

EXCERPT, APPENDIX I

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For the sake of brevity terms have been omitted

**MANDATED REPORTER** -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

AR State Police Crimes Against Children Division (CACD) Employee  
Attorney ad litem in the course of his or her duties as an attorney ad litem  
Child abuse advocate or volunteer  
Child advocacy center employee  
Child Care center worker  
Child Care worker  
Child safety center employee  
Clergyman\*  
Coroner  
Court Appointed Special Advocate (CASA) program staff or volunteer  
Dental hygienist  
Dentist  
Department of Human Services employee  
Domestic abuse advocate  
Domestic violence shelter employee  
Domestic violence volunteer  
Employee working under contract for the Division of Juvenile Services  
Foster care worker  
Foster parent  
Judge  
Juvenile intake or probation officer  
Law enforcement official  
Licensed nurse  
Medical personnel who may be engaged in admission, examination, care, or treatment of persons  
Mental health professional  
Osteopath  
Peace officer  
Physician  
Prosecuting attorney  
Rape crisis advocate or volunteer  
Resident intern  
School counselor

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School official\*\*

Sexual abuse advocate or volunteer

Social worker

Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

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\*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

\*\*"School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

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Deleted: means any person authorized by the school to exercise authority over students

SCHOOL -- Any; (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or; (3) Two-year or four-year college or university.

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**MANDATED REPORTER** -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

AR State Police Crimes Against Children Division (CACD) Employee  
Attorney ad litem in the course of his or her duties as an attorney ad litem  
Child abuse advocate or volunteer  
Child advocacy center employee  
Child Care center worker  
Child Care worker  
Child safety center employee  
Clergyman\*  
Coroner  
Court Appointed Special Advocate (CASA) program staff or volunteer  
Dental hygienist  
Dentist  
Department of Human Services employee  
Domestic abuse advocate  
Domestic violence shelter employee  
Domestic violence volunteer  
Employee working under contract for the Division of Juvenile Services  
Foster care worker  
Foster parent  
Judge  
Juvenile intake or probation officer  
Law enforcement official  
Licensed nurse  
Medical personnel who may be engaged in admission, examination, care, or treatment of persons  
Mental health professional  
Osteopath  
Peace officer  
Physician  
Prosecuting attorney  
Rape crisis advocate or volunteer  
Resident intern  
School counselor

School official\*\*

Sexual abuse advocate or volunteer

Social worker

Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

\*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

\*\*"School Official" means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

SCHOOL -- Any: (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or, (3) Two-year or four-year college or university.



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

The Division of Children and Family Services of Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

The Division of Children and Family Services of Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

CACD INVESTIGATOR PRINTED NAME

CACD INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
CACD INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to Facility Director

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

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CACD INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) \_\_\_\_\_. The type of maltreatment was \_\_\_\_\_

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

[ ] Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

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\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

**CLEAN**



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) \_\_\_\_\_.

The type of maltreatment was \_\_\_\_\_

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

[ ] Pursuant to A.C.A. 12-18-703, this notice is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and your name should be placed in the Child Maltreatment Central Registry.

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

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¶ When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.¶

¶ You have the right to an attorney; if you cannot afford one you should contact Legal Services.¶

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

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\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE

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# ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents and  Legal Guardians  
of Underaged Juvenile Offender (under 13 years old)

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
County Office: \_\_\_\_\_  
Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Underaged Juvenile Offender: \_\_\_\_\_  
Name of Victim: \_\_\_\_\_

On \_\_\_\_\_ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: \_\_\_\_\_

Pursuant to A.C.A. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in-person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

**CLEAN**





# ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents and  Legal Guardians  
of Underaged Juvenile Offender (under 13 years old)

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
County Office: \_\_\_\_\_  
Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Underaged Juvenile Offender: \_\_\_\_\_  
Name of Victim: \_\_\_\_\_

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On \_\_\_\_\_ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: \_\_\_\_\_

Pursuant to A.C.A. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

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Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE

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ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Juvenile Offender:
Name of Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on: . The type of maltreatment was

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- 
- Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing on the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- 
- Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary. If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
- 

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Alleged Juvenile Offender 13 through 15 Years of Age.

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To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Juvenile Offender:
Name of Victim:

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The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on... The type of maltreatment was...

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Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

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Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary. If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE

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# ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents and  Legal Guardians of the Alleged Juvenile Offender  
(16 through 17 Years of Age)

To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
- 

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

**CLEAN**





# ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents and  Legal Guardians of the Alleged Juvenile Offender  
(16 through 17 Years of Age)

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To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

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The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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CACD INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Facility Director

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to Facility Director

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type(s) of maltreatment involved:

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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# Arkansas Department of Human Services Division of Children and Family Services

## Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender (if currently age 18 or older)

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) \_\_\_\_\_. The type of maltreatment was \_\_\_\_\_

Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, *nolo contendere*, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- 
- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a, signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

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DCFS INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE

CLEAN



Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice
to Alleged Juvenile Offender (if currently age 18 or older)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police, Crimes Against Children Division received an allegation of suspected child maltreatment involving you at some point during the time you were 13 through 17 years of age. The incident was reported on (date) \_\_\_\_\_. The type of maltreatment was \_\_\_\_\_.

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Please review the information below that is next to the box that is checked. Only the information next to the checked box pertains to you and your case.

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Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and your name should be placed in the Child Maltreatment Central Registry.

[ ] Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

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The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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¶ When the hearing is waived or when the Administrative Law Judge upholds the true investigative determination, your name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, your employment or ability to provide volunteer services may be adversely affected if your name is placed on the Child Maltreatment Central Registry. Under certain circumstances, your name may be automatically removed or you may be able to petition to have your name removed after one year.¶

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Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

**Deleted:** You have the right to an attorney, if you cannot afford one you should contact Legal Services.¶

¶  
To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.¶

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# Arkansas Department of Human Services Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents and  Legal Guardians  
of Underaged Juvenile Offender (under 13 years old)

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
County Office: \_\_\_\_\_  
Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Underaged Juvenile Offender: \_\_\_\_\_  
Name of Victim: \_\_\_\_\_

On \_\_\_\_\_ the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date: \_\_\_\_\_

Pursuant to Arkansas Code Ann. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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\_\_\_\_\_  
DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

**CLEAN**



Arkansas Department of Human Services
Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to
Legal Parents and Legal Guardians
of Underaged Juvenile Offender (under 13 years old)

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral #

Re: Name of Underaged Juvenile Offender:
Name of Victim:

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On the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on the following date:

Pursuant to Arkansas Code Ann. §12-18-704, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although your child has been named as an Underaged Juvenile Offender, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

