



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Child Maltreatment Allegation to:

- Facility Director
Facility's Licensing or Registering Authority
Division Director

To: _____

Address: _____

From: _____

County Office: _____

Date: _____ CHRIS Referral # _____

RE: Name of Alleged Offender: _____

As required by Arkansas Code Annotated §12-18-507, we are notifying you that the child abuse hotline received a report that a child was subjected to maltreatment while at a facility licensed or registered by the State of Arkansas or a facility operated by the Department of Human Services or a facility operated under contract with the Department. You are receiving this notification in your official capacity as indicated in the check box above. Arkansas Code Annotated §12-18-501 specifies that information in the child maltreatment report is confidential.

No determination has been made as to the accuracy or inaccuracy of the hotline report. An investigation will be conducted on this hotline report. Once the investigation is complete, an investigative determination will be made. If the investigative determination is true, the alleged offender has the right to an administrative hearing. Instructions regarding how to request an administrative hearing will be provided.

This information is confidential and you are prohibited from re-disclosure. You can consult your own attorney regarding the information in this notice.

Date of Allegation: _____

Allegation: [Empty box for allegation details]

FAMILY SERVICE WORKER PRINTED NAME

FAMILY SERVICE WORKER SIGNATURE