

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY &  
PROCEDURES MANUAL, PROCEDURE IV-A1

## POLICY IV-A: SERVICES CASE PLAN

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The case plan is a written document that is a discrete part of the case record between the family and the Division of Children and Family Services that outlines a plan of services. It addresses the family's needs, building on the family's strengths, and outlines the roles and responsibilities of all involved parties.

Case plans will be developed after a thorough assessment of a family's strengths and needs. The family shall be the primary source of information. The case plan shall be developed with the involvement of family, the age-appropriate children, the foster parents and the attorney ad litem (if there is court involvement), the Family Service Worker and any other involved parties.

Consideration of the health and safety of a child must be included in case planning and case reviews for children in out-of-home placement.

No child in Out-of-Home Placement shall have a case plan goal of reunification for longer than twelve months, unless otherwise ordered by the court.

## PROCEDURE IV-A1: Case Plan

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The Family Service Worker will:

- A. ~~Complete an initial CFS 6010: Case Plan within thirty days of opening a service case or a child entering an Out-of-Home Placement, whichever comes first. Complete an initial CFS 6010 (Case Plan) in CHRIS within 30 days of opening a case for services or a child entering an Out-of-Home Placement, whichever comes first. A case plan must be completed on all cases including those that are opened for services and all children who remain in the home, and will include the following:~~

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The Case Plan will:

- 1) ~~Include a~~ description of the out-of-home placement with regard to the health and safety of the child.
- 2) ~~Include a~~ plan for assuring a child receives safe and proper care.
- 3) ~~Include a~~ discussion of the appropriateness of the services that have been provided to the child.
- 4) ~~Include a~~ plan for assuring services are provided to the child and ~~parent/caregiver~~ to improve conditions in the ~~parent/caregiver's~~ home and facilitate return of the child or the permanent placement of the child.
- 5) ~~Include a~~ plan for assuring services are provided to the child and foster parents to address the needs of the child while in out-of-home placement.
- 6) ~~Include the~~ The visitation rights and obligations of the parents, guardian or custodian and the Division during the period the child is in an out-of-home placement.
- 7) Where appropriate for a child ~~16~~14 or over, ~~include~~ a written description of the programs and services that will help prepare the child for ~~successful the transition from foster care to independent living to self-sufficiency~~. (See Policy VIII-A.)
- 8) ~~Include~~ documentation of the steps taken to (a) find an adoptive family or other permanent living arrangement for the child, (b) place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and (c) finalize the adoption or legal guardianship. At a minimum, documentation shall include child specific recruitment efforts such as

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the use of state, regional, and national adoption exchanges including electronic exchange systems. This applies in the case of a child for whom the permanency plan is adoption or placement in another permanent home.

- 9) ~~Include a~~ discussion of how the case plan is designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the ~~parent/caregiver~~(s) when the case plan goal is reunification, and a discussion of how the placement is consistent with the best interests and special needs of the child.
- 10) ~~Set forth~~ the reasons why it is in the best interest of the child if he ~~or she~~ has been placed in an out-of-home placement that is a substantial distance from the home of the ~~parents/caregiver~~, or has been placed out-of-state.
- 11) ~~Includes a~~ discussion of the safety and appropriateness of the placement and how DHS plans to carry out the judicial determination made with respect to the child that:
  - a. Continuance in the home is contrary to the welfare of the child, or that placement would be in the best interest of the child, and
  - b. Reasonable efforts to prevent a child's removal from home or to reunify the child and family are not required.
- 12) If the child has been placed in foster care in a state outside the state in which the child's ~~parent/caregiver~~(s) are located, assure that the case worker of either state visits the foster home or institution no less frequently than every six months and submits a report on the visit to the state agency of the state where the home of the child's parent(s) is located.
- 13) ~~Incorporate the~~ The health and education records of the child including the most recent information available regarding:
  - a. the names and addresses of the child's health and educational providers;
  - b. the child's grade level performance;
  - c. the child's school records;
  - d. assurances that the child's placement in foster care takes into account the proximity to the school in which the child is enrolled at the time of placement;
  - e. a record of the child's immunizations;
  - f. the child's known medical problems;
  - g. regularly updated information regarding any medical conditions that cause the child to be incapable of attending school (see Policy VI-K);
  - h. the child's medications; ~~and~~
  - i. any other relevant health and education information concerning the child determined to be appropriate.