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Since your child's name will not be placed on the Child Maltreatment Central Registry, your child will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made with 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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\_\_\_\_\_  
DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

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# Arkansas Department of Human Services Division of Children & Family Services

## Child Maltreatment True Investigative Determination Notice to Legal Parents and Legal Guardians of Alleged Juvenile Offender 13 through 15 Years of Age

To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 From: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 County Office: \_\_\_\_\_  
 Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Juvenile Offender: \_\_\_\_\_  
 Name of Victim: \_\_\_\_\_

The Division of Children and Family Services or Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on \_\_\_\_\_  
 The type of maltreatment was \_\_\_\_\_

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

The alleged juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- 
- Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

Since your child's name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed, request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

- 
- Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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- 
- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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DCFS INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE





**Arkansas Department of Human Services  
Division of Children & Family Services**

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents and  Legal Guardians  
 of Alleged Juvenile Offender 13 through 15 Years of Age,

To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 From: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 County Office: \_\_\_\_\_  
 Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Juvenile Offender: \_\_\_\_\_  
 Name of Victim: \_\_\_\_\_

The Division of Children and Family Services or Crimes Against Children Division received an allegation of suspected child maltreatment identifying your child as an alleged offender. The allegation stated that the incident was reported on, \_\_\_\_\_  
 The type of maltreatment was \_\_\_\_\_

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to your child.

Pursuant to A.C.A. § 12-18-705, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because your child has been named as a juvenile offender and has also been adjudicated delinquent or has pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, your child will automatically have an administrative hearing.

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You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to A.C.A. § 12-18-704, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although your child has been named as a juvenile offender, at this point in time your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age (13-15 years of age) at the time of the allegation and the fact that your child has not been adjudicated delinquent or has not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts as contained in the report.

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If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer your child for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box S566, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the name(s) of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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# Arkansas Department of Human Services Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents  Legal Guardians of the Alleged Juvenile Offender  
(16 through 17 Years of Age)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if his or her name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, you should contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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- Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
- 

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

**CLEAN**



**Arkansas Department of Human Services  
Division of Children and Family Services**

Child Maltreatment True Investigative Determination Notice to  
 Legal Parents  Legal Guardians of the Alleged Juvenile Offender  
(16 through 17 Years of Age)

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To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

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The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

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You have the right to an attorney. If you cannot afford one, you should contact Legal Services.

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Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

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If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice
to Current Foster Parents of the Alleged Offender in Foster Care

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705, this is your notice that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Please note that the alleged offender has a right to contest the agency investigation determination of true by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE





Arkansas Department of Human Services
Division of Children and Family Services

Child Maltreatment True Investigative Determination Notice
to Current Foster Parents of the Alleged Offender in Foster Care

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to A.C.A. §12-18-705, this is your notice that:

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- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Please note that the alleged offender has a right to contest the agency investigation determination of true by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
(B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILDREN AND FAMILY SERVICES**  
Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name \_\_\_\_\_

Adoptive parent(s)'s Address \_\_\_\_\_

I (we), adoptive parents of \_\_\_\_\_

<b>Child's Full Adoptive Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
-----------------------------------	-------------------------------	----------------------

Reason/Special Needs:

- |  |  |
|--|--|
| <input type="checkbox"/> Serious Physical/Mental/Emotional Condition                   | <input type="checkbox"/> Race _____                |
| <input type="checkbox"/> Child at Risk of Serious Physical/Mental/ Emotional Condition | <input type="checkbox"/> Member of a Sibling Group |
| <input type="checkbox"/> Age _____   | <input type="checkbox"/> Other (Specify) _____     |

This Agreement will be effective **UPON FINALIZATION** and remain in effect until the child's eighteenth (18<sup>th</sup>) birthday, or unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Termination) of this Agreement.

\_\_\_\_\_ **Date of Adoption Finalization**

Amended Agreement: This amends the Adoption Assistance Agreement for the child adopted on \_\_\_\_\_ **Date**

This Agreement will be effective \_\_\_\_\_ **Date** and remain in effect until \_\_\_\_\_ **Date**

**PROVISIONS OF AGREEMENT**

**I. Monthly Maintenance Subsidy**

Monthly Payments of \$ \_\_\_\_\_ for \_\_\_\_\_ months

\$ \_\_\_\_\_ for \_\_\_\_\_ months

Sub-Total \$ \_\_\_\_\_

**II. Special Subsidy (specify)**

\_\_\_\_\_

Sub-Total \$ \_\_\_\_\_ **TOTALS \$** \_\_\_\_\_

**III.** I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant

changes.

IV. Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

**A subsidy will be discontinued when:**

- (a) The child reaches the age of eighteen;
- (b) The subsidy benefits are provided by other state or federal programs;
- (c) The child dies;
- (d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or
- (e) The family is no longer legally responsible for providing care and support for the adoptive child.

V. If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at least ten days prior to the move.

VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of residence.

VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to continue.

VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable by any and all of these parties.

IX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in accordance with the state's hearing and appeal process.

X. For special subsidies, this Agreement will be in effect for no longer than 12 months. If a modification should occur sooner, a new Agreement will be entered.

**SUBSIDY NOTE:**

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be retroactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

By: \_\_\_\_\_  
**Director, Division of Children and Family Services**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adoptive Mother's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adoptive Father's Signature**

\_\_\_\_\_  
**Date**

A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on \_\_\_\_\_  
**Date**

## INSTRUCTIONS

### CFS-428A

#### Adoption Assistance Agreement for State Funded Subsidy Payments

##### **PURPOSE -**

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

##### **COMPLETION -**

1. The Adoption Subsidy Coordinator fills out the CFS-428a.
2. Insert the adoptive parent(s) name(s) and address.
3. Insert the adoptive child's full name, social security number and date of birth.
4. Insert the date on which the adoption was finalized.
5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
6. Insert the starting and ending dates for this agreement.
7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
8. At numbered item 2., insert a brief justification for the subsidy.
9. Read all the information in numbered items 3. – 10 carefully.
10. The adoptive mother and adoptive father will sign and date the form.
11. The DCFS Director or his/her designee will sign and date the form.
12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

##### **ROUTING -**

1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

**NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.**



**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF CHILDREN AND FAMILY SERVICES**  
 Adoption Assistance Agreement for State Funded Subsidy Payments

Adoptive Parent(s)' Name \_\_\_\_\_

Adoptive parent(s)'s Address \_\_\_\_\_

I (we), adoptive parents of \_\_\_\_\_

**Child's Full Adoptive Name      Social Security Number      Date of Birth**

Reason/Special Needs:

- Serious Physical/Mental/Emotional Condition
- Child at Risk of Serious Physical/Mental/ Emotional Condition
- Age
- Race
- Member of a Sibling Group
- Other (Specify) \_\_\_\_\_

This Agreement will be effective UPON FINALIZATION and remain in effect until the child's eighteenth (18<sup>th</sup>) birthday, or unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Termination) of this Agreement.

