



**ARKANSAS STATE POLICE  
CRIMES AGAINST CHILDREN DIVISION**

**Notice of Unsubstantiated Child Maltreatment Investigative  
Determination to Facility Director**

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

**County of Referral:** \_\_\_\_\_ **Primary Assigned County:** \_\_\_\_\_

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

**RE: 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 the above named person that was alleged to have occurred at a facility licensed or registered by, or operated by or operated under contract with the State of Arkansas. The incident was reported on (date) \_\_\_\_\_.

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that there is no preponderance of evidence, the allegation has been determined unsubstantiated, and the offender's name will not be placed in the Child Maltreatment Central Registry.

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

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

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