



Arkansas Department of Human Services
Division of Children and Family Services
Investigation Checklist for Supervisors

Referral Name: _____ Referral Number: _____
 Referral Date: ____/____/____ Priority: _____
 Referral Time: _____: _____ am/pm Assessor's Name: _____
 Assignment Date: ____/____/____ Supervisor's Name: _____

Allegations: _____ Report Initiation:
 _____ Date: ____/____/____
 _____ Time: _____: _____ am/pm

- Conducted supervisory conference at time of assignment. Yes No Attempted
- Conducted CHRIS search and an out of state prior history check if the family lived in another state within the last five years. Yes No Attempted
- Reviewed prior investigations. Yes No Attempted
- Interviewed:
 - Reporter Yes No Attempted
 - Victim(s) interviewed (alone and outside presence of offender or observed if too young) All No Attempted
 Some NA
 - Non-victim children (alone and outside presence of offender or observed if too young) All No Attempted
 Some NA
 - Non-offending parents/caretakers All No Attempted
 Some NA
 - Other household members All No Attempted
 Some NA
 - Collateral(s)¹ All No Attempted
 Some NA
 - Alleged offender(s) (face-to-face) All No Attempted
 Some NA
- Provided and explained PUB-52. Yes No Attempted
- Completed Health and Safety Checklist and Safety Planning within 48 hours of contact with the victim(s), excluding weekends and holidays. Yes No Attempted
- Entered contact notes into CHRIS within 48 hours of contact, excluding weekends and holidays. Yes No Attempted
- Assessed home environment and family interactions. Yes No Attempted
- Completed Protection Plan (CFS-200), if needed. Yes No Attempted
- Conducted fourteen day supervisory conference. Yes No Attempted
- Completed demo screens. Yes No Attempted
- Provided list of mental health providers to parents/guardians of victim and offender if report involving sexual abuse was found true and alleged offender was under 18 at the time the act or omission occurred. Yes No Attempted
- Documented provision of mental health provider list in Investigations Services Log, if applicable (see item above). Yes No N/A

Findings: _____

Rationale supports final disposition and addresses items listed in narrative. Yes No

¹ Collaterals are individuals who can provide information concerning the safety and well-being of the children, parent functioning, quality of home environment and quality and stability of relationship between family members. Collaterals must have knowledge of the family but not have been involved in reporting maltreatment or referring the family for services to DCFS. DCFS FSWs are considered collaterals and should be interviewed if a service case is currently opened or was closed within the past year.