



Arkansas Department Of Human Services



Division of Children and Family Services
Dennis Robins, Manager Child Maltreatment Central Registry

Slot S-566, P.O. Box 1437 Little Rock, AR 72203-1437 • 501-682-0405 • Fax: 501-682-0407 • TDD: 501-682-1442

Dear Applicant:

Enclosed is a "Request for Name Removal from the Central Registry" application and accompanying documents that must be submitted with the form. Please review this form carefully to see if you meet the criteria to have your name reviewed. The Name Removal Board meets on the third Thursday of each month. All documents should be submitted by the last day of the month to go before the following board.

Pursuant to the enclosed form, the following documentation is needed for the Name Removal Board to review a request:

- A completed "Request for Name Removal from the Central Registry" application:
 - Please complete pages 3-5 for adult offenders
 - CRID number is also termed the CHRIS referral number. It is located on your Child Maltreatment Summary Report.
- A copy of the Child Maltreatment Registry Check, accompanying letters, and summary report that was ran on you.
 - You may complete and return the enclosed authorization form if a recent request has not been processed. (Page 9)
- A current criminal record check:
 - A form is enclosed for your convenience on pages 11 with instructions on Page 10 (Please have state police records mailed to you.)
- Proof of participation in, or completion of any treatment, rehabilitation, or class associated with the type of abuse or neglect for which you are listed on the Central Registry.
- One personal letter explaining your rehabilitation
- One to three-character reference letters
 - Your character reference letters may be from professionals, employers, spiritual counselors, friends or family describing your rehabilitation and interaction with children or young adults.
 - Only one letter may be submitted from a family member

Please mail or fax the completed packet and associated forms to the above address or number before the end of the month prior to the next committee meeting date. Review of your request cannot be scheduled for the next month's committee meeting until all required information has been received. (Please make copies for your records.)

Sincerely,
Name Removal Board
501-682-0405

Instructions

Request for Name Removal From the Central Registry CFS-328a

PURPOSE:

The CFS-328a is used by a person whose name is on the DCFS Central Registry to apply to have his/her name removed (if qualified).

COMPLETION:

1. In **Section I – Requester’s Personal Data**, the applicant will type or print his/her:
 - Last Name, First Name, any Alias and Middle Name;
 - Current Address;
 - Home and Work telephone numbers;
 - Date-of-Birth, Gender, Social Security Number and Race.
2. In **Section II – Child Maltreatment Report Information**, the applicant will answer:
 - Question #1 by checking “Yes” next to the type of child maltreatment identified on the applicant’s child maltreatment report; if no types apply do not check any type.
 - Question #2 by checking “Yes” or “No”

NOTE: If you answered “Yes” to **both** questions in Section II., you meet the criteria for having your case reviewed.

3. In **Section III – Victim and Central Registry Data**, the applicant will type or print:
 - Victim’s Name and Date-of-Birth;
 - CRID Number listed on your Central Registry Report.

Additional Documentation: Attach the following documents to the form-

- A copy of the Central Registry Report;
- A “clean” criminal background check;
- If appropriate, proof of participation in or completion of any treatment or rehabilitation program for child maltreatment offenders;
- A personal letter from you describing your rehabilitation;
- One to three letters of reference from employers, professional, spiritual counselors, friends, or family describing your rehabilitation. No more than one letter can be submitted from a family member

ROUTING:

- The applicant will retain a copy of the form for him/herself
- The applicant will mail the completed form and attachments to the following address:

**The Division of Children and Family Services
Central Registry
P.O. Box 1437, Slot S566
Little Rock, AR 72203**



**Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR NAME REMOVAL FROM THE CENTRAL REGISTRY**

I. REQUESTOR'S PERSONAL DATA:

_____	_____	_____
Last Name	First Name (Include any Alias)	Middle Name
Address _____	Telephone Home: (____) _____	
_____	Work: (____) _____	
_____	Date of Birth _____	Gender _____
	Soc. Sec. Number _____	Race _____

II. CHILD MALTREATMENT REPORT INFORMATION:

1. Date of child maltreatment: _____
2. Type of Child Maltreatment: _____
3. Did this type of child maltreatment listed above also result in a child death due to your direct act(s) or omission(s)? Yes No

If you answered "Yes" to Question 3 above, do not proceed. You do not meet the criteria to have your request reviewed pursuant to DCFS Procedures VIII-A9.