Date of Adoption Finalization \_\_\_\_\_

Amended Agreement: This amends the Adoption Assistance Agreement for the child adopted on \_\_\_\_\_

**Date**

This Agreement will be effective \_\_\_\_\_ and remain in effect until \_\_\_\_\_

**Date**

**Date**

**Deleted:** This Agreement will be effective UPON FINALIZATION and remain in effect for one year.

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Date of Adoption Finalization

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**PROVISIONS OF AGREEMENT**

**I. Monthly Maintenance Subsidy**  
 Monthly Payments of \$ \_\_\_\_\_ for \_\_\_\_\_ months  
 \$ \_\_\_\_\_ for \_\_\_\_\_ months  
 Sub-Total \$ \_\_\_\_\_

**II. Special Subsidy (specify)** \_\_\_\_\_

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Sub-Total \$ \_\_\_\_\_      TOTALS \$ \_\_\_\_\_

**III.** I (we) agree to provide the Division of Children and Family Services with statements of my (our) finances, my (our) circumstances, and the child's circumstances: (a) upon request; and (b) in the event of significant changes.

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**IV.** Automatic increases will occur due to child's age. A subsidy may be continued as long as the terms of the Agreement specify and eligibility exists under the current rules and regulations for subsidized adoptions.

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**A subsidy will be discontinued when:**

- (a) The child reaches the age of eighteen;
- (b) The subsidy benefits are provided by other state or federal programs;
- (c) The child dies;
- (d) The adoptive parent(s) of the child die (one in a single parent family and both in a two-parent family); or
- (e) The family is no longer legally responsible for providing care and support for the adoptive child.

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V. If I (we) plan to move to another state, I (we) will notify the Division of Children and Family Services in Arkansas at \_\_\_\_\_ least ten days prior to the move.

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VI. Maintenance and special subsidies as outlined in this Agreement will be payable without regard for my (our) state of \_\_\_\_\_ residence.

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VII. If my (our) child is eligible to receive a Medicaid card, I (we) understand that it will be necessary to follow the \_\_\_\_\_ appropriate procedures as determined by Arkansas or my (our) new resident state in order for Medicaid eligibility to \_\_\_\_\_ continue.

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VIII. This Agreement is for the benefit of the subject child, his or her parents and the State of Arkansas and is enforceable \_\_\_\_\_ by any and all of these parties.

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IX. Adoptive parents may appeal the Division's decision to reduce, change or terminate adoption assistance in \_\_\_\_\_ accordance with the state's hearing and appeal process.

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X. For special subsidies, this Agreement will be in effect for no longer than 12 months. If a modification should occur \_\_\_\_\_ sooner, a new Agreement will be entered.

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**SUBSIDY NOTE:**

Children at high risk for the development of a serious physical, mental, developmental or emotional condition may be considered special needs if documentation of the risk is provided by a medical professional specializing in the area of the condition for which the child is considered at risk, but no subsidy payment will be made without documentation that the child has developed the actual condition. When DHS accepts that the child has developed the condition, the adoption subsidy shall be retroactive to the date the adoptive parents submitted adequate documentation that the child developed the condition. In order to be eligible for special needs based on developmental delay, documentation must be provided, current within 6 months, attesting to the fact that the child has a delay of 24% or more in two major developmental categories.

By: \_\_\_\_\_  
Director, Division of Children and Family Services

Date

\_\_\_\_\_  
Adoptive Mother's Signature

Date

\_\_\_\_\_  
Adoptive Father's Signature

Date

A signed copy of the Adoption Assistance Agreement was given / sent to the Adoptive parent(s) on \_\_\_\_\_

Date

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**INSTRUCTIONS**  
**CFS-428A**

**Adoption Assistance Agreement for State Funded Subsidy Payments**

**PURPOSE -**

To define the parameters for an Adoption Assistance Agreement regarding subsidy payments funded by the state. The form identifies the adoptive parents and child(ren). It establishes the amount of the subsidy and the period it will be in effect. The form also specifies the nature of the problem(s) that justify the subsidy.

**COMPLETION -**

1. The Adoption Subsidy Coordinator fills out the CFS-428a.
2. Insert the adoptive parent(s) name(s) and address.
3. Insert the adoptive child's full name, social security number and date of birth.
4. Insert the date on which the adoption was finalized.
5. Mark the check box if this is an amendment to a prior agreement AND insert the original date of the adoption.
6. Insert the starting and ending dates for this agreement.
7. At numbered item 1., insert the amount of the monthly subsidy payment AND the number of months the agreement will exist.
8. At numbered item 2., insert a brief justification for the subsidy.
9. Read all the information in numbered items 7 - 10 carefully.
10. The adoptive mother and adoptive father will sign and date the form.
11. The DCFS Director or his/her designee will sign and date the form.
12. The DCFS staff member, who gives or mails a signed copy of the form to the adoptive parents will insert the date the signed copy is mailed or given to the adoptive parents.

**ROUTING -**

1. Once the DCFS Director or his/her designee signs the form, the Adoption Subsidy Coordinator will retain a copy and send the original to the appropriate Adoption Specialist.
2. The Adoption Specialist will have the adoptive parent(s) sign and date the original.
3. The Adoption Specialist will make two copies of the completed form with all the required signatures and will retain one and give the other copy to the adoptive parent(s).
4. The Adoption Specialist will return the completed original form to the Adoption Subsidy Coordinator.