~~B. Complete the "Treatment" portion of the "Case Plan" section of CHRIS based on the assessment in the "Assess" portion of the "Case Plan" section of CHRIS.~~

~~C. B. Print the CFS-6010: Case Plan out of CHRIS under "Reports".~~

~~D. C. File the CFS-6010 with the court no later than thirty days after the date the petition was filed or the child was first placed out-of-home, whichever is sooner.~~

~~E. D. Review the CFS-6010 and update as needed. The CFS-6010 should be updated at the second staffing held ninety days from the case opening and at subsequent staffing(s) held at a minimum of every three months for out-of-home placement.~~

### Case Plan Packet for Court Involvement Cases Includes:

- 1-A. CFS-6010: Case Plan CHRIS Case Report
- 2-B. CFS-6009: Strength and Needs Assessment CHRIS Case Report
- 3-C. If child(ren) are in DHS Custody:
  - A-1) CFS-6008: Placement Plan CHRIS Case Report (if appropriate)

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- ~~B-2~~ CFS-6018: Placement History CHRIS Case Report (if appropriate)
- ~~C-3~~ CFS-7010: Visits Report CHRIS Case Report (if appropriate)
- ~~D-4~~ CFS-6012: Client Medical and Psychological Information CHRIS Case Report (if appropriate)
- ~~E-5~~ CFS-6010 Addendum B: Independent Living Skills CHRIS Net Template (form for worker to type in info) (if appropriate)
- ~~F-6~~ CFS-6010 Addendum A: Visitation Plan / Visitation Schedule CHRIS Net Template (form for worker to type in info) (if appropriate)
- ~~G-7~~ Completed Comprehensive Health Assessment

### Case Plan Packet for Non Court Involved Case Plans:

- ~~1-A~~ CFS-6010: Case Plan CHRIS Case Report
- ~~2-B~~ CFS-6009: Strength and Needs Assessment CHRIS Case Report
- ~~3-C~~ Any case specific attachments (i.e. grades, provider information, etc.) as appropriate.

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## **POLICY VI-K: EDUCATIONAL SERVICES FOR CHILDREN IN OUT- OF-HOME PLACEMENT**

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### **Educational Continuity and Responsibilities**

All decisions regarding the education of children in foster care will be based on the best interest of the individual child. To assure the continuity of education for children in foster care, DCFS shall work collaboratively with educators, school foster care liaisons, other Divisions of the Department of Human Services, the Department of Education, the circuit courts, providers of services to children in foster care, CASA, parents, guardians, and any person appointed by the court.

It is the responsibility of DCFS to assure that children in foster care are afforded educational opportunities, including academic resources, services, and extracurricular enrichment activities. DCFS shall help each child in foster care achieve their full potential. Children in foster care shall be held to the same academic achievement standards to which all children are held, and be placed in the least restrictive educational placement.

The Division shall consider the continuity of educational services and school stability when making placement decisions, including making every attempt to maintain the enrollment of a child in the school where attending prior to placement into foster care. To this end, the Division shall coordinate transportation issues with the local school district and provide other assistance that is reasonable and practical.

When it is in their best interest, children in foster care shall be moved in a timely manner to a new school. Except in the case of an emergency, prior to making a recommendation to move a child in foster care from their current school, the Division shall provide a written explanation to the following:

1. The child in foster care;
2. The child's attorney ad litem;
3. The CASA, if appointed; and
4. Parents, guardians, and any persons appointed by the court.

To ensure that children in the custody of the Department receive a quality education, it is the Division's policy to enroll children in foster care only in schools accredited by the Arkansas Department of Education. This requirement also applies to children placed in residential facilities. The local county office should be aware of educational resources in the community and across the state so that they can access these resources for children in foster care.

Children in foster care shall attend public schools. However, the DCFS Director may grant an educational waiver allowing a child to be placed in a non-public school, including a private, parochial, or home school if it is in the best interest of the child. No state or federal funding may be used for such placement. For a child in foster care to be enrolled in a non-public school or be home schooled, a certified mental health professional must present documentation stating that the non-public schooling is in the child's best interests. A child in foster care may receive Home Bound Instruction as part of their Individualized Education Program (IEP). Home Schooling and Home Bound Instruction are two different programs. Home Bound Instruction is a planned, time limited program that is established and provided by the child's school.