If you answered "No" to Question 3, please go on to the next question.

4. Has the offender had a subsequent true report of this type for one year? Yes No

If you answered "Yes" to Question 4 above, do not proceed. You do not meet the criteria to have your request reviewed pursuant to A.C.A. § 12-18-908.

If you answered "No" to Question 4, please go on to the next question.

5. Has more than one year passed since the offender's name was placed on the Central Registry? Yes No

If you answered "No" to Question 5 above, do not proceed. You do not meet the criteria to have your request reviewed pursuant to A.C.A. § 12-18-908.

If you answered "Yes" to Question 5, please go on to the next question.

6. Are you still involved with an open DHS protective services or foster care case related to this type of maltreatment? Yes No

If you answered "Yes" to Question 6 above, do not proceed. You do not meet the criteria to have your case reviewed pursuant to DCFS Procedure VIII-A9.

If you answered "No" to Question 6, please go on to the next question.

7. If you listed any of the following types of child maltreatment in the response to Question 2, were your parental rights terminated either voluntarily or involuntarily due to this type of child maltreatment?

- Abuse with deadly weapon
- Bone fractures
- Brain Damage/Skull Fracture
- Burns/scalding
- Immersion
- Inadequate supervision – children less than 6 years of age
- Interfering with a child's breathing
- Internal injuries
- Malnutrition
- Oral sex
- Poison/noxious substances
- Presence of an illegal substance in a child or its mother at the time of birth resulting from the mother's knowing use of the substance
- Sexual exploitation
- Sexual penetration
- Shaking a child age 3 or younger
- Striking a child with a closed fist
- Subdural hematoma
- Suffocation

Yes No N/A, I did not list any of these maltreatment types in response to Question 2.

If you answered "Yes" to Question 7 above, do not proceed. You do not meet the criteria to have your case reviewed pursuant to DCFS Procedure VIII-A9.

If you were instructed to proceed to Question 7 and then answered "No" or "N/A" to Question 7, you have met the criteria to have your request reviewed. A review of your request does not guarantee removal from the Arkansas Child Maltreatment Central Registry.

Arkansas Code Annotated § 12-18-908 requires the Department of Human Services to establish procedures to determine whether or not to remove an offender's name from the Arkansas Child Maltreatment Central Registry if the offender has not had a subsequent true report of this type for one year and more than one year has passed since the offender's name was placed on the Arkansas Child Maltreatment Central Registry.

A committee with expertise in the area of child maltreatment will review your case upon receipt of this request to determine if your name can be removed from the Central Registry. The law requires that you meet the criteria mentioned above for your case to be reviewed. The Review Committee meets on a monthly basis. Your request must be received forty-five days prior to the monthly meeting in which it will be reviewed. You will be notified in writing of the committee's decision.

III. VICTIM AND CENTRAL REGISTRY DATA:

Victim's Name _____ Victim's Date of Birth _____

What is the CRID number listed on your Central Registry Report? CRID Number _____

IV. OTHER REQUIRED DOCUMENTATION:

If you meet the criteria to have your case reviewed please submit:

- This form (CFS-328-A);
- A personal letter describing:
 - Your reason for the removal request;
 - The events and circumstances surrounding the child maltreatment allegation and finding; and,
 - Your rehabilitation;
- Your Arkansas Child Maltreatment Central Registry results free from a true finding of the same maltreatment type for the preceding year;
- Your Child Maltreatment Registry results from your current state of residence and/or any state in which you have resided in the preceding year free from a true finding of the same maltreatment type for the preceding year;
- Your Arkansas Crime Information Center (ACIC) current criminal background check results free from child maltreatment-related offenses for the preceding year;
- Your state criminal background check results from your current state of residence and/or from any state in which you have resided in the preceding year free from child-maltreatment related offenses for the preceding year;
- Evidence of your rehabilitation including, but not limited to:
 - Documentation proving participation in treatment, remediation, or rehabilitation programs as related to the specific offense. For removal requests related to types of sexual abuse, proof of rehabilitation must include documentation from a licensed mental health professional that:
 - States that the requestor has participated in therapy with the licensed mental health professional to address the issues related to the sexual abuse offense;
 - States total length of time the requestor has participated in therapy with the licensed mental health professional to address the issues related to the sexual abuse offense and the frequency of therapy sessions during that period of time;
 - Indicates whether a sex offender specific assessment was conducted during the therapy period (e.g., the Vermont Assessment of Sex Offender Risk (VASOR), Clarke Sex History Questionnaire for Males-Revised, Hare Psychotherapy Scale) *(note: the use of such an assessment is not necessarily a requirement for removal but the presence or absence of such an assessment will be considered)*;
 - Provides the licensed mental health professional's assessment of the requestor's participation during the therapy period.
 - One to three letters of reference from professionals (not to include DCFS employees), employees, spiritual counselors, friends, or family describing your rehabilitation. No more than one letter may be submitted from a family member.
- Are there currently any pending criminal charges related to an offense on the same set of facts of the child maltreatment report that resulted in placement on the Child Maltreatment Central Registry?
 Yes No

If you selected "Yes" to the question above, please provide the Review Committee with documentation describing the current status of these pending charges (e.g., court records, letter from your attorney, your probation officer, or the prosecuting attorney, etc.) in addition to the other information listed in this section.

Submit your documents to:
The Division of Children and Family Services
Central Registry
P.O. Box 1437, Slot S566
Little Rock, AR 72203

Instructions

Request for Name Removal from the Central Registry by Juvenile Offender CFS-328b

PURPOSE:

The CFS-328b is used by a person whose name was placed on the DCFS Central Registry as a juvenile offender to apply to have his/her name removed (if qualified).

COMPLETION:

1. In **Section I – Requester’s Personal Data**, the applicant will type or print his/her:

- Last Name, First Name, any Alias and Middle Name;
- Current Address;
- Home and Work telephone numbers;
- Date-of-Birth, Gender, Social Security Number and Race.

2. In **Section II – Child Maltreatment Report Information**, the applicant will answer:

- Question #1 by checking “Yes” next to the type of child maltreatment identified on the applicant’s child maltreatment report; if no types apply do not check any type.
- Question #2 by checking “Yes” or “No”

NOTE: If you answered “Yes” to **both** questions in Section II., you meet the criteria for having your case reviewed.

3. In **Section III – Victim and Central Registry Data**, the applicant will type or print:

- Victim’s Name and Date-of-Birth;
- CRID Number listed on your Central Registry Report.

Additional Documentation: Attach the following documents to the form-

- A copy of the Central Registry Report;
- A current criminal record background check;
- Information which proves by a preponderance of the evidence that you have been rehabilitated. The information you submit may include any or all of the following:
 - A personal letter explaining your rehabilitation
 - Documents proving participation in treatment, remediation, or rehabilitation programs
 - One to three letters of reference from professionals, employers, spiritual counselors, friends, or family describing your rehabilitation

ROUTING:

- The applicant will retain a copy of the form for him/herself
- The applicant will mail the completed form and attachments to the following address:

**The Division of Children and Family Services
Central Registry
P.O. Box 1437, Slot S566
Little Rock, AR 72203**



**Arkansas Department of Human Services
Division of Children and Family Services**

Request for Name Removal from the Central Registry by Juvenile Offender

I. REQUESTER'S PERSONAL DATA:

Last Name	First Name (Include any Alias)	Middle Name
Address	Telephone	Home: ()
		Work : ()
	Date of Birth	Gender
	Soc. Sec. Number	Race

II. CHILD MALTREATMENT REPORT INFORMATION:

1. Have you reached the age of eighteen OR has more than one year passed since your name was placed on the Central Registry and you have not had a subsequent true report of this type for one year? Yes No

NOTE: If you answered "yes" to the above question, then you meet the criteria to have your case reviewed. The review will determine whether there is a preponderance of the evidence that the juvenile offender has been rehabilitated based on the documentation the requestor submits. Please see Section IV of this form for a list of information that must be submitted.