**NOTE: The Adoption Specialist will ensure that the original and all copies are dated with the date when a completed copy was given to the adoptive parents.**

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**Arkansas Department of Human Services  
Division of Children and Family Services  
IN HOME CONSULTATION VISIT REPORT**

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.  
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ County: \_\_\_\_\_

TYPE OF HOME:  PROVISIONAL FOSTER HOME  REGULAR FOSTER HOME  ADOPTIVE HOME

If provisional, date of child's placement in home: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Joint Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Preferred Training Timeframe (for MidSOUTH PRIDE planning purposes only; marking a selection does not guarantee that preferred timeframe will be available):

Week Nights  Weekends  Combination of Week Nights and Weekends

**FAMILY COMPOSITION**

Two-Parent Household  Single-Parent Household

**PREVIOUS MARRIAGES**

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)



**MILITARY HISTORY**

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

**CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)**

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/ GRADE

**OTHER PEOPLE LIVING IN THE HOME (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)**

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/ GRADE

**PETS (All household pets must have proof of current rabies vaccinations.)**

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL INFORMATION**

1. Have the applicants previously applied or been approved to foster? Yes  No  H
2. If yes, please provide agency name, city, and date: \_\_\_\_\_
3. Have the applicants ever been denied to foster? Yes  No  H
4. If yes, please explain: \_\_\_\_\_

5. Have the applicants previously applied or been approved to adopt? Yes  No  H
6. If yes, please provide agency name, city, and date approved: \_\_\_\_\_ I
7. Have the applicants ever been denied for adoption? Yes  No  H
8. If yes, please explain: \_\_\_\_\_
9. Can the applicants provide reliable transportation for children in foster care? Yes  No  C
10. Do the applicants have any pending legal actions? Yes  No  D
11. If yes, please provide a brief explanation: \_\_\_\_\_ I
12. Do any roomers or boarders reside in the home? Yes  No  D
13. Do applicants and/or other household members smoke? Yes  No  D
14. If yes, please list names: \_\_\_\_\_ I
15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room? W

CLEAR

16. What is each applicant's daily routine?

[Empty response box]

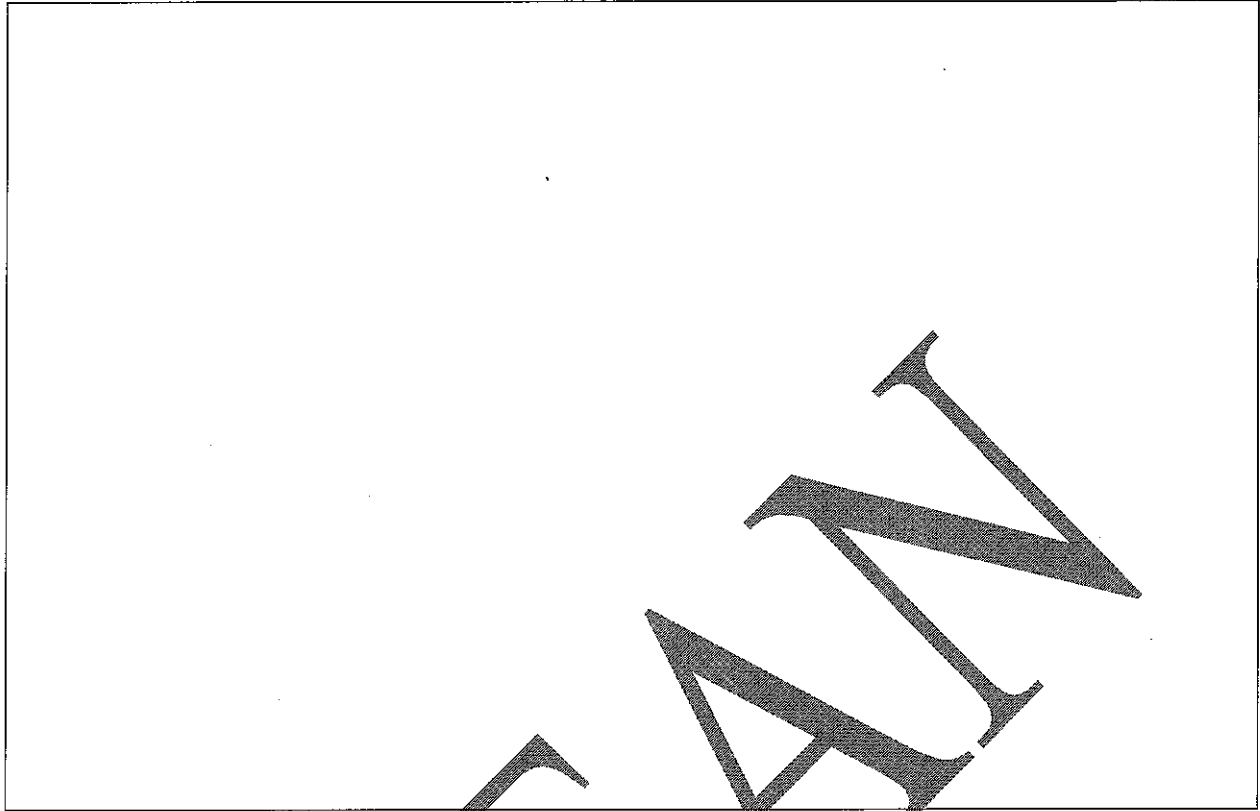
17. If the applicants work outside of the home, what are the child care plans?

[Empty response box]

18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home):

[Empty response box]

19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).



**CLEAN**

**RESPONSIBILITIES** *As outlined in Minimum Licensing Standards, the following are the responsibilities of foster parents. It is important for foster parent to understand these responsibilities in order to ensure the safety and well-being of children who are placed in their home.*

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. Foster parents shall provide each child their own clothing that is clean, well fitted, seasonal, appropriate to age and sex, and comparable to community standards.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.
7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. Foster parents shall keep a life book for each foster child that includes:
  - a. Periodic photographs of the child;
  - b. A record of the child's memberships, activities, and participation in extracurricular school or church activities;
  - c. Trophies, awards, ribbons, etc.

*I acknowledge that I was informed of the Standards of Approval and Foster Parent Responsibilities, including but not limited to those outlined above. I further acknowledge that the Resource Worker/Adoption Specialist has informed me of the standards of approval that must be met in order to obtain approval as a foster/adoptive home.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker/Adoption Specialist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**FINANCIAL STATEMENT** (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
<b>Savings</b>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<b>Insurance Coverage</b>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): \_\_\_\_\_

<b>STANDARDS OF APPROVAL</b>	<b>YES</b>	<b>NO</b>
<b>Home Requirements—Interior:</b>		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>	<b>YES</b>	<b>NO</b>
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>



19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>	<b>YES</b>	<b>NO</b>
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>	<b>YES</b>	<b>NO</b>
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____ (City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado?	<input type="checkbox"/>	<input type="checkbox"/>
a. Is the escape plan posted within the home?	<input type="checkbox"/>	<input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan for any noted hazards in place?	<input type="checkbox"/>	<input type="checkbox"/>
a. <span style="float: right;">If yes,</span> please identify which type:		
<b>Transportation:</b>	<b>YES</b>	<b>NO</b>
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>	<b>YES</b>	<b>NO</b>
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the	<input type="checkbox"/>	<input type="checkbox"/>

person administering the medication?	<input type="checkbox"/>	<input type="checkbox"/>
56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**DOES THE HOME MEET STANDARDS?**  Yes  No