If a child is incapable of attending school on a full-time basis due to the medical condition of the child, the reason for which the child is deemed incapable of attending school must be certified by a medical professional and be supported by regularly updated information in the case plan of the child.

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If a child in foster care is currently enrolled in a "School Improvement" school as determined by the Arkansas Department of Education (ADE) the child's case can be staffed to assess the child's progress at that school. If the child is progressing at the current school he can remain at that school, or the child can transfer to another school if it is in the child's best interest to do so. The Manager of the Foster Care Unit will review the ADE Website quarterly to determine the "School Improvement" schools and notify the appropriate County Supervisor of the information.

Each public education agency would be expected to ensure that the rights of a child are protected if: 1) no parent can be identified; 2) the public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or 3) the child is a ward of the state of Arkansas under the laws of this state.

If the court transfers custody of a child to the Department, the court shall issue an order containing determinations on whether the child's parent or guardian may:

- (1) Have access to the child's school records;
- (2) Obtain information on the child's current placement, including the name and address of the foster parents or provider; and
- (3) Participate in school conferences or similar activities at the child's school.

If custody of a child is transferred to the Department, the court may also appoint an individual to consent to an initial evaluation of the child and serve as the child's surrogate parent under IDEA, as in effect on February 1, 2007. If the court orders that the child's parent(s) shall have no involvement in the child's educational planning, the Department shall ask the child's foster parent or appropriate biological relative to act as the surrogate parent.

If the child's parent is a partner in planning and overseeing the child's education as a member of the IEP team, a surrogate parent is not necessary. The child's parent, if permitted by the court to participate, may request that a family member or the foster parent act as the surrogate parent.

The appointed family member or foster parent will not be required to undergo surrogate parent training and will be discharged once the child's parent is ready to resume involvement. If the family member or foster parent has not received surrogate parent training and would like to, the Local Education Agency (LEA) Special Education Supervisor or designee can assist in coordinating the surrogate parent training for the foster parent.

If DCFS is unable to locate the child's parent, the parent(s) are not involved in the case, or the parent's rights have been terminated, the Division shall request that the child's foster parent be assigned as the surrogate parent. If the foster parent has not received surrogate parent training, and would like to, the LEA Special Education Supervisor or designee can assist in coordinating the surrogate parent training for the foster parent.

Transition planning is a required component of the IEP for children age 16 and above.

### IMPORTANT INFORMATION FOR FAMILY SERVICE WORKERS CONCERNING CHILDREN IN FOSTER CARE AND EDUCATION

School districts are required to:

1. Allow the child to remain in his/her current school unless the court finds that doing so is a conflict with other laws (not residency);
2. Work out a transportation plan that will allow the child to remain in his/her current school, to the extent reasonable and practical;
3. Designate a foster care liaison;
4. Accept credit coursework when the child satisfactorily completes the appropriate education placement assessment;

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PROCEDURES MANUAL, POLICY VI-K

5. Refrain from lowering the grades of a child in foster care because of:
  - a. A change in school;
  - b. Absence due to attendance at court-ordered treatment or counseling;
  - c. Absence due to attendance at dependency-neglect proceedings.
6. Immediately enroll any child that has been moved to their district, even if the child does not have his/her school uniform, school records, etc.

**Children in Foster Care Special Education Needs**

Due to the special education needs of many children who enter foster care it is necessary to assess and identify educational needs early in the casework process. A comprehensive health assessment must be completed on each child in foster care within 60 calendar days of removal from home. (See Policy VI-D Comprehensive Health Assessment and Health Plan for Children Receiving Out of Home Placement Services) The comprehensive health assessment includes assessments of cognition/achievement, speech/language development, hearing, vision, medical, emotional and behavioral development which can be used by the child's school in the process of determining the child's need for services. The University of Arkansas for Medical Sciences Project for Adolescent and Child Evaluation (UAMS PACE) Program is responsible for conducting the comprehensive health assessments and will make recommendations concerning the child's educational needs and referrals for Special Education Services.