Ark. Code Ann. 12-18-908 requires The Department of Human Services to establish procedures to determine whether or not to remove an Offender's name from the Central Registry if the juvenile has reached the age of eighteen or more than one year has passed from the date of the act or omission that caused the true finding of child maltreatment and there have been no subsequent acts or omissions resulting in a true finding of child maltreatment.

A committee with expertise in the area of child maltreatment will review your case upon receipt of this request to determine if your name can be removed from the Central Registry. The law requires that you meet the criteria listed on this form for your case to be reviewed. The Review Committee meets on a monthly basis. Your request must be received 45 days prior to the monthly meeting in which it will be reviewed. You will be notified in writing of the committee's decision.

III. VICTIM AND CENTRAL REGISTRY DATA:

Victim's Name _____ Victim's Date of Birth _____

What is the CRID number listed on your Central Registry Report?

CRID Number _____

IV. OTHER REQUIRED DOCUMENTATION

If you meet the criteria to have your case reviewed please submit:

- 1) Arkansas Child Maltreatment Central Registry results free from a true finding of the same maltreatment type for the preceding year;
- 2) Child Maltreatment Registry results from the offender's current state of residence and/or any state in which the offender has resided in the preceding year free from a true finding of the same maltreatment type for the preceding year;
- 3) Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;
- 4) State background check results from the offender's current state of residence and any state in which the offender has resided in the preceding year free from child maltreatment-related offense for the preceding one year;
- 5) Evidence of the offender's rehabilitation, which may include, but is not limited to:
 - a) A personal letter from the offender describing his rehabilitation;
 - b) Documents proving participation in treatment, remediation, or rehabilitation programs;
 - c) One to three letter of reference from professionals (not to include DCFS employees), employers, spiritual counselors, friends, or family describing the offender's rehabilitation.

Submit your documents to:

**The Division of Children and Family Services
Central Registry
P.O. Box 1437, Slot S566
Little Rock, AR 72203**

Authorization for Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

For the purpose(s) of Arkansas Child Maltreatment Central Registry status only, I, the listed applicant, hereby request that the Arkansas Child Maltreatment Central Registry, Slot S 566, PO Box 1437, Little Rock, Arkansas 72203, release to the listed requestor any information permitted by Arkansas Statute their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment.

Please make sure all information is legible. All forms that are illegible will be returned.

This information/result(s) should be addressed to REQUESTOR:

NAME RMEOVAL COMMITTEE SLOT S 566

DHS DIVISION OF CHILDREN AND FAMILY SERVICES

P O BOX 1437

LITTLE ROCK AR 72203

Telephone Number: 501-682-0405 Fax Number: 501-682-0407

Pursuant to Arkansas Statutes, I understand that the name of any confidential informants, information not permitted by Arkansas Statute, or other information which does not pertain to the applicant as alleged perpetrator, will not be released, and that any released information is confidential and may not be re-disclosed to any person, except as specifically permitted by law (See A.C.A. §12-18-909).

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race

Age

DOB

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

Child's Full Name, DOB, and Social Security Number

(Please provide the last ten (10) years)

Present Address:

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas Acknowledges before me this _____ day of

_____ 200____. My commission expires: _____

Notary Public

Notary Seal



ARKANSAS STATE POLICE

ASP 122
(Rev. 02/19/2019)

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Identification Bureau Individual Record Check Request Form

INSTRUCTIONS

If you are mandated by law to have the background check performed, please contact the licensing agency/entity that requires the background check for the proper request form.