*If no, list the standards not met and corrective action plan or safeguard measure to be implemented.*

Standard Not Met & Corrective Action Plan/Safeguard Measure	Prior to Training	Prior to Home Approval	Persons Responsible

**Corrective Actions Achieved/Safeguard Measures Implemented & Approved?**  Yes  No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker/Adoption Specialist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**BACKGROUND CHECKS (Make additional copies of pages as necessary.)**

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	AR CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	IN-STATE CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	IN-STATE ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	IN-STATE CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	IN-STATE ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved

**RECOMMENDATIONS**

Resource Worker/Adoption Specialist recommends approval of applicants to attend training?  Yes  No

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

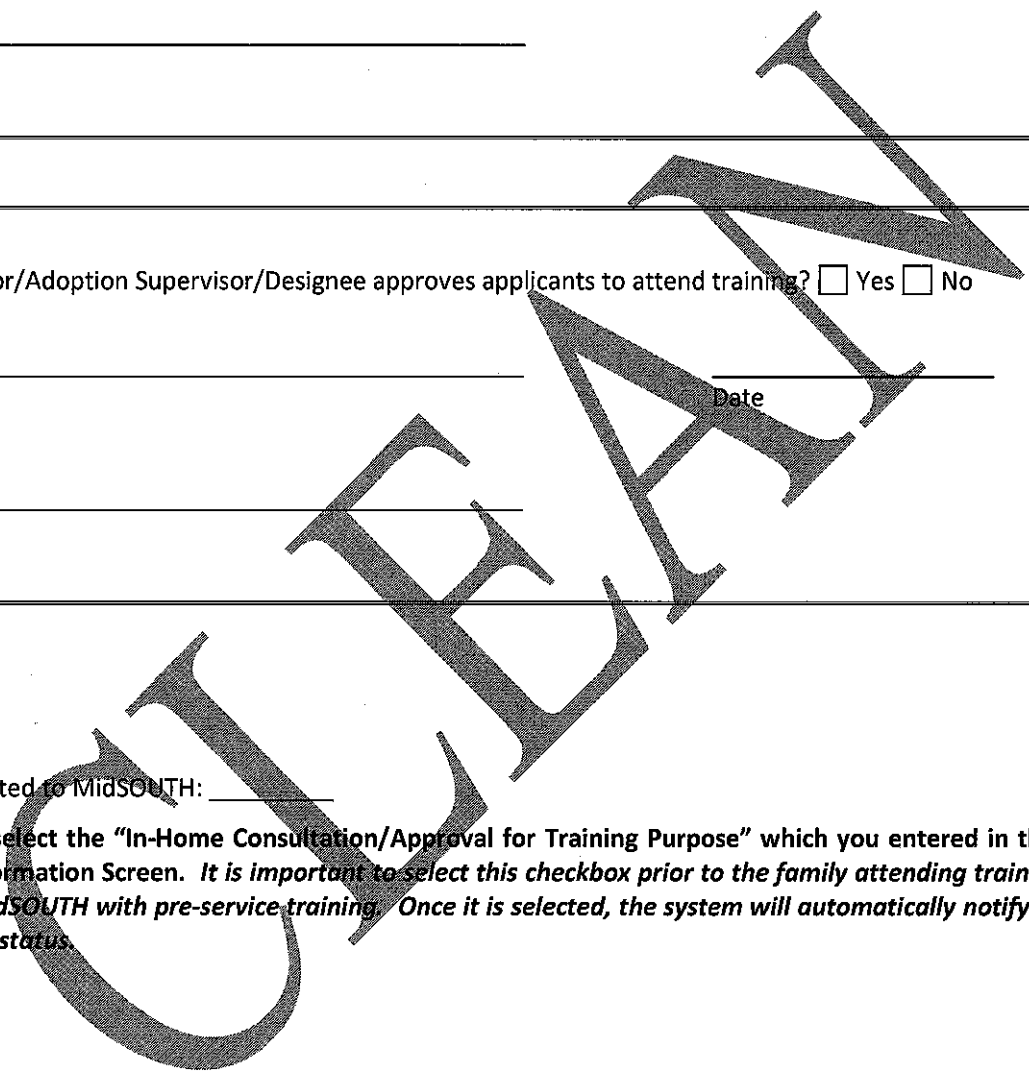
Area Director/Adoption Supervisor/Designee approves applicants to attend training?  Yes  No

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_\_

**Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.**





**Arkansas Department of Human Services  
Division of Children and Family Services  
IN HOME CONSULTATION VISIT REPORT**

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.  
Failure to provide complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: \_\_\_\_\_ Date of Initial Contact: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ County: \_\_\_\_\_

TYPE OF HOME:  PROVISIONAL FOSTER HOME  REGULAR FOSTER HOME  ADOPTIVE HOME

Deleted: PREFERENCE

If provisional, date of child's placement in home: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Joint Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

*Preferred Training Timeframe (for MidSOUTH PRIDE planning purposes only; marking a selection does not guarantee that preferred timeframe will be available):*

Week Nights  Weekends  Combination of Week Nights and Weekends

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**FAMILY COMPOSITION**

Two-Parent Household  Single-Parent Household

**PREVIOUS MARRIAGES**

Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Joint Applicant		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

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**MILITARY HISTORY**

	Branch(es)	Rank	Dates	Honorably Discharged?
Applicant				
Joint Applicant				

**CHILDREN LIVING IN THE HOME FULL-TIME OR PART-TIME** (e.g. college-age children, stepchildren)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

**OTHER PEOPLE LIVING IN THE HOME** (Anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed.)

NAME	SSN	DOB	Age	M/F	RELATIONSHIP TO APPLICANTS	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

**PETS** (All household pets must have proof of current rabies vaccinations.)

Breed/Species	Current rabies vaccination?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL INFORMATION**

1. Have the applicants previously applied or been approved to foster? Yes  No  H
2. If yes, please provide agency name, city, and date: \_\_\_\_\_
3. Have the applicants ever been denied to foster? Yes  No  H
4. If yes, please explain: \_\_\_\_\_

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5. Have the applicants previously applied or been approved to adopt? Yes  No  H

6. If yes, please provide agency name, city, and date approved: \_\_\_\_\_ I

7. Have the applicants ever been denied for adoption? Yes  No  H

8. If yes, please explain: \_\_\_\_\_

9. Do the applicants provide reliable transportation for children in foster care? Yes  No  C

10. Do the applicants have any pending legal actions? Yes  No  D

11. If yes, please provide a brief explanation: \_\_\_\_\_ I

12. Do any roomers or boarders reside in the home? Yes  No  D

13. Do applicants and/or other household members smoke? Yes  No  D

14. If yes, please list names: \_\_\_\_\_ I

15. What are the sleeping arrangements for all members of the household? How many bedrooms and bathrooms are in the home and what is the square footage of each room? W

MAILED

16. What is each applicant's daily routine?

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17. If the applicants work outside of the home, what are the child care plans?