The Individuals with Disabilities Education Act (IDEA) states that ADE ensures that all children with disabilities ages 3 to 21 residing in the State have the right to and availability of a free appropriate public education including children with disabilities who have been suspended or expelled from school. Free Appropriate Public Education (FAPE) also requires that the services provided to a child with disabilities under this part must address all of the child's identified special education and related services needs. The services and the change of placement needed by each child with a disability to receive FAPE must be based on the child's unique needs and not on the child's disability. Each public education agency shall implement child-find requirements to identify, locate, and evaluate all children with disabilities.

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PROCEDURES MANUAL, POLICY VIII-J

**POLICY VIII-J: INTERNATIONAL ADOPTIONS**

The Adoption Services Unit shall provide assistance with Inter-Country Adoptions. However, federal IV-E funds shall not be used to support Inter-Country Adoptions.

**PROCEDURE VIII-JI: International Adoptions**

The Adoptions Manager, Adoption Services Unit, or designee will:

- A. Respond to inquiries/referrals about international adoptions.
- B. Provide list of licensed private adoption agencies that will complete adoption assessments for inter-country adoptions.
- C. Determine if an adoption assessment prepared by a qualified licensed social worker or others designated by the court meet child placement licensing requirements for adoption in Arkansas. (Licensed adoption agencies are exempt from this review.)
- D. Provide an approval letter to the United States Citizenship and Immigration Service (USCIS) upon request to verify compliance to licensing requirements.
- E. Maintain permanent adoption files.
- F. Train staff with licensed private adoption agencies, licensed social workers, and others designated by the court involved with inter-country adoption.

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The Adoption Specialist will:

- A. Refer inter-country adoption inquiries/referrals to the Adoptions Manager, Adoption Services Unit or designee

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EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY &  
PROCEDURES MANUAL, PROCEDURE IX-A6

**PROCEDURE IX-A6: Preliminary Administrative Hearing**

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If DCFS is unable to notify the alleged offender of the investigation determination, the Area ~~Director-Manager~~ or CACD ~~Supervisor-Area Manager~~ may request a preliminary hearing using the CFS-232-T PH to allow provisional placement of the alleged offender's name in the Central Registry.

The Area ~~Manager~~ Director or CACD ~~Supervisor-Area Manager~~ will determine if the request for the preliminary hearing should be submitted to the Office of Appeals & Hearings.

DCFS must prove:

- A. That it diligently attempted to notify the alleged offender of the investigative determination. This means that DCFS used a reasonable degree of care to discover the alleged offender's whereabouts and notify the alleged offender. Documentation would include proof that a process server was unsuccessful in locating the alleged offender; and
- B. That a child, an elderly person, or a person with a disability or mental illness may be at risk of harm.

The DCFS/CACD representative must tell the ALJ if there is any criminal action pertaining to the investigation.

The ALJ will determine whether there is a prima facie case that:

- A. The offender committed child maltreatment, that is, whether the evidence, if not contradicted, is sufficient to support a judgment that the allegations are true; and
- B. A child, an elderly person, or a person with a disability or mental illness may be at risk of harm.

If the ALJ determines that there is a prima facie case, DCFS will provisionally place the offender's name in the Central Registry. DCFS will make notification of the determination to persons as described in Procedure ~~IVAXIV-A-7~~ "Notices ~~that of Offender's Name Will Be Placed in the Child Maltreatment Central Registry Name Placement Determination~~." The Division will continue to attempt to notify the alleged offender using the CFS-292-N no less frequently than once a year for no fewer than three years from the date the name is placed on the Registry. ~~If notification can not be made to the alleged offender, the alleged offender's name will be removed from the Registry at the end of the three year period. After three years, no further contact will be made and the alleged offender's name will provisionally remain on the Central Registry.~~

Within 30 days of learning of his/her listing in the Central Registry the offender may request a hearing as provided in Procedure II-D8. If the offender fails to timely request a regular administrative hearing, the ALJ may determine that the provisional designation is removed and the offender's name be officially placed in the Central Registry.

If the ALJ determines that there is no prima facie case, DCFS will not place the alleged offender's name in the Central Registry. DCFS will continue to provide notice to the alleged offender using the CFS-232-T1 of the true investigation hearing and the opportunity for a regular administrative hearing no less frequently than once a year for no fewer than three years from the date the name is placed on the Registry.

