



Arkansas Department of Human Services
Division of Children and Family Services

**Child Maltreatment True Investigative Determination Notice
to Current Foster Parents of Alleged Victim in Foster Care**

To: _____

Address: _____

From: _____

Phone: _____

County of Referral: _____ **Primary Assigned County:** _____

Date: _____ **CHRIS Referral #** _____

Re: Name of Alleged Victim(s): _____

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named person. The incident was reported on (date) _____.

Pursuant to Arkansas Code Ann. §12-18-813, this is your notice that:

- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, and the offender's name should be placed in the Child Maltreatment Central Registry.
- Based on the preponderance of the evidence, the investigative agency determined the allegation to be true, but exempt, and the offender's name should not be placed in the Child Maltreatment Central Registry.

The type of maltreatment was _____.

Please note that the alleged offender has a right to contest the agency investigation determination by requesting an administrative hearing within 30 days of notice of the investigative determination. The alleged offender's name will not be placed on the Child Maltreatment Central Registry until the later of:

- (A) The expiration of 30 days without a hearing request; or
- (B) The day the administrative law judge upholds the true investigative determination.

DCFS INVESTIGATOR PRINTED NAME

MAILED BY