



Arkansas Department of Human Services
Division of Children and Family Services

Notice of Unsubstantiated Child Maltreatment Investigative Determination
to Facility Director

To: _____

Address: _____

From: _____

Phone: _____

County of Referral: _____ Primary Assigned County: _____

Date: _____ CHRIS Referral # _____

RE: Name of Alleged Offender: _____

The Division of Children and Family Services or Arkansas State Police Crimes Against Children
Division received an allegation of suspected child maltreatment involving the above named person
that was alleged to have occurred at a facility licensed or registered by, or operated by or operated
under contract with the State of Arkansas. The incident was reported on (date) _____.

The type of alleged maltreatment was _____.

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice or confirmation that there is no
preponderance of evidence, the allegation has been determined unsubstantiated, and the offender's
name will not be placed in the Child Maltreatment Central Registry.

DCFS INVESTIGATOR PRINTED NAME

MAILED BY