

# INSTRUCTIONS

## CFS-222-T (Child Maltreatment True Investigative Determination Notice to Facility Director)

### **Purpose:**

This notice of a true determination is used to provide notification regarding the offender upon request or if department determines notification is necessary to ensure the health and safety of the child to the Facility Director who received a notice of allegation.

### **Completion:**

**To:** Type or write the name of the facility director and title.

**Address:** Enter the full address of the facility director and title.

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

**County of Referral:** Enter the county where the alleged offense took place.

**Primary Assigned County:** Enter the county assigned as primary.

**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.

**Date of Allegation:** Enter the date the allegation was originally made.

**Check Appropriate Box:** Whether the maltreatment is entered in the Central Registry or Exempt.

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

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

**Mailed by:** Write in the name of the DCFS Central Office Notification Unit staff who is mailing the form.

### **Routing:**

1. Send a copy to the facility director upon request or if department determines notification is necessary to ensure the health and safety of the child.
2. Retain a file copy.