1. When **an Arkansas background check** is requested, include a properly completed **ASP 122** request form and a check or money order in the amount of **\$25.00 (DO NOT SEND CASH)**, made payable to the Arkansas State Police. A fingerprint card is **NOT** required to be submitted if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code §12-12-1013.
3. If the request is made by mail, an envelope properly addressed to the person/entity to whom the background check will be released, as specified on the ASP 122 form, with sufficient return postage must be included.
4. When the properly completed **ASP 122** form is submitted, other than in person at the ASP ID Bureau in Little Rock by the subject of the record check, this request form must be notarized.
5. Send properly completed request form, envelope, and proper payment to:

**Arkansas State Police
Identification Bureau
1 State Police Plaza Drive
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500**.

SEE OTHER SIDE FOR REQUEST FORM

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Submitting a Manual Record Check Request In Person or through the Mail

Anyone with the signed written consent of the subject of the record may use the manual process of conducting an Arkansas criminal history record check and submit a completed ASP-122 with a notarized release signature from the subject of the check and \$25.00 check or money order. Those request can be mailed to the Arkansas State Police Identification Bureau, 1 State Police Drive, Little Rock, AR 72209 or delivered in person to the State Police Headquarters at I-30 at Geyer Springs Road (exit 133). Our business hours are Monday through Friday 7:30 a.m. to 4:30 p.m. You may not submit the request to your local Troop headquarters or ASP Criminal Investigation Division. The processing time once the request is received by the Identification Bureau is generally two to five days excluding mailing time.

Contact ASP Identification Bureau

You may contact the Arkansas State Police Identification Bureau by mail at 1 State Police Drive, Little Rock, AR 72209. You may call 501-618-8500 or via email at info@asp.state.ar.us.

To visit in person, our physical location is at Arkansas State Police Headquarters at I-30, at the 133 mile marker (Geyer Springs Road) Our service hours at the front window are 7:30 a.m. to 4:30 p.m., Monday through Friday.

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PROCEDURE XIII-A4: Automatic Name Removal from Child Maltreatment Central Registry

01/2020

CRITERIA FOR REMOVAL

The offender's name will be automatically removed from the Child Maltreatment Central Registry for the following types of child maltreatment, as designated by A.C.A. § 12-18-908, dependent upon the offender having not had a subsequent true report of this type for one year and more than one year having passed since the offender's name was placed on the Child Maltreatment Central Registry:

- A. Educational Neglect-Priority II
- B. Environmental Neglect – Priority II
- C. Inadequate Clothing- Priority II
- D. Inadequate Food- Priority II
- E. Inadequate Shelter-Priority II
- F. Inadequate Supervision-Children six (6) years or older-Priority II

(A.C.A. § 12-18-908 allows these to be set at the discretion of the Director of the Department. However, these can only be changed through normal promulgation after a special review by the House Interim Committee on Aging, Children and Youth, Legislative and Military Affairs and the Senate Interim Committee on Children and Youth [A.C.A. § 12-18-908].)

NOTIFICATION OF REMOVAL

The County Supervisor or designee is responsible for notifying offenders of the automatic removal of their name from the Child Maltreatment Central Registry, and will:

- A. Check monthly report of Automatic Removals from the Central Registry in CHRIS.
- B. Send CFS-327: Notification of Name Removal from the Child Maltreatment Central Registry to offenders identified for his/her respective county within ten (10) days of receiving the CHRIS report.

PROCEDURE XIII-A5: Child Maltreatment Central Registry Review Team

01/2020

If the offender's name is not eligible to be automatically removed from the Child Maltreatment Central as described in Procedure XIII-A7 above, the Child Maltreatment Central Registry Review Team shall review removal requests. The Child Maltreatment Central Registry Review Team shall operate as follows:

A. The Director of DCFS will appoint the members of the Child Maltreatment Central Registry Review Team.

- (1) The Review Team will be made up of DCFS central office and field staff and CACD.
- (2) There will be five members with alternates in case of scheduling conflicts.
- (3) A representative of OCC may provide legal advice and assistance to the team but will not be a member of the Child Maltreatment Central Registry Review Team.