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EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY &  
PROCEDURES MANUAL, PROCEDURE XIV-A5 EXCERPT

**PROCEDURE XIV-A5: Notices of Unsubstantiated Allegations of Child  
Maltreatment**

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When a determination that an allegation of child maltreatment is not supported by a preponderance of evidence and is determined to be unsubstantiated, the investigating agency shall notify the following, only if notice of the allegation was given:

- A. Law Enforcement,
- 1) Type of Allegation Severe maltreatment only
  - 2) What Information Name of each victim  
Name of alleged offender  
Type of Maltreatment
  - 3) When Within 10 business days of determination
  - 4) Form CFS-241-U
- B. Prosecuting Attorney,
- 1) Type of Allegation Severe maltreatment only
  - 2) What Information Name of each victim  
Name of alleged offender  
Type of maltreatment
  - 3) When Within 10 business days of determination
  - 4) Form CFS-241-U
- C. Licensing or Registering Authority
- 1) Type of Allegation All maltreatment
  - 2) What Information Name of alleged offender  
Type of maltreatment
  - 3) When Within 10 business days of determination
  - 4) Form CFS-242-U
- D. Facility Director
- 1) Type of Allegation All maltreatment, only if the maltreatment occurred at the facility and the facility is licensed or registered by, or is operated by or operated under contract with the State of Arkansas
  - 2) What Information Name of alleged offender  
Type of maltreatment
  - 3) When Within 10 business days of determination
  - 4) Form CFS-243-U
- E. DHS Division Director
- 1) Type of Allegation All maltreatment, only if the maltreatment occurred at a facility operated by or operated under contract with the Department
  - 2) What Information Name of alleged victim  
Name of alleged offender  
Type of maltreatment
  - 3) When Within 10 business days of determination
  - 4) Form CFS-250-U

## EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL, PROCEDURE XIV-A5 EXCERPT

### F. Legal parent or legal guardian of alleged offender

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim  
Name of alleged offender  
Type of maltreatment
- 1) When This is an OPTIONAL offer of supportive services
- 2) Form CFS-244-U

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### F.G. Legal parent or legal guardian of alleged victim in foster care

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim  
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U

### G.H. Current Foster parent of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim  
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U

### H.I. Custodial, non-custodial parent, guardians, legal custodians of victim, regardless of the age of the child

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim  
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U

### I.L. Alleged Victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged offender  
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-245-U-1

### J.K. Attorney ad litem of alleged victim

- 1) Type of Allegation All maltreatment
- 2) What Information Name of alleged victim  
Name of alleged offender  
Type of maltreatment
- 3) When Within 10 business days of determination
- 4) Form CFS-246-U

## **INSTRUCTIONS**

### **CFS-224-T 2: Notice to Legal Parent(s) and Legal Guardian(s) of Underaged Juvenile Aggressor (under 10 years of age) of True Child Maltreatment Determination**

#### **Purpose**

To inform the legal parents and legal guardians of underaged juvenile aggressor of a Determination of True from a Child Maltreatment Assessment. This letter is to be mailed if the Child Maltreatment Assessment is true but exempt (under ten years of age when the act or omission was committed) within ten days of an investigative determination of True.

#### **Completion**

**To:** Type or write the name of the legal parent(s) or legal guardian(s) of the underaged juvenile aggressor.

**Address:** Enter the full address of the legal parent(s) or legal guardian(s) of the underaged juvenile aggressor.

**From:** Enter the name, full address, and county of the DCFS staff sending the notice.

**Date:** Enter the date the notice is sent.

**CHRIS Referral #:** Insert the CHRIS referral number.

**Name of Alleged Offender:** Enter the name of the alleged offender.

**Name of Alleged Victim:** Enter the name of the alleged victim.

**Date of Allegation:** Enter the date the allegation was originally made.

**Allegation:** Insert a brief description of the suspected child maltreatment.

**Checkbox:** Indicate whether

- The family is being offered supportive services OR
- A protective services case has been opened

**Signature:** Print and sign the name of the staff member who is sending the form.

#### **Routing**

1. Send a copy to legal parent(s) or legal guardian(s) of the underaged juvenile aggressor within **ten business days** of the investigative determination of true.

