



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

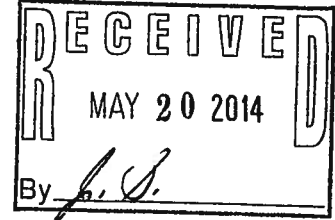
700 Main Street, Donaghey Plaza South, 5th Floor

P.O. Box 1437, Slot S560

Little Rock, Arkansas 72203-1437

Telephone (501) 682-8008 TDD (501) 682-1442 FAX (501) 682-6968

May 20, 2014



Varnaria Vickers-Smith, Legislative Analyst
Senate Interim Children and Youth Committee and the
House Aging, Children and Youth, Legislative and Military Affairs Committee
Arkansas Bureau of Legislative Research
One Capital Mall, 5th Floor, Room R-516
Little Rock, AR 72201

RE: Initial Filing - Regular Promulgation

Dear Ms. Vickers-Smith:

Please place the Division of Children & Family Services on the Children & Youth Committee agenda for review of the Rules as listed on the Questionnaire. The public comment period is from May 20, 2014 to June 18, 2014, with an effective date of August 1, 2014.

Enclosed are copies of the Questionnaire, Summary of Changes, Financial Impact Statement and Rule.

If you have any questions or comments, please contact Christin Harper, Policy & Professional Development Administrator, Division of Children and Family Services, P.O. Box 1437, (Slot S570), Little Rock, Arkansas 72203-1437; phone 682-8541; email christin.harper@arkansas.gov or fax 682-6968.

Sincerely,

A handwritten signature in cursive script that reads "Cecile Blucker".
Cecile Blucker

Director, Division of Children and Family Services

NOTICE OF RULE MAKING

Pursuant to A.C.A. § 9-28-103, the Director, Division of Children and Family Services, issues proposed changes to procedures and forms pertaining to the requests for name removal from the Arkansas Child Maltreatment Central Registry as follows:

- Revise procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry that would allow all maltreatment types to be considered for removal unless the maltreatment led to a child fatality
- Change procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry to state that if parental rights have been terminated related to that maltreatment act or omission, then he/she cannot request consideration for removal
- Update procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry to note that someone cannot request consideration for removal if the requestor is still involved in an open DCFS case
- Clarify the adult requestor procedure to allow a person to be denied removal from the Child Maltreatment Central Registry based on any pending criminal charges surrounding the maltreatment
- Clarify the required application format for a name removal request for both adults and juveniles

The proposed changes are available for review at the Division of Children and Family Services, Policy Unit, 5th floor Donaghey Plaza South, 7th and Main Streets, Little Rock, AR. 72203-1437. All comments must be submitted in writing to the Policy Unit no later than June 18, 2014. All the proposed changes may be viewed in their entirety at

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 501- 682-8830 (Voice) or 501- 682-1442 (TDD). The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.



Cecile Blucker
Director, Division of Children and Family Services

5/19/14

Date

BUREAU OF LEGISLATIVE RESEARCH

DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
AMENDING ADMINISTRATIVE REGULATIONS

- TITLE: **Revised Rule**
- **PROCEDURE XIII-A9: Name Removal from Child Maltreatment Central Registry for an Adult**
 - **PROCEDURE XIII-A10: Name Removal from Child Maltreatment Central Registry for a Juvenile**
 - **CFS 328-A: Request for Name Removal from the Arkansas Child Maltreatment Central Registry by an Adult**
 - **CFS 328-B: Request for Name Removal from the Arkansas Child Maltreatment Central Registry by a Juvenile**
- New Rule**
- **CFS 328-C: Child Maltreatment Central Registry Review Team Decision Letter to Requestor**
- PROPOSED EFFECTIVE DATE: August 1, 2014
- STATUTORY AUTHORITY: A.C.A. 9-28-103
- NECESSITY AND FUNCTION: **Revised Rule**
- **PROCEDURE XIII-A9: Name Removal from Child Maltreatment Central Registry for an Adult**
 - Removed specific types of maltreatment that may be considered for name removal
 - Revised to indicate that all maltreatment types may be considered for removal from the Arkansas Child Maltreatment Central Registry unless there was an associated child fatality or, for certain allegations, parental rights have been terminated related to that maltreatment act or omission
 - Clarified the required application format for a name removal request
 - Specified additional requirements for removal requests related to sexual abuse findings
 - **PROCEDURE XIII-A10: Name Removal from Child Maltreatment Central Registry for a Juvenile**
 - Clarified the required application format for a name removal request by a juvenile
 - **CFS 328-A: Request For Name Removal From The Arkansas Child Maltreatment Central Registry by an Adult**
 - Revised to reflect change in corresponding Procedures XIII-A9 that all maltreatment types may be considered for removal as along as the maltreatment type did not also lead to a child fatality or parental rights have been terminated related to that maltreatment