B. The Review Team will select an alternating chairperson for each quarter.

C. The Review Team will determine a regular meeting schedule for the review any requests that meet all criteria but shall meet no less-frequently than on a quarterly basis.

D. Review requests must be received 60 days in advance of the review meeting, and all Review Team members will be provided with the case information 15 days prior to the review team meeting. All decisions will be by a majority vote of the team members.

E. All team decisions will be sent in writing by the Central Registry Manager or designee.

- (1) Denials will be sent to the applicants by certified mail within 15 days of the review team meeting.
- (2) Approvals will be sent to the applicants by regular mail within 15 days of the review team meeting.

PROCEDURE XIII-A6: Name Removal from Child Maltreatment Central Registry by an Adult Offender's Request

01/2020

REMOVAL CRITERIA

An adult offender is defined as a person age 18 years or older at the time of the act or omission that resulted in a true finding of child maltreatment.

An adult offender may request his or her name be removed from the Child Maltreatment Central Registry when:

- A. The individual has not had a subsequent true report of this type for one year; and,
- B. More than one year has passed since the adult offender's name was placed on the Child Maltreatment Central Registry.

However, the adult offender may not request removal from the Child Maltreatment Central Registry if any of the following apply:

- A. The adult offender was placed into the Child Maltreatment Central Registry for any type of child maltreatment that resulted in a child fatality as a direct result of the offender's act or omission.
- B. The adult offender is still involved in an open protective services or foster care case for the type of maltreatment for which he or she was placed into the Child Maltreatment Central Registry.
- C. The adult offender was placed into the Child Maltreatment Central Registry for any of the child maltreatment types listed below and his or her parental rights were subsequently terminated either voluntarily or involuntarily:

- Abuse with deadly weapon
- Bone fractures
- Brain Damage/Skull Fracture
- Burns/scalding
- Immersion
- Inadequate supervision – children less than 6 years of age
- Interfering with a child's breathing
- Internal injuries
- Malnutrition
- Oral sex
- Poison/noxious substances
- Presence of illegal substance in child or its mother at time of birth resulting from mother's knowing use of the substance
- Sexual exploitation
- Sexual penetration
- Shaking a child age 3 or younger
- Striking a child with a closed fist
- Subdural hematoma
- Suffocation

ME

(A.C.A. § 12-18-908 allows the types of maltreatment that may be considered for removal to be set at the discretion of the Director of the Department. However, these can only be changed through normal promulgation after a special review by the House Interim Committee on Aging, Children and Youth, Legislative and Military Affairs and the Senate Interim Committee on Children and Youth [A.C.A. § 12-18-908]).

Finally, per A.C.A. § 12-18-908, if an adult offender is found guilty of, pleads guilty to, or pleads nolo contendere to an act that is the same act for which the offender is named in the Child Maltreatment Central Registry regardless of any subsequent expungement of the offense from the offender's criminal record, the offender shall always remain in the Child Maltreatment Central Registry unless the conviction is reversed or vacated.

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APPLICATION FORMAT FOR AN ADULT OFFENDER

An application for name removal from the Child Maltreatment Central Registry shall conform to the following:

A. The adult offender will submit his or her request to the DCFS Director via the CFS-328-A: Request for Name Removal from the Child Maltreatment Central Registry by Adult Offender and shall also submit:

(1) A personal letter describing:

- (a) The offender's reason for the removal request;
- (b) The events and circumstances surrounding the child maltreatment finding; and,
- (c) The offender's rehabilitation; and,
- (d) Why the offender does not pose a risk of maltreatment to vulnerable populations, including without limitation, children, the elderly, persons with a disability, and persons with a mental health illness;

(2) Arkansas Child Maltreatment Central Registry results free from a true finding of the same maltreatment type for the preceding year;

(3) Child Maltreatment Registry results from the offender's current state of residence and/or any state in which the offender has resided in the preceding year free from a true finding of the same maltreatment type for the preceding year;

(4) Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;

(5) State background check results from the offender's current state of residence and/or any state in which the offender has resided in the preceding year free from child maltreatment-related offense for the preceding one year;

