PROCEDURE XIV-A4: Notices of True Investigative Findings

When a preponderance of the evidence found during an investigation indicates that an allegation should be determined true, the investigating agency shall notify certain persons as <u>noted</u> below or <u>may notify the certain persons as noted below if the department determines the notification is necessary to ensure the health or safety of a child or confirm the investigative determination upon request as noted below. These notices may be made prior to satisfaction of due process for the alleged offender. If notice cannot be made to the alleged offender, see Procedure IX-A6, Expedited Hearing Process.</u>

Any person or agency to whom disclosure is made may not disclose to any other person a report or other information included in the notices. However, the person or agency is permitted to consult his or her own attorney regarding the information in any notice provided to them.

1) Type of Allegation

Severe maltreatment only

2) What Information

Name of each victim

Name of alleged offender Type of Maltreatment

3) When

Within 10 business days of determination

4) Form

CFS-221-T or CACD_221-T as appropriate

B. Prosecuting Attorney

1) Type of Allegation

Severe maltreatment only

2) What Information

Name of each victim
Name of alleged offender
Type of maltreatment

3) When

Within 10 business days of determination CFS-221-1 of ACD-221.1 as appropriate

4) Form

C. Facility Director or Licensing or Registering Authority

1) Type of Allegation

All maltreatment, only if the maltreatment occurred at the facility or if the alleged of ander-holds a license or registration from the authority Information

2) What information

Name of alleged offender Type of maltreatment

3) When

Upon request or if department determines notification is necessary to

ensure the health or safety of the child CFS-234-T or CACD-234-T as appropriate

Al Form

D. Facility Director.

1) Type of Allegation

All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under

contract with the State of Arkansas.

2) What Information

Name of alleged offender

3) When

Type of maltreatment
Upon request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form

CFS-222-T or CACD-222-T as appropriate

E. DHS Division Director

Type of Allegation

All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department

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Name of alleged victim Type of maltreatment When Upon request or if department determines notification is necessary to ensure the health or safety of the child 4) Form CFS-230-T Alleged underaged juvenile offender (under 13 years of age) 1) Type of Allegation All maltreatment 2) What Information Name of alleged offender Name of alleged victim Type of maltreatment When Within 10 business days of determination 4) Form CFS-223-T1 or CACD-223-T1 as appropriate Formatted: Indent: Left: 0.25", No bullets or Alleged juvenile offender 13-15 years of age 1) Type of Allegation All maltreatment 2) What information Name of alleged offender Name of alleged victim Type of maltreatment Within 10 business days of letermination 3) When CFS-223-T2 or ČACD 223-T2 as appropriate 4) Form Formatted: Indent: Left: 0.25", No bullets or H. Alleged juvenile offender 16-17 years of the numbering 1) Type of Allegation All maltreatme 2) What Information Name of alleged offender Name of alleger virtim Type of maltreatment 3) When Within 10 business days of determination CES-223-T3 or CACD-223-T3 as appropriate Form Formatted: Indent: Left: 0.5", No bullets or Alleged juvenile offender (at 1) Type of Allegation 2) What Information ime of offerse) currently 18 or older (at time of notification) All maltreatment Formatted: Font: Calibri ame of alleged offender Formatted: Numbered + Level: 1 + Name of alleged victim Numbering Style: 1, 2, 3, ... + Start at: 1 + With 10 business days of determination When Alignment: Left + Aligned at: 0.25" + Indent 5-223-T4 or CACD-223-T4 as appropriate Formatted: Indent: Left: 0.25", No bullets or Legal parents and exal guardians of alleged underaged juvenile offender (under 13 years of age)

1) Type of Allegation All maltreatment numbering Formatted: Indent: Left: 1.75", First line: 0.25", No bullets or numbering 2) What Information Name of alleged offender Name of alleged victim Formatted: Indent: Left: 0.25", No bullets or Type of maltreatment numbering When Within 10 business days of determination CFS-224-T1 or CACD-224-T1 as appropriate Form Formatted: Indent: Left: 0.25", No bullets or Legal parents and legal guardians of alleged juvenile offender (13 through 15 years old) 1) Type of Allegation All maltreatment Deleted: 7 2) What Information Name of alleged offender