- act of omission
- Revised for general formatting and organizational purposes.
- **CFS 328-B: Request for Name Removal from the Arkansas Child Maltreatment Central Registry by a Juvenile**
 - Revised to better reflect the required application format for a name removal request by a juvenile

New Rule

- **CFS 328-C: Child Maltreatment Central Registry Review Team Decision Letter to Requestor**
 - Developed a uniform letter to inform the requestor of the results of his/her name removal request from the Child Maltreatment Central Registry

PAGES FILED:

Signature

Name: Cecile Blucker Title: Director

Section: Division of Children and Family Services

Department of Human Services

PROMULGATION DATES: May 20 , 2014- June 18, 2014

CONTACT PERSON: Christin Harper
DHS-DCFS Policy Unit
Phone: (501) 682-8541
Fax: (501) 683-4854
Email: christin.harper@arkansas.gov

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services
 DIVISION Division of Children and Family Services
 DIVISION DIRECTOR Cecile Blucker
 CONTACT PERSON Christin Harper, Policy & Professional Development Administrator
 ADDRESS P. O. Box 1437, Slot S570, Little Rock, AR 72203-1437
 PHONE NO. (501)682-8541 FAX NO. (501) 683-4854 E-MAIL christin.harper@dhs.arkansas.gov
 NAME OF PRESENTER AT COMMITTEE MEETING Christin Harper
 PRESENTER E-MAIL christin.harper@dhs.arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis
 Administrative Rules Review Section
 Arkansas Legislative Council
 Bureau of Legislative Research
 One Capitol Mall, 5th Floor
 Little Rock, AR 72201**

1. What is the short title of this rule? Revisions to Child Maltreatment Central Registry Name Removal Request Procedures

To revise policies and procedures to allow all maltreatment types to be considered for removal by the Child Maltreatment Central Registry Review Team unless the maltreatment led to a child fatality or, for certain allegations, unless parental rights have been terminated related to that maltreatment act or omission, and to clarify the required application format for a name removal request.

2. What is the subject of the proposed rule?

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
 If yes, please provide the federal rule, regulation, and/or statute citation. _____

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
 If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? _____

Yes

No

5. Is this a new rule? Yes No

If yes, please provide a brief summary explaining the regulation. _____

Does this repeal an existing rule? Yes No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule? _____

Yes

No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. _____

7. What is the purpose of this proposed rule? Why is it necessary?

• PROCEDURE XIII-A9: Name Removal from Child Maltreatment Central Registry for an Adult Offender

- o Revised procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry that would allow all maltreatment types to be considered for removal unless the maltreatment led to a child fatality
- o Changed procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry to state that if parental rights have been terminated related to that maltreatment act or omission, then he/she cannot request consideration for removal
- o Updated procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry to note that someone cannot request consideration for removal if the requestor is still involved in an open DCFS case
- o Clarified the adult requestor procedure to allow a person to be denied removal from the Child Maltreatment Central Registry based on any pending criminal charges surrounding the maltreatment
- o Clarified the required application format for a name removal request
- o Specified additional requirements for removal requests related to sexual abuse findings

• PROCEDURE XIII-A10: Name Removal from Child Maltreatment Central Registry for a Juvenile

- o Clarified the required application format for a name removal request

• CFS-328-A: Request For Name Removal from the Arkansas Child Maltreatment Central Registry:

- o Revised to reflect change in corresponding Procedures XIII-A9 that all maltreatment types may be considered for removal as long as the maltreatment type did not also lead to a child fatality
- o Changed to state that if parental rights have been terminated related to the maltreatment act or omission, then requestor cannot request consideration for removal
- o Revised for general formatting and organizational purposes
- o Added a question regarding any pending criminal charges for an act that is the same act for which the offender is named on the registry

- CFS-328-B: Request for Name Removal from the Arkansas Child Maltreatment Central Registry for a Juvenile
 - o Updated to better describe application requirements for a name removal request by a juvenile
 - o Revised for general formatting and organizational purposes

New Rule

- CFS-328-C: Child Maltreatment Central Registry Review Team Decision Letter to Requestor
 - o Developed a uniform letter to inform the requestor of the results of his/her name removal request from the Child Maltreatment Central Registry

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

AR Secretary of State Website

DHS/DCFS CHRIS public:

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: February 14, 2014

Time: 2:00 pm

Place: Main Branch of the Central Arkansas Library System, River Market

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

June 18, 2014

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

August 1, 2014

12. Do you expect this rule to be controversial? Yes No

If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

We do not know of any specific groups of persons who would comment.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services
DIVISION Division of Children and Family Services
PERSON COMPLETING THIS STATEMENT Joe Cox
TELEPHONE NO. (501)682-6248 **FAX NO.** (501)682-6968 **EMAIL:** joe.cox@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Revisions to Child Maltreatment Central Registry Name Removal Request Procedures

- 1. Does this proposed, amended, or repealed rule have a financial impact? Yes No

- 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No

- 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

(a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0.00

Total 0.00

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total 0.00

Total 0.00

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ 0.00

\$ 0.00

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 0.00

\$ 0.00

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
 - (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

DCFS SUMMARY OF CHANGES FOR MAY 2014 PROMULGATION

SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to:

- Revise procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry that would allow all maltreatment types to be considered for removal unless the maltreatment led to a child fatality
- Change procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry to state that if parental rights have been terminated related to that maltreatment act or omission, then he/she cannot request consideration for removal
- Update procedures pertaining to adult offenders' requests for removal from the Arkansas Child Maltreatment Central Registry to note that someone cannot request consideration for removal if the requestor is still involved in an open DCFS case
- Clarify the adult requestor procedure to allow a person to be denied removal from the Child Maltreatment Central Registry based on any pending criminal charges surrounding the maltreatment
- Clarify the required application format for a name removal request for both adults and juveniles

PROCEDURE XIII-A9: Name Removal from Child Maltreatment Central Registry by an Adult Offender's Request

0278/20142

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.

If an adult offender has been entered into the Child Maltreatment Central Registry for the types of child maltreatment listed below, the adult offender may request that 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:

B. and,

C. The individual was entered into the Child Maltreatment Central Registry for the following types of child maltreatment:

- 1) Medical Neglect-Priority II
- 2) Mental Injury-Priority I
- 3) Medical Neglect of an Infant with Disabilities-Priority I
- 4) Munchausen Syndrome by Proxy or Illness Falsification by Proxy-Priority II (Non-Serious Injury)
- 5) Sprains/Dislocations-Priority II
- 6) Striking a Child Age Seven or Older on the Face or Head-Priority II
- 7) Striking a Child Age Six or Younger on the Face or Head-Priority I
- 8) Throwing or Kicking a Child-Priority II (Non-Serious Injury)
- 9) Abandonment-Priority I
- 10) Cuts, Welts, or Bruises-Priority I or II
- 11) Human Bites-Priority II
- 12) Inadequate Supervision-Priority II

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- 13) Lock-Out—Priority II
- 14) Substance Misuse—Priority II
- 15) Sexual Contact—Priority I (Non-Coercive Contact between two juveniles and the victim was not under the age of 13)
- 16) Failure to Thrive—Priority I
- 17) Pornography/Live Sex Act Exposure—Priority I
- 18) Indecent Exposure—Priority I
- 19) Threat of Harm—Priority I
- 20) Failure to Protect—Priority I or II
- 21) Shaking a Child Age Four or Older—Priority I
- 22) Tying/Close Confinement—Priority II
- 23) Pinching or Striking a Child in the Genital Area—Priority II
- 24) Extreme or Repeated Cruelty to a Juvenile—Priority II
- 25) Voyeurism—Priority I

[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].]