(6) Description and documentation (e.g., court records, letter from the adult offender's attorney, probation officer, or prosecuting attorney) of any current pending criminal charges, if applicable;

(7) Evidence of the offender's rehabilitation, including, but not limited to:

- (a) Documentation proving completion of treatment, remediation, or rehabilitation programs as related to the specific offense if applicable. i. For removal requests related to sexual abuse, proof of rehabilitation must include documentation from a licensed mental health professional that: a) States that the requestor has participated in therapy with the licensed mental health

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professional to address the issues related to the sexual abuse offense; b) States total length of time the requestor has participated in therapy with the licensed mental health professional to address the issues related to the sexual abuse offense and the frequency of therapy sessions during that period of time; c) Indicates whether a sex offender specific assessment was conducted during the therapy period (e.g., the Vermont Assessment of Sex Offender Risk (VASOR), Clarke Sex History Questionnaire for Males-Revised, Hare Psychotherapy Scale) (note: the use of such an assessment is not necessarily a requirement for removal but the presence or absence of such an assessment will be considered); d) Provides the licensed mental health professional's assessment of the requestor's participation during the therapy period.

(b) One to three letters of reference from professionals (not to include DCFS employees), employers, spiritual counselors, friends, or family describing the offender's rehabilitation and whether the offender poses a risk of maltreatment to vulnerable populations, including without limitation, children, the elderly, persons with a disability, and persons with a mental health illness.

i. No more than one letter of reference can be submitted from a family member.

The Child Maltreatment Central Registry Review Team, as described in Procedure XIII-A6, may select additional, non-child maltreatment-related offenses which prevent name removal from the Child Maltreatment Central Registry.

DETERMINATION OF NAME REMOVAL REQUEST BY AN ADULT OFFENDER

The Child Maltreatment Central Registry Review Team will consider requests for removal of names from the Registry. In determining whether or not to remove an offender from the Child Maltreatment Central Registry the Review Team shall consider any relevant evidence, which may include, but is not limited to the following:

- A. The circumstances surrounding the maltreatment;
- B. The seriousness of the harm caused by the maltreatment to the child or children;
- C. The probability of the offender engaging in future maltreatment;
- D. Evidence of the offender's completion of training, rehabilitation, and efforts to learn effective strategies to care for children;
- E. And any other information that is relevant to the specific offense.

If the child maltreatment type is in the removal-by-request category, and the adult offender has not had a subsequent true report of this type for one year and more than one year has passed since the offender's name was placed on the Child Maltreatment Central Registry, he will have a right to a review of the case.

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If the Review Team denies the request-for-removal of the name from the Child Maltreatment Central Registry, the Review Team shall send a denial letter to the adult offender explaining the reason for denial as it relates to:

- A. The circumstances surrounding the maltreatment;
- B. The seriousness of the harm caused by the maltreatment to the child or children;
- C. The probability of the offender engaging in future maltreatment;
- D. Evidence of the offender's completion of training, rehabilitation, and efforts to learn effective strategies to care for children;
- E. Any pending criminal charges surrounding the maltreatment;
- F. And any other information that is relevant to the specific offense.

The adult offender shall wait one year from the date of the request for removal before filing a new petition with the Division requesting the offender's name be removed from the Child Maltreatment Central Registry. However, if the Review Team needs additional information from the adult offender in order to make the determination as to whether to remove his or her name from the Child Maltreatment Central Registry, the Review Team may request that the adult offender provide the additional information without requiring the adult offender to wait an additional year to file a new petition. The Review Team shall inform the adult offender in writing of the specific additional information requested. The adult offender shall have ten (10) calendar days from the date of the request to submit the requested additional information. If the request is sent via mail, the adult offender shall be given an additional three (3) calendar days to submit the information. If the requested information is not submitted within the specified timeframe, then the adult offender shall wait one year from the date of the request to file a new petition requesting his or her name be removed from the Child Maltreatment Central Registry.

If the Review Team denies the request-for-removal of the name from the Child Maltreatment Central Registry, the adult offender may request an administrative hearing within 30 days from the receipt of the Division's decision.

