



**Arkansas Department of Human Services**  
**Division of Children & Family Services**  
**True Reports of Child Maltreatment Against Foster Family Members**

Resource Worker: \_\_\_\_\_ Date Home Opened: \_\_\_\_\_

Foster Parents' Names: \_\_\_\_\_ Provider #: \_\_\_\_\_

1. What type of maltreatment was reported? \_\_\_\_\_
2. What is the date of the report: \_\_\_\_\_
3. Who was/were the alleged victim(s)? \_\_\_\_\_
4. Who was/were the alleged offender(s)? \_\_\_\_\_
5. Was a corrective action or protection plan implemented?  
 Yes    No

If yes, briefly describe:

6. Was the true finding reversed on administrative appeal?  
 Yes    No      Date of decision: \_\_\_\_\_
7. Was the true finding upheld on administrative appeal?  
 Yes    No      Date of decision: \_\_\_\_\_
8. Did you print and file CFS-6001 (CHRIS report)?
9. Was the foster home closed?  
 Yes    No      If yes, date home was closed: \_\_\_\_\_

Resource Worker Signature: \_\_\_\_\_

Supervisor/Designee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Designee Signature: \_\_\_\_\_