- 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

[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

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Youth, Legislative and Military Affairs and the Senate Interim Committee on Children and Youth [A.C.A. § 12-18-908].

Finally, however, in accordance with 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.

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 of DCFS via the CFS-328-Aa: Request for Name Removal from the Child Maltreatment Central Registry by Adult Offender and shall also submit, which shall:
 - 1) A personal letter describing:
 - a) The offender's reason for the removal request.
 - b) The events and circumstances surrounding the child maltreatment finding Outline the request, and,
 - c) The offender's rehabilitation, and must mention the date and type of maltreatment, and the victim's name, as well as any other identifying information;
 - 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) Include an Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;
 - 5) Include a 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) Include evidence of the offender's rehabilitation, including, but not limited to:
 - a) A personal letter from the offender describing his rehabilitation
 - a) Documentations proving participation 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 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
 - b) participation during the therapy period.

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

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

5) The Child Maltreatment Central Registry Review Team, as described in Procedure XIII-A9, may select additional, non-child maltreatment-related offenses which prevent name removal from the Child Maltreatment Central Registry.

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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.

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;
- D. And any other information that is relevant to the specific offense.

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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-A10: Name Removal from Child Maltreatment Central Registry for a Juvenile Offender

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 ~~Director of DCFS~~ Director via the CFS-328-Ba: Request for Name Removal from the Child Maltreatment Central Registry by Juvenile Offender and, which shall also submit:
 - ~~1) Outline the request and must mention the date and type of maltreatment, and the victim's name, as well as any other identifying information.~~
 - 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;
 - ~~2) Include an Arkansas Crime Information Center (ACIC) background check results free from child maltreatment-related offense for the preceding one year;~~
 - ~~3) Include a 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;~~
 - 4) 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.

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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.

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PROCEDURE XIII-A9: Name Removal from Child Maltreatment Central Registry by an Adult Offender's Request

08/2014

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

(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.

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.
 - 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 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
 - 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-A9, 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.

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-A10: Name Removal from Child Maltreatment Central Registry for a Juvenile Offender

08/2014

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;
 - 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.

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.

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

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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 _____

I. REQUESTOR'S PERSONAL DATA:

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

II. CHILD MALTREATMENT REPORT INFORMATION:

1. Was Did this type of a child maltreatment listed above investigation conducted on you resulting in a true finding on one of the following child maltreatment types?

- | | |
|---|--|
| <input type="checkbox"/> Yes—Medical Neglect | <input type="checkbox"/> Yes—Lock Out |
| <input type="checkbox"/> Yes—Mental Injury | <input type="checkbox"/> Yes—Substance Misuse |
| <input type="checkbox"/> Yes—Medical Neglect of Disabled Infants | <input type="checkbox"/> Yes—Inadequate Supervision |
| <input type="checkbox"/> Yes—Munchausen's Syndrome by Proxy or Illness Falsification by Proxy | <input type="checkbox"/> Yes—Failure to Thrive |
| <input type="checkbox"/> Yes—Sprains/ Dislocations | <input type="checkbox"/> Yes—Pornography Live Sex Act |
| <input type="checkbox"/> Yes—Striking a Child age seven or older on the face | <input type="checkbox"/> Yes—Indecent Exposure |
| <input type="checkbox"/> Yes—Striking a Child age six or younger on the face | <input type="checkbox"/> Yes—Threat of Harm |
| <input type="checkbox"/> Yes—Throwing or Kicking a Child | <input type="checkbox"/> Yes—Failure to Protect |
| <input type="checkbox"/> Yes—Abandonment | <input type="checkbox"/> Yes—Shaking a Child age four or older |
| <input type="checkbox"/> Yes—Cuts, Welts, or Bruises | <input type="checkbox"/> Yes—Tying/ Close Confinement |

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Yes Human Bites

Yes Sexual Contact

Yes Extreme or Repeated Cruelty to a Juvenile

Yes Pinching or Striking a Child in the Genital Area

2. Has the offender not had a subsequent true report of this type for one year and more than one year passed since the offender's name was placed on the Central Registry? Yes No

NOTE: If you answered "yes" to both of the above questions you meet the criteria to have your case reviewed.

