



Arkansas Department of Human Services

Division of Children and Family Services

Follow-up Notice to Employer Volunteer Coordinator Licensing or Registering Authority Regarding Child Maltreatment Allegation

To: _____

Address: _____

From: _____

County Office: _____

Date: _____ CHRIS Referral # _____

RE: Name of Alleged Offender: _____

As required by Arkansas Code Annotated §12-18-806, you were previously notified that a person engaged in child-related activities or employment was identified as an alleged offender in a report of suspected child maltreatment made to the child abuse hotline.

At this time in our investigation, a preponderance of the evidence does **not** exist to prove that children under the care of the person named below are at risk.

Date of Allegation: _____

Allegation:

FAMILY SERVICE WORKER PRINTED NAME

FAMILY SERVICE WORKER SIGNATURE