

INSTRUCTIONS

CFS-225-T 2 (Child Maltreatment True Investigative Determination Notice to Current Foster Parents of Alleged Victim in Foster Care)

Purpose:

This notice of a true determination is used to provide notification within ten business days post due process from the investigative determination of true to the foster parents of the alleged victim in foster care.

Completion:

To: Type or write the name of foster parents of the alleged victim in foster care.

Address: Enter the full address of the foster parents of the alleged victim in foster care.

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 Child(ren): Enter the name of alleged victim child(ren) involved in the allegation of maltreatment.

Date of Allegation: Enter the date the allegation was originally made.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 foster parents of the alleged victim in foster care within **ten business days** of the investigative determination of true post due process.
2. Retain a file copy.