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 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 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 in March, June, September, and December. Your request must be received forty-five days prior to the quarterly review meeting. Your case will be reviewed in the month closest to the date that your request is received. You will be notified in writing of the committee's decision.

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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 _____

If you meet the criteria to have your case reviewed please submit this form, a copy of the Central Registry Report, a current criminal record background check, and proof of participation in, or completion of, any treatment or rehabilitation program for child maltreatment offenders (if appropriate). You must submit a personal letter explaining your rehabilitation and one to three letters of reference from professionals, employers, spiritual counselors, friends, or family describing your rehabilitation. No more than one letter can be submitted from a family member.

Submit your documents to:

The Division of Children and Family Services
Central Registry
P.O. Box 1437, Slot 5566
Little Rock, AR 72203

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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;

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- 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 of successful completion of a state certified sexual offender specific treatment program and the final assessment upon discharge) 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.

Submit your documents to:

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

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**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**



Arkansas Department of Human Services Division of Children and Family Services

Request for Name Removal from the Central Registry by Juvenile Offender

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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. Was a child maltreatment investigation conducted on you resulting in a true finding on one of the following child maltreatment types?

- | | |
|---|---|
| <input type="checkbox"/> Yes - Medical Neglect | <input type="checkbox"/> Yes - Lock-Out |
| <input type="checkbox"/> Yes - Mental Injury | <input type="checkbox"/> Yes - Substance Misuse |
| <input type="checkbox"/> Yes - Medical Neglect of Disabled Infants | <input type="checkbox"/> Yes - Inadequate Supervision |
| <input type="checkbox"/> Yes - Munchausen's Syndrome by Proxy or Illness Falsification by Proxy | <input type="checkbox"/> Yes - Failure to Thrive |
| <input type="checkbox"/> Yes - Sprains/ Dislocations | <input type="checkbox"/> Yes - Pornography Live Sex Act |
| <input type="checkbox"/> Yes - Striking a Child age seven or older on the face | <input type="checkbox"/> Yes - Indecent Exposure |
| <input type="checkbox"/> Yes - Striking a Child age six or younger on the face | <input type="checkbox"/> Yes - Threat of Harm |
| <input type="checkbox"/> Yes - Throwing or Kicking a Child | <input type="checkbox"/> Yes - Failure to Protect |
| <input type="checkbox"/> Yes - Abandonment | <input type="checkbox"/> Yes - Shaking a Child age four or older |
| <input type="checkbox"/> Yes - Cuts, Welts, or Bruises | <input type="checkbox"/> Yes - Tying/ Close Confinement |
| <input type="checkbox"/> Yes - Human Bites | <input type="checkbox"/> Yes - Sexual Contact |
| <input type="checkbox"/> Yes - Extreme or Repeated Cruelty to a Juvenile | <input type="checkbox"/> Yes - Pinching or Striking a Child in the Genital Area |

12. 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 both of 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 mentioned above listed on this form for your case to be reviewed. The Review Committee meets in March, June, September, and December on a monthly basis. Your request must be received 45 days prior to the quarterly-monthly review meeting in which it will be reviewed. Your case will be reviewed in the month closest to the date that your request is received. 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 _____

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IV. OTHER REQUIRED DOCUMENTATION

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

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- 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 this form, a copy of the Central Registry Report, a current criminal record background check, and 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:

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- 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

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Submit your documents to:

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

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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**



Division of Children and Family Services



P.O. Box 1437, Slot S560 · Little Rock, AR 72203-1437
501-682-8772 · Fax: 501-682-6968 · TDD: 501-682-1442

To: _____

From: _____

Address: _____

Certified Mail #: _____

In the matter of _____, the Arkansas Department of Human Services (DHS) Child Maltreatment Central Registry Review Team has reviewed _____ request to be removed from the Arkansas Child Maltreatment Central Registry.

After consideration of the evidence provided, the Team finds that this request for removal is

Granted

Denied

The reason(s) for this decision is/are as follow:

Please note that if the request has been denied, the offender must wait one year from the date of this removal request before filing a new petition with the Division requesting the offender's name be removed from the Arkansas Child Maltreatment Central Registry.

The Arkansas DHS Child Maltreatment Central Registry Review Team thanks you for the submission of your request.