[Empty text box]

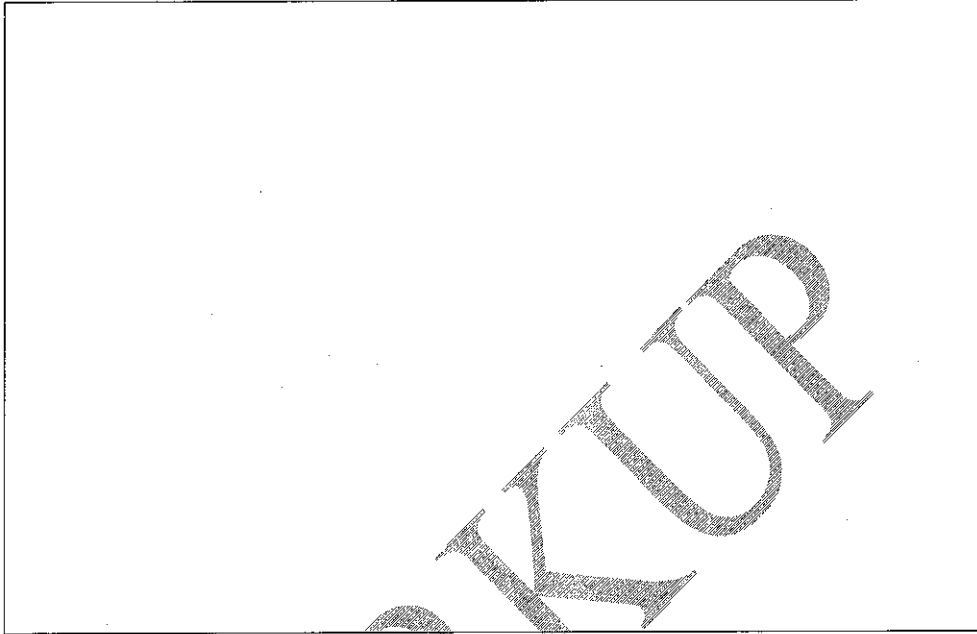
18. Describe family composition (including step-children, adult children, and any other individuals who may reside inside or outside of the home).

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19. Describe the family's support system (e.g., extended family, neighbors, friends, church, community).

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MARKUP

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**FINANCIAL STATEMENT** (Recent check stubs and the previous year's income tax return are required for employment verification.)

Monthly Income		Monthly Expenses	
<i>Applicant</i>		Rent/House Payment	\$
Gross Income	\$	Water	\$
Net Income	\$	Electric	\$
Other Income	\$	Gas (Utility)	\$
Total Income	\$	Home Alarm System	\$
		Cable/Satellite/Internet	\$
<i>Joint Applicant</i>		Cell Phone	\$
Gross Income	\$	Other Phone	\$
Net Income	\$	Auto Insurance	\$
Other Income	\$	Vehicle Payment	\$
Total Income	\$	Vehicle Maintenance	\$
		Gas (Vehicles)	\$
<i>Savings</i>		Entertainment	\$
Applicant	\$	Groceries	\$
Joint Applicant	\$	Dining Out	\$
Joint Savings	\$	Health Insurance	\$
		Prescriptions	\$
<i>Insurance Coverage</i>		Other Medical	\$
Medical Company		Dental	\$
Type		Life Insurance	\$
Coverage	\$	Charitable Giving	\$
		Credit Card #1	\$
		Credit Card #2	\$
		Credit Card #3	\$
		Other Debt Payment	\$
		Student Loan #1	\$
		Student Loan #2	\$
		Other Loan Payment	\$

Resource Worker comments regarding assessment of applicant's financial stability (attach additional page(s) if necessary): \_\_\_\_\_

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STANDARDS OF APPROVAL	YES	NO
<b>Home Requirements--Interior:</b>		
1. Is the interior of the home clean and free of physical and health hazards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there adequate space for privacy, play, and study for all household members? <i>Copy of the current floor plan of the home with room dimensions of all rooms used for sleeping will be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there sufficient seating for the family to eat together?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will each child in foster care have adequate space for storing clothing and personal belongings, in or near his/her bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children screened or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electrical cords, excessive use of extension cords, etc., been eliminated or corrected?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are interior halls and doors free from clutter and not blocked, ensuring easy passage/exit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all garbage and other waste kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health or safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does home have at least one flush toilet, one sink with running water, and one bath or shower with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are cleaning supplies, insecticides, gasoline, hazardous tools, knives, or similarly dangerous objects stored out of reach of children or kept in locked closets or drawers?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are liquor and other alcoholic beverages stored out of reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all firearms unloaded; maintained in a secure, locked location; and stored separately from ammunition?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are operational smoke detectors located within 10 feet of the kitchen and each bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there an operational chemical fire extinguisher in the cooking area?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the home have an operational telephone or working cellular phone that is accessible to all children?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) posted near each telephone?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeping Arrangements:</b>	<b>YES</b>	<b>NO</b>
18. Will children sleep in a bedroom, not in a living room, or dining room where others are passing through?	<input type="checkbox"/>	<input type="checkbox"/>