PROCEDURE XIII-A7: Name Removal from Child Maltreatment Central Registry for a Juvenile Offender

01/2020

REMOVAL CRITERIA

Pursuant to A.C.A. § 12-18-908, the name of an offender who was a juvenile at the time of the offense shall not be removed from the Child Maltreatment Central Registry if the offender was found guilty of, pleaded guilty to, or pleaded nolo contendere to a felony in circuit court as an adult for the act that is the same act for which the offender is named in the Child Maltreatment Central Registry unless the conviction is reversed or vacated.

However, the name of an offender who was a juvenile at the time of the offense shall be removed from the Child Maltreatment Central Registry, as provided by A.C.A. § 12-18-908, when:

- A. The juvenile has reached the age of 18 or more than one year has passed from the date of the act or omission that caused the true finding of child maltreatment and there have been no subsequent acts or omissions resulting in a true finding of child maltreatment; and,
- B. The juvenile offender can prove by a preponderance of the evidence that he/she has been rehabilitated.

APPLICATION FORMAT FOR A JUVENILE OFFENDER

An application for name removal from the Child Maltreatment Central Registry shall conform to the following:

A. The juvenile offender will submit his request to the DCFS Director via the CFS-328-B: Request for Name Removal from the Child Maltreatment Central Registry by Juvenile Offender and shall also submit:

- (1) Arkansas Child Maltreatment Central Registry results free from a true finding of the same maltreatment type for the preceding year;
- (2) Child Maltreatment Registry results from the offender's current state of residence and/or any state in which the offender has resided in the preceding year free from a true finding of the same maltreatment type for the preceding year;
- (3) Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;
- (4) State background check results from the offender's current state of residence and any state in which the offender has resided in the preceding year free from child maltreatment-related offense for the preceding one year;
- (5) Evidence of the offender's rehabilitation, which may include, but is not limited to:

- (a) A personal letter from the offender describing his rehabilitation;

- (c) One to three letters of reference from professionals (not to include DCFS employees), employers, spiritual counselors, friends, or family describing the offender's rehabilitation.

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DETERMINATION OF NAME REMOVAL REQUEST BY A JUVENILE OFFENDER

The Child Maltreatment Central Registry Review Team will consider requests for removal of names from the Registry. In determining whether or not to remove a juvenile offender's name from the Child Maltreatment Central Registry, the Review Team shall consider the following:

- A. Whether the criminal history reveals any convictions as an adult for the same act for which the offender is named in the registry; and,
- B. Whether the juvenile offender has reached the age of eighteen (18); or, one year has passed from the date of the act or omission that caused the true finding of child maltreatment; and,
- C. There have been no subsequent acts or omissions resulting in a true finding of child maltreatment; and,
- D. The information submitted proves, by a preponderance of the evidence, that the juvenile offender has been rehabilitated.

If the Review Team denies the request-for-removal of the name from the Child Maltreatment Central Registry, the Review Team shall send a denial letter to the juvenile offender explaining the reason for denial. The juvenile offender shall wait one year from the date of the request for removal before filing a new petition with the Division requesting the offender's name be removed from the Child Maltreatment Central Registry. If the Review Team denies the request-for-removal of the name from the Child Maltreatment Central Registry, the juvenile offender may request an administrative hearing within 30 days from the receipt of the division's decision.

However, if the Review Team needs additional information from the juvenile offender in order to make the determination as to whether to remove his or her name from the Child Maltreatment Central Registry, the Review Team may request that the juvenile offender provide the additional information without requiring the juvenile offender to wait an additional year to file a new petition. The Review Team shall inform the juvenile offender in writing of the specific additional information requested. The juvenile offender shall have ten (10) calendar days from the date of the request to submit the requested additional information. If the request is sent via email, the juvenile offender shall be given an additional three (3) calendar days to submit the information. If the requested information is not submitted within the specified timeframe, then the juvenile offender shall wait one year from the date of the request to file a new petition requesting his or her name be removed from the Child Maltreatment Central Registry.