2. Retain a file copy.



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

**Child Maltreatment True Investigative Determination Notice to Legal Parent(s) and Legal  
Guardian(s) of Underaged Juvenile Aggressor**

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

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

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

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

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

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

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

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

Re: Name of Underaged Juvenile Aggressor:  
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:

This letter is to inform 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 Aggressor, your child's name will not be placed in the Arkansas Child Maltreatment Central Registry due to his or her age.

☐ 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 or CACD INVESTIGATOR PRINTED NAME

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

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

**Offer of Supportive Services as a Result of Unsubstantiated Child Maltreatment Investigative  
Determination to Legal Parent(s) and Legal Guardian(s) of Alleged Offender**

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

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

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

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

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

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

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

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

**Name of Alleged Offender:**

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

The type of alleged maltreatment was \_\_\_\_\_.

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 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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\_\_\_\_\_  
DCFS or CACD INVESTIGATOR PRINTED NAME

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



**Arkansas Department of Human Services**  
**Division of Children and Family Services**  
**Notice of Name Placement on Central Registry to Offender**

To: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_  
Re: Name of Victim(s): \_\_\_\_\_  
Name of Offender: \_\_\_\_\_

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

Comment [b1]: individuals

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

As required by Arkansas Code Annotated §12-18-812 or 813, this is your notice that the investigation in the above matter, which was determined to be true:

- ☐ Has been upheld on administrative appeal.
- ☐ Was waived or was not appealed by you, the alleged offender, during the thirty day appeal request period.
- ☐ Has been brought before an administrative law judge in a preliminary hearing at which a prima facie case was established.

Therefore, your name is:

- ☐ Now present in the Arkansas Child Maltreatment Central Registry. You may not appeal this decision.
- ☐ Now present in the Arkansas Child Maltreatment Central Registry on a provisional basis. If you disagree with the investigative determination, you must request an administrative hearing within thirty days of receipt of notice of the investigative determination; otherwise your name will be placed in the Child Maltreatment Central Registry.
- ☐ Now present in the Arkansas Child Maltreatment Central Registry on a provisional basis. After three years of attempting to contact you, this is your final notification. DCFS will no longer attempt to contact you.

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**TO OBTAIN A COPY OF THE INVESTIGATIVE REPORT**, send a \$10.00 check or money order (no cash) along with a written, **notarized** request to the Arkansas Department of Human Services, Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request **must** contain the offender's name, address and the names of the child(ren) involved.

The information provided is confidential and further disclosure is subject to Arkansas code.

\_\_\_\_\_  
DCFS or CACD INVESTIGATOR PRINTED NAME

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

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

**Arkansas Department of Human Services  
Division of Children and Family Services  
STATE POLICE CRIMINAL RECORD CHECK**

**THIS SECTION TO BE COMPLETED BY DCFS WORKER**

**Check all that apply:** \*\*Provisional Foster Home ☐ Regular Foster Home ☐ Adoptive Home ☐ \*\*ICPC ☐  
Home Study ☐ The C.A.L.L. ☐ \*\*COURT ORDERED? YES ☐ NO ☐

**\*\*ONLY Provisional Foster Home, ICPC, and Court Ordered Checks will be expedited.**

\_\_\_\_\_  
County Requesting Check and County Number

\_\_\_\_\_  
Name of DCFS Worker Requesting the Check

( )

\_\_\_\_\_  
Telephone Number and Extension Number

\_\_\_\_\_  
Date of Request

**THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED (PLEASE PRINT)**

LEGAL NAME: \_\_\_\_\_  
Last (Include Jr., II, III) First Middle

MAIDEN NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: Male ☐ Female ☐

STATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

DRIVER'S LICENSE OR STATE ID NUMBER: \_\_\_\_\_ ISSUED BY STATE OF: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

**"I hereby authorize the Department of Human Services to obtain a Criminal Record Check through the Arkansas State Police in accordance with Act 1573 of 2005. I provide this consent now for current and future checks as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing. I state on oath that the representations made herein are true and correct.**

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

State of Arkansas, County of \_\_\_\_\_. Subscribed and sworn to before me a Notary Public in  
and for the county and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires on \_\_\_\_\_, \_\_\_\_\_.

**THIS SECTION TO BE COMPLETED BY THE PERSON DOING THE CHECK**

\_\_\_\_\_  
Signature of Person Doing the Check

\_\_\_\_\_  
Date Check Completed

\_\_\_\_\_  
Transaction Number