What Information

Name of alleged offender

Name of alleged victim
Type of maltreatment

When Within 10 business days of determination 3) Form CFS-224-T2 or CACD-224-T2 as appropriate Deleted: 1 Deleted: 1 L. Legal parents and legal guardians of alleged juvenile offender (16 - 17 years old) Deleted: underaged (under 13 years) 1) Type of Allegation All maltreatment 2) What Information Name of alleged juvenile offender Name of alleged victim Type of maltreatment 3) When Within 10 business days of determination Form CFS-224-T3 or CACD-224-T3 as appropriate Deleted: 2 Deleted: 2 M. Current foster parent of alleged offender in foster care. 1) Type of Allegation All maltreatment What Information Name of alleged offender Type of maltreatment 3) When Within 10 business days of determination CFS-224-T4 Form Deleted: 3 Deleted: <#>Alleged juvenile offender (at time of Legal Parents and legal guardians of alleged offender 13-15 not adjudicated delinement, not pleaded guilty or offense) currently 18 or older (at time of notification)¶ not been found guilty of sexual abuse offense on same set of facts contained in report 1) . Type of Allegation . All maltreatment¶ Type of Allegation 1) Sexual abuse 2) . What information . Name of alleged offender¶ What information Name of alleged juvenile offender. . Name of alleged victim¶ Name of alleged victim 3) . When . . . Within 10 business days of Within 10 business days of decemination CPS 224-T5 or CACD-224-T5 as aupropriate determination¶ 3) When 4) . Form . . . CFS-224-T4 or CACD-224-T4 as 4) Form appropriate¶ O. Legal parents or legal guardians of alleged victim in foster care Type of Allegation Ail maltreatmen What Information Name of alleged of fender nie of alleged victim of maltreatment When Within 10 business days of determination 3) 'S-225-T1 or CACD-225-T1 as appropriate 4) Form P. Current Foster parent of alleged victim in foster care 1) Type of Allegation All maltreatment What Information Name of alleged victim Type of maltreatment 3) When Within 10 business days of determination 4) Form CFS-225-T2 Q. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child 1) Type of Allegation All maltreatment What Information Name of alleged victim Name of alleged offender Type of maltreatment 3) When Within 10 business days of determination 4) Form CFS-225-T1 or CACD-225-T1 as appropriate

R. Victim, if 10 years of age or older

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim Name of alleged offender

Type of maltreatment

3) When

Within 10 business days of determination

4) Form

CFS-225-T1 or CACD-225-T1 as appropriate

S. Attorney ad litem of alleged victim

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim Name of alleged offender Type of maltreatment

) When

Upon request or if department determines notification is recessary to

ensure the health or safety of the child

4) Form

CFS-226-T1

T. Court appointed special advocate of alleged victim

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim

Name of alleged offender

Type of maltreatment

) When

Upon request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form

CFS-226-11

U. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged victim

1) Type of Allegation

All maltreatment

2) What Information §

Name of alleged victim over whom the court has jurisdiction

Name of alleged offender Type of maltreatment

3) When

Upor request

4) Form

C 5-226-T1

V. Juvenile division of circuit court with jurisdiction of an ongoing dependency neglect or FINS case of alleged offender

1) Type of Allegation

All maitreatment

2) What information

Name of alleged victim

Name of alleged offender over whom the court has jurisdiction

Type of maltreatment

3) When

Upon request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form

CFS-230-T

W. Attorney ad litem of alleged offender

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim Name of alleged offender Type of maltreatment

3) When

Upon request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form

CFS-228-T

X. Court appointed special advocate of alleged offender 1) Type of Allegation All maltreatment 2) What Information Name of alleged victim Name of alleged offender Type of maltreatment

When

Upon request or if department determines notification is necessary to

ensure the health or safety of the child

Form

CFS-228-T

Counsel in Dependency Neglect or FINS Case of an alleged offender

1) Type of Allegation

All maltreatment

What Information

Name of alleged offender

Name of alleged victim

Type of maltreatment

When 3)

Within 10 business days of determinat

4) Form CFS-230-T

Z. Counsel in Dependency Neglect or FINS Case of an alleged victim

Type of Allegation

All maltreatment

What Information

Name of alleged offende

Name of alleged victim

Type of maltreatment

When

Within 10 business days of determination

Form

CFS-226-T1

AA. Attorney ad litem of child in foster home where maltreatment is reported

1) Type of Allegation §

All maltreatme

What Information 2)

Name of child represented by the AAL only

3) When

Open request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form

3-229-T

BB. Court appointed special advocate of child in foster home where maltreatment is reported or when alleged juvenile offender or under-aged juvenile offender is placed in the same placement as client

1) Type of Allegation

All maltreatment

What informati

Name of child represented by the CASA only

Type of maltreatment

3) Wher Upon request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form CFS-229-T

CC. Multidisciplinary Team for Alleged Offender or Victim

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim

Name of alleged offender Type of maltreatment

3) When Upon request or if department determines notification is necessary to

ensure the health or safety of the child

4) Form

CFS-230-T

DD. School where any child who is an alleged victim of maltreatment is enrolled

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim

Type of maltreatment
Within 10 business days of determination

3) When4) Form

CFS-231-T or CACD-231-T as appropriate

EE. School where alleged juvenile offender is enrolled

1) No notice at this time

FF. Offender, 13 years of age and older (see "True Determination and special process for Notice to Offender" below)

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim

Name of alleged offender

Type of maltreatment
Within 10 business days of determination

3) When 4) Form

CFS 232-T1 and CFS-232-T1a or CACD-232 and CACD-232-T1a as appropriate

GG. Offender, Exempt, Garrett's Law or Religious

1) Type of Allegation

All maltreatment

2) What Information

Name of alleged victim

Name of alleged offender

Type of maltreatment

3) When

Within 10 business days of determination

4) Form

CFS-232-T2 or CACD-232-T2 as appropriate