was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
- School Board Policy 1129, 3129, or 4129, Conflict of Interest was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1139, 3139, or 4139, Educator Misconduct was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1210, 3210, or 4210, Standards of Ethical Conduct was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1210.01, 3210.01, or 4210.01, Code of Ethics was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1213, 3213, or 4213, Student Supervision and Welfare was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1217, 3217, or 4217, Weapons was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1231, Outside Activities of Administrators, 3231, Outside Activities of Staff or 4231, Outside Activities of Support Staff was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1232, 3232, or 4232, Political Activities was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1362, 3362, or 4362, Anti-Discrimination/Harassment was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1362.02, 3362.02, or 4362.02, Anti-Discrimination/Harassment Complaint Procedures was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1380, 3380, or 4380, Threatening Behavior Toward Staff Members was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 1430, 3430, or 4430, Leaves of Absence was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 5630, Corporal Punishment and Use of Reasonable Force was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 7540.04, Staff Network and Internet Acceptable Use and Safety was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 7540.05, Staff Electronic Mail was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 8600, Transportation was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 8606, Restrictions on Use and Transmission Devices on Board-Owned Vehicles was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• School Board Policy 8670, Post Trip Inspections of School Buses was discussed with the employee. A copy of this policy was provided to the employee and a directive was issued to comply.
• Ethics Matter, was discussed with the employee and a copy of this document was given to employee. (for instructional employees only)
• Ethics Matter for Non-Instructional Personnel was discussed with the employee and a copy of this document was given to employee and directed to comply.
• State Board of Education Rule 6A-10.081, FAC, and The Code of Ethics and the Principles of Professional Conduct of the Education Profession in Florida were issued and reviewed with the employee.
• The employee was made aware of the District’s support referral agency.
• The employee was issued a supervisory referral to the District’s support referral agency, and a copy is attached.
• No further action needed at this time.

Thank you for your efforts in this personnel action.

* Please note the following regarding School Board Policies: 1000 Administrators; 3000 Instructional Staff; 4000 Support Staff; 5000 Students; 7000 Property; 8000 Operations
MEMORANDUM

TO: ____________________, Administrative/District Director  
Office of Professional Standards

FROM: ____________________ X (Please be sure to sign.)

SUBJECT: ADMINISTRATIVE REVIEW SITE DISPOSITION NO PROBABLE CAUSE

CASE #: AA-______________________________  EMPLOYEE # ____________

NAME: ______________________________________

POSITION: ____________________________________

LOCATION: ____________________________________

The case has been determined as No Probable Cause by the lack of, or insufficient information, as identified through the investigation conducted by this administrator.

Administrative actions taken relative to the designated case:

- Employee was issued a copy of the Investigative Report at a meeting held on ___________.  
  Date(s)
- No further action needed at this time.

Thank you for your efforts in this personnel action.

cc: ________________ Region/District Superintendent  
_______________ OPS Administrative Director  
_______________ Region Administrative Director  
(Do not include titles, only names of designated individuals)
MEMORANDUM

TO: __________________________________, Administrative/District Director
   Office of Professional Standards

FROM: __________________________________, Principal/Worksite Supervisor
   Work Location __________________________ Location # __________

SUBJECT: ADMINISTRATIVE REVIEW INVESTIGATIVE REPORT

NAME OF SCHOOL/WORK LOCATION __________________________
   ADDRESS __________________________
   CITY, STATE, ZIP CODE __________________________

EMPLOYEE: NAME OF EMPLOYEE, TEMPORARY INSTRUCTOR

CASE #: AA-# __________________________

INCIDENT OCCURRED: DATE OF OCCURRENCE __________________________

INCIDENT State the allegation as recorded on the Incident Reporting Form

This administrator has carefully reviewed all the statements obtained throughout this process from the following individuals:

ALLEGED VICTIM: NAME OF VICTIM (STUDENT/EMPLOYEE) # __________________________

WITNESSES: (1) NAME OF WITNESS (STUDENT/EMPLOYEE) # __________________________,

                              (2) NAME OF WITNESS (STUDENT/EMPLOYEE) # __________________________.

(Please continue same format for all witnesses)

ALLEGED OFFENDER: (NAME OF EMPLOYEE) # __________________________

(or)

The alleged offender (NAME OF EMPLOYEE) # __________________________ did not provide a statement.
CONCLUSION: Based on the statements gathered during the investigative process, it is this administrator’s conclusion that there is sufficient or insufficient evidence to support and/or corroborate the aforementioned incident.

The following details derived through the investigative process support this administrator’s conclusion: (Use bullets to summarize and support your findings)

Therefore, there is No Probable Cause/Probable Cause to support violation of School Board Policy(ies): *Please refer to the School Board Policy(ies) referenced in the Administrative Review Site Disposition from OPS to worksite.

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- 3124, Drug-Free Workplace
- 3129, Conflict of Interest
- 3139, Educator Misconduct
- 3210, Standards of Ethical Conduct
- 3210.01, Code of Ethics
- 3213, Student Supervision and Welfare
- 3217, Weapons
- 3231, Outside Activities of Staff
- 3232, Political Activities
- 3362, Anti-Discrimination/Harassment
- 3362.02, Anti-Discrimination/Harassment Complaint Procedures
- 3380, Threatening Behavior Toward Staff Members
- 3430, Leaves of Absence
- 5630, Corporal Punishment and Use of Reasonable Force
- 7540.04, Staff Network and Internet Acceptable Use and Safety
- 7540.05, Staff Electronic Mail

(Other)________________________________________________

ALL STATEMENTS ARE ATTACHED

cc:______________, Region/District Superintendent
    ______________, OPS Administrative Director
    ______________, Region Administrative Director
    (Do not include titles, only names of designated individuals)

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