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19. Does each bedroom have at least 50 square feet of floor space per occupant?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do bedrooms have windows which provide natural light and ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does each bedroom to be used for children in foster care have a window to the outside which is capable of serving as an emergency escape?	<input type="checkbox"/>	<input type="checkbox"/>
22. Can bars, grilles, grates or other items that block access to the bedroom window be removed from the inside without the use of a key, tool, or force greater than required for normal operation of a window?	<input type="checkbox"/>	<input type="checkbox"/>
a. In this event, does each such bedroom contain a working smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will no more than 4 children share a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will each child in foster care be provided a comfortable bed, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will children of the opposite sex not share the same bedroom if either child is 4 years old or older, except for a mother in foster care with her child?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will any children share a bed if either child is 4 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
a. Are any applicable children who will share a bed the same sex?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will any child under age 6 occupy a top bunk?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will any child in foster care, except an infant under age 2, share a sleeping room with adults? <i>In the case of a grandparent to the child, the age would increase to 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
29. Will each child be provided with clean bedding, in good condition, that will be laundered at least weekly, or as needed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Exterior:</b>	<b>YES</b>	<b>NO</b>
30. Is home accessible to community resources needed by children in foster care?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are the premises of the house, including the yard, garage, carport, any storage areas, and the basement and attic (if applicable and accessible), free from physical hazards which would endanger the safety of children?	<input type="checkbox"/>	<input type="checkbox"/>
32. Is yard free of dangerous debris, trash, uncovered cisterns, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
33. Is yard large enough to provide ample play space for children?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?	<input type="checkbox"/>	<input type="checkbox"/>
35. If applicable, is the manufactured home properly installed and stabilized?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the manufactured home is located in a mobile home park, is there sufficient fenced play space outside?	<input type="checkbox"/>	<input type="checkbox"/>
36. Is outdoor play equipment safe, hazard-free, and properly anchored?	<input type="checkbox"/>	<input type="checkbox"/>
37. Does home have at least 2 exterior doors situated to provide safe exit, or home has a written statement from the Fire Department that an alternative escape route is approved? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Requirements—Other:</b>	<b>YES</b>	<b>NO</b>
38. Does home have a continuous supply of sanitary drinking water? The municipal water system is part of _____ (City), County of _____.	<input type="checkbox"/>	<input type="checkbox"/>

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39. If the source is not a municipal water system, has the water been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
40. If the water is not approved, has an alternate compliance of water supply agreement (CFS-480) been established with the family and approved. <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
41. Does the home have a safe sewage disposal system?	<input type="checkbox"/>	<input type="checkbox"/>
42. If the home has a septic system, has it been tested and approved by the Health Department? <i>Approval must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado? a. Is the escape plan posted within the home?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
44. Has the family been informed that emergency evacuation drills must be performed and documented with each new child entering the home, and at least quarterly thereafter (date/time/persons involved/length of time needed to clear home)?	<input type="checkbox"/>	<input type="checkbox"/>
45. Does family have adequate toys that are safe and developmentally appropriate for children who will be placed in the home?	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the number of children recommended to be placed in the home limited by the number of persons who can satisfactorily live within the physical limits of the home?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is there a safety plan for any noted hazards in place? a. <span style="float: right;">If yes,</span> please identify which type:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation:</b>	<b>YES</b>	<b>NO</b>
48. Do applicants have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do all vehicles owned by the applicants have liability insurance? <i>Documentation of liability insurance must be filed in the foster home record.</i>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is any vehicle to be used to transport children in foster care insured and maintained in compliance with motor vehicle laws?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do applicants and anyone else transporting children in foster care, have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
52. Will children be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions? <i>Children who are 5 and younger and children who weigh less than 60 pounds require a child safety seat. All other children must be restrained by safety belts. Smoking is prohibited in any motor vehicle in which a child who is less than 14 years of age is a passenger.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medications:</b>	<b>YES</b>	<b>NO</b>
53. Are all over-the-counter medications stored in an area not readily accessible to children, and are all prescription medications locked?	<input type="checkbox"/>	<input type="checkbox"/>
54. Will applicants be aware of possible side effects of all medications and administer them only in accordance with directions on the label?	<input type="checkbox"/>	<input type="checkbox"/>
55. Will applicants log all medications at the time the medication is administered and include the child's name; time and date; medication and dosage; and initials of the	<input type="checkbox"/>	<input type="checkbox"/>

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person administering the medication?		
56. Will age-appropriate children be provided a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during times the dose is needed? <i>Examples include pain relievers, fever reducers, and anti-inflammatory and other related medications, or prescribed antibiotics or inhalers. These medications must be logged at the time they are given to the child.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**DOES THE HOME MEET STANDARDS?**  Yes  No

*If no, list the standards not met and corrective action plan or safeguard measure to be implemented.*

Standard Not Met & Corrective Action Plan/Safeguard Measure	Prior to Training	Prior to Home Approval	Persons Responsible

**Corrective Actions Achieved/Safeguard Measures Implemented & Approved?**  Yes  No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Worker/Adoption Specialist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**BACKGROUND CHECKS (Make additional copies of pages as necessary.)**

DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS		
	FBI	STATE	VSP 1	VSP 2	IN STATE CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT
SUBMITTED							
RECEIVED							
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	IN STATE CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (if applicable)	AR ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

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NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	ALL CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (If applicable)	AN ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

NAME OF PERSON CHECKED:								
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECKS			ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17
	FBI	STATE	VSP 1	VSP 2	ALL CHILD MALTREATMENT	OUT OF STATE CHILD MALTREATMENT (If applicable)	AN ADULT MALTREATMENT	
SUBMITTED								
RECEIVED								
RESULTS	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved

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**RECOMMENDATIONS**

Resource Worker/Adoption Specialist recommends approval of applicants to attend training?  Yes  No

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

Area Director/Adoption Supervisor/Designee approves applicants to attend training?  Yes  No

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Signature

Date submitted to MidSOUTH: \_\_\_\_\_

Be sure to select the "In-Home Consultation/Approval for Training Purpose" which you entered in the Provider Contact Information Screen. *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*

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# ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to  
Underaged Juvenile Offender (under 13 years old)

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
County Office: \_\_\_\_\_  
Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Underaged Juvenile Offender: \_\_\_\_\_  
Name of Victim: \_\_\_\_\_

On \_\_\_\_\_ the Arkansas State Police Crimes Against Children Division, received an allegation of suspected child maltreatment identifying you as an alleged offender. The allegation stated that the incident was reported on the following date: \_\_\_\_\_.

Pursuant to A.C.A. 12-18-703, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although you have been named as an Underaged Juvenile Offender, your name will not be placed in the Arkansas Child Maltreatment Central Registry due to your age.

Since your name will not be placed on the Child Maltreatment Central Registry, you will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in person. The request for an in-person hearing must also be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to A.C.A. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to A.C.A. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
CACD INVESTIGATOR SIGNATURE

**NEED**



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to
Alleged Juvenile Offender
13 - 15 Years of Age

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim: \_\_\_\_\_ Certified Mail # \_\_\_\_\_

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) . The type of maltreatment was .

Please review the information below that next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.

[ ] Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.



Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
CACD INVESTIGATOR SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME OF ALLEGED OFFENDER

\_\_\_\_\_  
SIGNATURE OF ALLEGED OFFENDER

\_\_\_\_\_  
Date



# ARKANSAS STATE POLICE CRIMES AGAINST CHILDREN DIVISION

Child Maltreatment True Investigative Determination Notice to  
Alleged Juvenile Offender  
16-17 Years of Age

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

- 
- Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.
- 

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

NEW



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Underaged Juvenile Offender (Under 13 years old)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE



ARKANSAS STATE POLICE
CRIMES AGAINST CHILDREN DIVISION

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (13-17 years of age)

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

\_\_\_\_\_  
CACD INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children & Family Services

Child Maltreatment True Investigative Determination Notice to
Underaged Juvenile Offender (under 13 years old)

To:
Address:
From:
Address:
Phone:
County Office:
Date:

CHRIS Referral#

Re: Name of Underaged Juvenile Offender:
Name of Victim:

On the Division of Children and Family Services or Crimes Against Children Division, received an allegation of suspected child maltreatment identifying you as an alleged offender. The allegation stated that the incident was reported on:

Pursuant to A.C.A. §12-18-703, this letter is to notify you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Although you have been named as an Underaged Juvenile Offender, your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age.

Since your name will not placed on the Child Maltreatment Central Registry, you will not have an automatic administrative hearing. However, you may ask for an administrative hearing by submitting a signed request within 30 days of this notice to: Office of Appeals and Hearing. SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks for that hearing to be held in-person. The request for an in-person hearing must also be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see addresss listed above).

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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\_\_\_\_\_  
DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

**NEW**



# Arkansas Department of Human Services Division of Children and Family Services

## Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 13 - 15 Years of Age

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_

Certified Mail # \_\_\_\_\_

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) \_\_\_\_\_  
The type of maltreatment was \_\_\_\_\_

Please review the information below that is next to the box(es) that is/are checked. Only the information next to the checked box(es) pertain(s) to you and your case.

Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation to be true. Because you have been named as a juvenile offender and have also been adjudicated delinquent or have pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report, you will automatically have an administrative hearing.

The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child (ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.



- Pursuant to A.C.A. § 12-18-703, this letter is to inform you that based on the preponderance of the evidence, the investigative agency determined the allegation for sexual abuse to be true. Although you have been named as a juvenile offender, at this point in time your name will not be placed on the Arkansas Child Maltreatment Central Registry due to your age (13-15 years of age) at the time of the allegation and the fact that you have not been adjudicated delinquent or have not pleaded guilty, nolo contendere, or been found guilty of an offense on the same set of facts contained in the report.

Since your name will not be placed on the registry at this point in time, there will not be an automatic administrative hearing. You may ask for an administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203; however, the request will be placed on hold until the conclusion of the investigation and prosecution.

If there is a criminal conviction or juvenile adjudication based on the same set of facts in the report at the conclusion of the criminal investigation, then DHS will refer you for an automatic administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Arkansas Child Maltreatment Central Registry. Under Arkansas law, persons listed on the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children and Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

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- Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

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- Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

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DCFS INVESTIGATOR PRINTED NAME

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INVESTIGATOR SIGNATURE

Date

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PRINTED NAME OF ALLEGED OFFENDER

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SIGNATURE OF ALLEGED OFFENDER

Date



# Arkansas Department of Human Services Division of Children and Family Services

## Child Maltreatment True Investigative Determination Notice to Alleged Juvenile Offender 16-17 Years of Age

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Name of Alleged Victim:

The Division of Children and Family Services or Arkansas State Police's Crimes Against Children Division received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date)

Pursuant to Arkansas Code Ann. §12-18-703 this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be true and the offender's name should be placed in the Child Maltreatment Central Registry.

The type of maltreatment was

Juveniles, 16 to 17 years old at the time of the act or omission that resulted in the true finding will automatically have an administrative hearing. The juvenile offender or the parent can decline the automatic administrative hearing by submitting a signed request to: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless the offender, his parent, guardian, or attorney asks that the hearing be held in person. The request for an in-person hearing must be made within 30 days of this notice and mailed to the Office of Appeals & Hearing (see address listed above).

If the hearing is waived, the offender's name will be placed on the Child Maltreatment Central Registry. Under Arkansas law, persons listed in the Child Maltreatment Central Registry as an offender in a true report are identified upon request to certain classes of public and private persons, including employers and volunteer agencies. As a result, one's employment or ability to provide volunteer services may be adversely affected if their name is placed on the Child Maltreatment Central Registry. If one's name is placed on the Child Maltreatment Central Registry, under certain circumstances, one's name may be automatically removed or one may be able to petition to have their name removed after one year.

The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the receipt of the waiver of the automatic hearing or the day the administrative law judge upholds the true investigative determination.

To obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address, and the names of the child(ren) involved.

You have the right to an attorney. If you cannot afford one, contact Legal Services.

Pursuant to Arkansas Code Ann. §12-18-1007, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive services can provide things like tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

Pursuant to Arkansas Code Ann. §12-18-1010, the Division of Children and Family Services may open a protective services case for your family. The Division shall provide services to your family in an effort to prevent additional maltreatment to your child or the removal of your child from your home.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

NEW



**Arkansas Department of Human Services  
Division of Children and Family Services**

**Notice of  
Unsubstantiated Child Maltreatment Investigative Determination to  
Alleged Underaged Juvenile Offender (Under 13 years old)**

**To:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**From:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**County Office:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **CHRIS Referral #** \_\_\_\_\_

**Re: Name of Alleged Victim(s):**

**Name of Alleged Offender:**

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was .

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

\_\_\_\_\_  
DCFS INVESTIGATOR PRINTED NAME

\_\_\_\_\_  
INVESTIGATOR SIGNATURE



Arkansas Department of Human Services
Division of Children and Family Services

Notice of
Unsubstantiated Child Maltreatment Investigative Determination to
Alleged Juvenile Offender (13-17 years of age)

To: \_\_\_\_\_

Address: \_\_\_\_\_
\_\_\_\_\_

From: \_\_\_\_\_
\_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Victim(s):

Name of Alleged Offender:

The Division of Children and Family Services or Arkansas State Police Crimes Against Children Division received an allegation of suspected child maltreatment identifying you as an alleged offender. The incident was reported on (date) . The type of alleged maltreatment was

Pursuant to Arkansas Code Ann. 12-18-703, this is your notice that because the allegations were not supported by a preponderance of evidence, the allegation has been determined to be unsubstantiated, and the alleged offender's name will not be placed in the Child Maltreatment Central Registry.

Because that allegation has been determined unsubstantiated, and pursuant to Arkansas Code Ann. §12-18-1011, the Division of Children and Family Services may offer you and your family supportive services for which you qualify, should you desire them. Supportive Services may include tutoring, counseling, parenting classes, and other assistance or services. Each case is different and the services available to you may vary.

If you would like to receive supportive services, or would like more information on the services available to you and your family, please contact your local county office, listed above.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE