



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 15, 2015



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 15, 2015 to June 14, 2015, with an effective date of July 27, 2015.

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@dhs.arkansas.gov or fax 682-6968.

Sincerely,

A handwritten signature in black ink that reads "Cecile Blucker".

Cecile Blucker

Director, Division of Children and Family Services

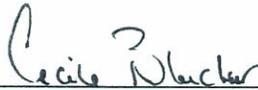
NOTICE OF RULE MAKING

Pursuant to A.C.A. § 9-28-103, the Director, Division of Children and Family Services (DCFS), issues proposed changes to DCFS policy and forms to require the Division of Children and Family Services (DCFS) to notify all parents of a sibling of the juvenile taken into DHS custody where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly, Regular Session 2015 and federal Public Law 113-183.

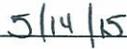
The proposed changes are available for review at the Division of Children and Family Services, Policy Unit, 5th floor Donaghey Plaza South, 7th and Main Streets, Little Rock, AR. 72203-1437. All comments must be submitted in writing to the Policy Unit no later than June 14, 2015. All the proposed changes 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



Date

BUREAU OF LEGISLATIVE RESEARCH

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

- TITLE: Revised Rule
- **POLICY III-B: Notification of Relatives and Fictive Kin When a Child is Taken into Custody by the Division**
 - **CFS-323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody**
 - **CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody**
 - **CFS-342: State Criminal Police and FBI Record Release**
- PROPOSED EFFECTIVE DATE: July 27, 2015
- STATUTORY AUTHORITY: A.C.A. 9-28-103
- NECESSITY AND FUNCTION: Revised Rule
- **POLICY III-B: Notification of Relatives and Fictive Kin When a Child is Taken into Custody by the Division**
 - To require DCFS to notify all parents of a sibling of the juvenile taken into DHS custody where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly, Regular Session 2015 and federal Public Law 113-183
 - **CFS-323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody**
 - To require DCFS to notify all parents of a sibling of the juvenile taken into DHS custody where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly, Regular Session 2015 and federal Public Law 113-183
 - To edit for general formatting/organizational purposes and for increased clarity regarding the provisional foster home process
 - **CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody**
 - To edit for general formatting/organizational purposes and for increased clarity regarding the provisional foster home process
 - **CFS-342: State Criminal Police and FBI Record Release**
 - To clarify, per the request of the FBI, that the release may also pertain to FBI record checks
 - To add a checkbox to indicate if the FBI check will be conducted via harvester
 - To edit for general formatting/organizational purposes

PAGES FILED:

Cecile Blucker

Signature

Name: Cecile Blucker

Title: Director

Section: Division of Children and Family Services

Department of Human Services

PROMULGATION DATES:

May 15, 2015-June 14, 2015

CONTACT PERSON:

Christin Harper

DHS-DCFS Policy Unit

Phone: (501) 682-8541

Fax: (501) 683-4854

Email: christin.harper@dhs.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 Notifications of Parents of a Sibling of a Juvenile Taken into DHS Custody

2. What is the subject of the proposed rule? Require DCFS to notify all parents of a sibling of the juvenile where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly and federal Public Law 113-183

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
Public Law 113-183, "Preventing Sex Trafficking and Strengthening Families Act"
If yes, please provide the federal rule, regulation, and/or statute citation. Families Act"

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. A.C.A. § 9-28-103

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

-To update Policy III-B: Notification of Relatives and Fictive Kin When a Child is Taken into Custody by the Division to require DCFS to notify all parents of a sibling of the juvenile taken into DHS custody where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly, Regular Session 2015 and federal Public Law 113-183

-To update CFS-323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody to require DCFS to notify all parents of a sibling of the juvenile taken into DHS custody where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly, Regular Session 2015 and federal Public Law 113-183 and to edit for general formatting/organizational purposes and for increased clarity regarding the provisional foster home process

-To edit CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody for general formatting /organizational purposes and for increased clarity regarding the provisional foster home process

-To update CFS-342: State Police Criminal and FBI Record Check Release to clarify that the release may also pertain to FBI record checks, to add a checkbox to indicate if the FBI check will be conducted via harvester, and to edit for general formatting and organizational purposes

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: _____

Time: _____

Place: _____

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

June 14, 2015

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

July 27, 2015

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 Cecile Blucker
TELEPHONE NO. (501)682-6248 **FAX NO.** (501) 682-6968 **EMAIL:** cecile.blucker@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 Notifications of Parents of a Sibling of a Juvenile Taken into DHS Custody

- 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?

<u>Current Fiscal Year</u>		<u>Next Fiscal Year</u>	
General Revenue	_____	General Revenue	_____
Federal Funds	_____	Federal Funds	_____
Cash Funds	_____	Cash Funds	_____
Special	_____	Special Revenue	_____

Revenue _____
Other (Identify) _____

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 _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total 0.00

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 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 2015 PROMULGATION

SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to update policy and forms to require the Division of Children and Family Services (DCFS) to notify all parents of a sibling of the juvenile taken into DHS custody where the parent has legal custody of the sibling per Act 1038 of the 90th General Assembly, Regular Session 2015 and federal Public Law 113-183.

POLICY III-B: NOTIFICATION OF RELATIVES AND FICTIVE KIN WHEN A CHILD IS TAKEN INTO CUSTODY BY THE DIVISION

078/20153

~~According to state and Federal law, (Act 1311 of 2009 and section 471(a)(31) of the Fostering Connections to Success and Increasing Adoptions Act of 2008),~~ the Division shall exercise due diligence to identify and provide notice to all adult grandparents, all parents of a sibling of the juvenile where the parent has legal custody of the sibling, and other adults who are related to the child transferred to the custody of the Division within the third degree of kinship by virtue of blood, adoption, or marriage. Additionally, the Division will provide notice to any other adult relatives suggested by the parents of the child. Per A.C.A. § 9-28-107, the Division may provide notice of a child transferred to the custody of the Division to fictive kin which are persons who have a strong, positive emotional tie to the child and have a positive role in the child's life but are not related by blood, adoption, or marriage. The Division will, on a continuing basis, seek out for the purpose of identifying potential opportunities for permanency, persons with whom the child has meaningful relationships. The Division will document its attempts to provide notice in court reports.

PROCEDURE III-B1: Notice to Relatives and Fictive Kin

078/20153

Notices

The Family Service Worker will:

Notices

- A. ~~The Family Service Worker will~~ provide notice using CFS-323-A: Notice to Adult Relatives by Blood, Adoption, or Marriage that a Child Has Been Taken into DCFS Custody to all adult relatives by blood, adoption, or marriage within the third degree of kinship, all parents of a sibling of the juvenile where the parent has legal custody of the sibling, as well as any other adult relatives suggested by the parents of the child.
 - 1) The Division *should* provide notice using CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody to any adults identified as having a positive, meaningful relationship with the child and/or could offer needed services and supports to the child and/or his or her family.
- B. ~~Send~~ notices ~~shall be provided~~ within 30 days after the child is transferred to the custody of the Division.
 - B-C. ~~Send~~ notices ~~shall be sent~~ to additional persons of interest who are identified at any point in time during the child's stay in foster care (within 30 days of identification) until permanency is achieved.
 - 1) ~~The notices~~ need not be sent to any adult relative or fictive kin who has:
 - a) A pending charge or past conviction or plea of guilty or nolo contendere for family or domestic violence; ~~or,~~
 - b) A true finding of child maltreatment in the Child Maltreatment Central Registry.
~~It is not mandatory that this notice be sent.~~ However, if it is determined that the relative may have a meaningful relationship with the child and the charge, conviction, or true finding is such that the relative is not considered to pose a threat to the child, the notice may be sent.
- D. In the Document Tracking Screen in CHRIS, select the CFS -323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody, ~~as appropriate~~, and enter the following information:
 - 1) Date Sent
 - 2) Description text field
 - 3) Comments text field
 - 4) Document Issue on Behalf of Client – select the client
 - 5) Document Issued to Recipients – select relative client
 - 5)

~~E. The Family Service Worker shall~~ contact by phone any individual to whom CFS-323-A: Notice to Adult Relatives by Blood, Adoption or

~~D-~~ Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody was sent within 5 working days of sending the notification to - ~~During the phone conversation, the Family Service Worker should~~ more fully explain the options that the specific individual may have in terms of providing a temporary home for or otherwise staying in contact with the child who was taken into DHS custody.

~~E-F.~~ Document the date and time of all phone contact attempts (whether successful or unsuccessful in speaking with the individual) and the result of each attempt in the CHRIS contacts screen.

~~G.~~ If, after three attempts of trying to reach an individual to whom CFS-323-A: Notice to Adult

~~F-~~ Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody was sent, the Family Service Worker is unable to reach him or her, the Family Service Worker FSW may cease trying to contact the individual.

~~G.H.~~ Enter the following information as appropriate on the Relative/Fictive Kin Interest Information Tab within the Court Report Screen in CHRIS under the Relative/Fictive Kin Interest Detail ~~if the individual indicates interest in providing support to the child, enter the following information as appropriate on the Relative/Fictive Kin Interest Information Tab within the Court Report Screen in CHRIS under the Relative/Fictive Kin Interest Detail:~~

- 1) Child
- 2) Relative/Fictive Kin
- 3) No Relative/Fictive Kin Identified checkbox (if applicable)
- 4) Notified Date
- 5) Under the "Interested in Participating in the Care and Placement of Child" section, each grouping has a checkbox and when selected the text box will become mandatory to enter the information on the following:
 - a) Provisional Home
 - b) Foster Home
 - c) Kinship Guardianship
 - d) Desires Visitation

Court Reports

The Family Service Worker will:

A. Include the following information in the CFS-6011: Court Report:

- 1) Outline of the efforts made by the Division to identify and notify all adult relatives including all parents of a sibling of the juvenile where the parent has legal custody of the sibling, that the child is in the Division's custody.
- 2) A list of all adult relatives and the response of each relative to the notice, including:
 - a) The adult relatives' interest in participating in the care and placement of the child;
 - b) Whether the adult relative is interested in becoming a provisional foster parent or foster parent of the child;
 - c) Whether the adult relative is interested in visitation.
- ~~6)3)~~ Outline of the efforts made by the Division to identify and notify any fictive kin that the child is in the Division's custody.
- ~~7)4)~~ A list of all fictive kin and the response of each fictive kin to the notice, including:
 - a) Whether fictive kin is interested in becoming a provisional foster parent or foster parent of the child.

MARKTOP

POLICY III-B: NOTIFICATION OF RELATIVES AND FICTIVE KIN WHEN A CHILD IS TAKEN INTO CUSTODY BY THE DIVISION

07/2015

The Division shall exercise due diligence to identify and provide notice to all adult grandparents, all parents of a sibling of the juvenile where the parent has legal custody of the sibling, and other adults who are related to the child transferred to the custody of the Division within the third degree of kinship by virtue of blood, adoption, or marriage. Additionally, the Division will provide notice to any other adult relatives suggested by the parents of the child. Per A.C.A. § 9-28-107, the Division may provide notice of a child transferred to the custody of the Division to fictive kin which are persons who have a strong, positive emotional tie to the child and have a positive role in the child's life but are not related by blood, adoption, or marriage. The Division will, on a continuing basis, seek out for the purpose of identifying potential opportunities for permanency, persons with whom the child has meaningful relationships. The Division will document its attempts to provide notice in court reports.

PROCEDURE III-B1: Notice to Relatives and Fictive Kin

07/2015

Notices

The Family Service Worker will:

- A. Provide notice using CFS-323-A: Notice to Adult Relatives by Blood, Adoption, or Marriage that a Child Has Been Taken into DCFS Custody to all adult relatives by blood, adoption, or marriage within the third degree of kinship, all parents of a sibling of the juvenile where the parent has legal custody of the sibling, as well as any other adult relatives suggested by the parents of the child.
 - 1) The Division *should* provide notice using CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody to any adults identified as having a positive, meaningful relationship with the child and/or could offer needed services and supports to the child and/or his or her family.
- B. Send notices within 30 days after the child is transferred to the custody of the Division.
- C. Send notices to additional persons of interest who are identified at any point in time during the child's stay in foster care (within 30 days of identification) until permanency is achieved.
 - 1) Notices need not be sent to any adult relative or fictive kin who has:
 - a) A pending charge or past conviction or plea of guilty or nolo contendere for family or domestic violence; or,
 - b) A true finding of child maltreatment in the Child Maltreatment Central Registry.However, if it is determined that the relative may have a meaningful relationship with the child and the charge, conviction, or true finding is such that the relative is not considered to pose a threat to the child, the notice may be sent.
- D. In the Document Tracking Screen in CHRIS, select the CFS -323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody, as appropriate, and enter the following information:
 - 1) Date Sent
 - 2) Description text field
 - 3) Comments text field
 - 4) Document Issue on Behalf of Client – select the client
 - 5) Document Issued to Recipients – select relative client
- E. Contact by phone any individual to whom CFS-323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody was sent within 5 working days of sending the notification to more fully explain the options that the specific individual may have in terms of providing a temporary home for or otherwise staying in contact with the child who was taken into DHS custody.

- F. Document the date and time of all phone contact attempts (whether successful or unsuccessful in speaking with the individual) and the result of each attempt in the CHRIS contacts screen.
- G. If, after three attempts of trying to reach an individual to whom CFS-323-A: Notice to Adult Relatives by Blood, Adoption or Marriage that a Child Has Been Taken into DCFS Custody or CFS-323-B: Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody was sent, the Family Service Worker is unable to reach him or her, the FSW may cease trying to contact the individual.
- H. Enter the following information as appropriate on the Relative/Fictive Kin Interest Information Tab within the Court Report Screen in CHRIS under the Relative/Fictive Kin Interest Detail if the individual indicates interest in providing support to the child:
 - 1) Child
 - 2) Relative/Fictive Kin
 - 3) No Relative/Fictive Kin Identified checkbox (if applicable)
 - 4) Notified Date
 - 5) Under the "Interested in Participating in the Care and Placement of Child" section, each grouping has a checkbox and when selected the text box will become mandatory to enter the information on the following:
 - a) Provisional Home
 - b) Foster Home
 - c) Kinship Guardianship
 - d) Desires Visitation

Court Reports

The Family Service Worker will:

- A. Include the following information in the CFS-6011: Court Report:
 - 1) Outline of the efforts made by the Division to identify and notify all adult relatives including all parents of a sibling of the juvenile where the parent has legal custody of the sibling, that the child is in the Division's custody.
 - 2) A list of all adult relatives and the response of each relative to the notice, including:
 - a) The adult relatives' interest in participating in the care and placement of the child;
 - b) Whether the adult relative is interested in becoming a provisional foster parent or foster parent of the child;
 - c) Whether the adult relative is interested in visitation.
 - 3) Outline of the efforts made by the Division to identify and notify any fictive kin that the child is in the Division's custody.
 - 4) A list of all fictive kin and the response of each fictive kin to the notice, including:
 - a) Whether fictive kin is interested in becoming a provisional foster parent or foster parent of the child.



Arkansas Department of Human Services
Division of Children and Family Services

Notice to Adult Relatives by Blood, Adoption or Marriage that a
Child Has Been Taken into DCFS Custody

To: _____
Address: _____
From: _____ Phone: _____
Email: _____ Date: _____

Dear _____:

You have been identified as a relative of _____ who is now in the custody of the
Arkansas Department of Human Services' Division of Children and Family Services (DCFS). DCFS has removed or is removing the
above-named child from the home of _____. We believe that relatives play an important
role in the lives of children, especially children who must be temporarily cared for by someone other than their parents. Children do
better when they can temporarily live with or stay connected in other ways to people who know and care about them.

We are contacting you to see if you are interested in being considered as a temporary home for or otherwise staying in contact with
_____ while s/he is in custody. In the next few days, I or someone from my agency will
call you to review your options for helping to care for _____.

Pursuant to Arkansas Code Ann. §9-28-1077-325, this is your notice that you have the option to (1) Participate in the care and placement of the child, (2) Participate in the placement with the child, Become a provisional foster parent, and/or (3) Visit the
child.

If you are interested in having the child temporarily live in your home with you, you may ask to become a Provisional Foster HomeParent. DCFS may approve your home as a Provisional Foster
Home after conducting (1) a health and safety check, which includes background checks, and (2) a visual inspection of your home. A
Provisional Foster Home may remain as such for six months, after which time one of the following must take place:

- 1. You must be approved as a Regular Foster Home.
2. You must receive permanent custody of the child.
3. Your Provisional Foster Home must be closed and the child must be removed.

If your home is opened as a Provisional Foster Home, you will receive benefits if you qualify for which you may become entitled
after the child is placed in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly
known as food stamps). DCFS may also provide daycare assistance if appropriate. The child will receive medical insurance.

Within six months of becoming a Provisional Foster Home, you must meet all other foster home requirements including attending
foster parent training. If you are approved as a Regular Relative Foster Home, DCFS will provide all services and supports available
to every child in foster care, such as monthly board payments for the child. In addition, if you become a fully approved Regular
Relative Foster Home, you may eventually qualify to serve as a guardian for the child and receive a guardianship subsidy.

If you are not approved as a Regular Relative Foster Home within six months of becoming a Provisional Foster Home, then one of the
following must take place: (1) You must receive permanent custody of the child, or (2) Your Provisional Foster Home must be closed
and the child must be removed. If your home is approved as a Regular Foster Home within six months of becoming a Provisional
Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for
each child and Medicaid.

If you are not able to provide a temporary home for _____, there are other ways for you
to stay involved in his/her life and maintain important family connections. You might visit regularly, arrange regular weekend or

holiday visits at your home, or offer to transport _____ to and from school, medical appointments, or other activities.

We will call you in the next few days to explore your options, but feel free to contact me sooner. My phone and email are listed above. We need to communicate with you at your earliest convenience either by phone, mail, email, or in person, to determine if you are interested in (1) Participating in the care and placement of the child (to potentially include, - (2) Bbecoming a provisional foster parent), or (23) Visiting the child. Contacting me will help ensure that you do not lose the opportunity to connect with _____ now or in the future.

Signature of Contact Person

MARKUP



Arkansas Department of Human Services
Division of Children and Family Services

Notice to Adult Relatives by Blood, Adoption or Marriage that a
Child Has Been Taken into DCFS Custody

To: _____

Address: _____

From: _____

Phone: _____

Email: _____

Date: _____

Dear _____ :

You have been identified as a relative of _____ who is now in the custody of the
Arkansas Department of Human Services' Division of Children and Family Services (DCFS). DCFS has removed or is removing the
above-named child from the home of _____. We believe that relatives play an important
role in the lives of children, especially children who must be temporarily cared for by someone other than their parents. Children do
better when they can temporarily live with or stay connected in other ways to people who know and care about them.

We are contacting you to see if you are interested in being considered as a temporary home for or otherwise staying in contact with
_____ while s/he is in custody. In the next few days, I or someone from my agency will
call you to review your options for helping to care for _____.

Pursuant to Arkansas Code Ann. §9-28-107, this is your notice that you have the option to (1) Participate in the care of the child, (2)
Participate in the placement with the child, and/or (3) Visit the child.

If you are interested in having the child temporarily live in your home with you, one option may be to become a Provisional Foster
Home. DCFS may approve your home as a Provisional Foster Home after conducting (1) a health and safety check, which includes
background checks, and (2) a visual inspection of your home.

If your home is opened as a Provisional Foster Home, you may receive benefits if you qualify after the child is placed in your home,
such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). DCFS may also provide daycare
assistance if appropriate. The child will receive medical insurance.

Within six months of becoming a Provisional Foster Home, you must meet all other foster home requirements including attending
foster parent training. If you are approved as a Regular Relative Foster Home, DCFS will provide all services and supports available
to every child in foster care, such as monthly board payments for the child. In addition, if you become a fully approved Regular
Relative Foster Home, you may eventually qualify to serve as a guardian for the child and receive a guardianship subsidy.

If you are not approved as a Regular Relative Foster Home within six months of becoming a Provisional Foster Home, then one of the
following must take place: (1) You must receive permanent custody of the child, or (2) Your Provisional Foster Home must be closed
and the child must be removed.

If you are not able to provide a temporary home for _____, there are other ways for you
to stay involved in his/her life and maintain important family connections. You might arrange regular weekend or holiday visits at
your home or offer to transport _____ to and from school, medical appointments, or
other activities.

We will call you in the next few days to explore your options, but feel free to contact me sooner. My phone and email are listed
above. We need to communicate with you at your earliest convenience either by phone, mail, email, or in person, to determine if you
are interested in (1) Participating in the care and placement of the child (to potentially include becoming a provisional foster parent),
or (2) Visiting the child. Contacting me will help ensure that you do not lose the opportunity to connect with
_____ now or in the future.

Signature of Contact Person



Arkansas Department of Human Services Division of Children and Family Services

Notice to Fictive Kin that a Child Has Been Taken into DCFS Custody

To: _____

Address: _____

From: _____

Phone: _____

Email: _____

Date: _____

Dear _____,

You have been identified as an individual having a strong, positive, emotional tie to _____ and a positive role in _____'s life. Pursuant to A.C.A. §9-28-107, this is your notice that this child is now in the custody of the Arkansas Department of Human Services' Division of Children and Family Services (DCFS). DCFS has removed or is removing the above-named child from the home of _____. We believe that relatives and other individuals with whom a child shares a positive, meaningful relationship play an important role in a child's life, especially a child who must be temporarily cared for by someone other than a parent. Children do better when they can temporarily live with or stay connected in other ways to people who know and care about them.

We are contacting you as someone who could offer services needed by _____ and/or his or her family such as offering a temporary home for or otherwise supporting _____ by staying in contact while he or she is in custody. In the next few days, I or someone from my agency will call you to review your options for helping to care for _____.

If you would like to temporarily bring the child into your home, you may ask to become a Provisional Foster Parent. DCFS may approve your home as a Provisional Foster Home after conducting (1) a health and safety check, which includes background checks, and (2) a visual inspection of your home. Requesting to be considered as a possible Provisional Foster Home, does not guarantee that you will be asked or approved to ultimately serve as a Provisional Foster Home for _____.

If your home is opened as a Provisional Foster Home, you may receive benefits if you qualify after the child is placed in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). DCFS may also provide daycare assistance if appropriate. The child will receive medical insurance.

Within six months of becoming a Provisional Foster Home, you must meet all other foster home requirements including attending foster parent training. If you are approved as a Regular Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for the child.

If you are not approved as a Regular Foster Home within six months of becoming a Provisional Foster Home, then one of the following must take place: (1) You must receive permanent custody of the child, or (2) Your Provisional Foster Home must be closed and the child must be removed.

A Provisional Foster Home may remain as such for six months, after which time one of the following must take place:

1. You must be approved as a Regular Foster Home.
2. You must receive permanent custody of the child.
3. Your Provisional Foster Home must be closed and the child must be removed.

Requesting to be considered as a possible Provisional Foster Home, does not guarantee that you will be asked or approved to ultimately serve as a Provisional Foster Home for _____. However, if your home is opened as a Provisional Foster Home, you will receive benefits for which you may become entitled after placement of the child in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). If your home is approved as a Regular Foster Home within six months of becoming a Provisional Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for each child and Medicaid.

If you are not able to provide a temporary home for _____, there are other ways for you to stay involved in his or her life and maintain important connections.

We will call you in the next few days to explore your options, but feel free to contact me sooner. My phone number and email address are listed above.- We need to communicate with you at your earliest convenience by phone, mail, email, or in person, to determine if you are interested in (1) Participating in the care and placement of the child, (2) Becoming a foster parent, and/or (3) Visiting the child. Contacting me will help ensure that you do not lose the opportunity to connect with _____ now or in the future.

Signature

MARKUP



Arkansas Department of Human Services
Division of Children and Family Services

Notice to Fictive Kin that a
Child Has Been Taken into DCFS Custody

To: _____

Address: _____

From: _____

Phone: _____

Email: _____

Date: _____

Dear _____,

You have been identified as an individual having a strong, positive, emotional tie to _____ and a positive role in _____'s life. Pursuant to A.C.A. §9-28-107, this is your notice that this child is now in the custody of the Arkansas Department of Human Services' Division of Children and Family Services (DCFS). DCFS has removed or is removing the above-named child from the home of _____. We believe that relatives and other individuals with whom a child shares a positive, meaningful relationship play an important role in a child's life, especially a child who must be temporarily cared for by someone other than a parent. Children do better when they can temporarily live with or stay connected in other ways to people who know and care about them.

We are contacting you as someone who could offer services needed by _____ and/or his or her family such as offering a temporary home for or otherwise supporting _____ by staying in contact while he or she is in custody. In the next few days, I or someone from my agency will call you to review your options for helping to care for _____.

If you would like to temporarily bring the child into your home, you may ask to become a Provisional Foster Parent. DCFS may approve your home as a Provisional Foster Home after conducting (1) a health and safety check, which includes background checks, and (2) a visual inspection of your home. Requesting to be considered as a possible Provisional Foster Home, does not guarantee that you will be asked or approved to ultimately serve as a Provisional Foster Home for _____.

If your home is opened as a Provisional Foster Home, you may receive benefits if you qualify after the child is placed in your home, such as Supplemental Nutrition Assistance Program (SNAP—formerly known as food stamps). DCFS may also provide daycare assistance if appropriate. The child will receive medical insurance.

Within six months of becoming a Provisional Foster Home, you must meet all other foster home requirements including attending foster parent training. If you are approved as a Regular Foster Home, DCFS will provide all services and supports available to every child in foster care, such as monthly board payments for the child.

If you are not approved as a Regular Foster Home within six months of becoming a Provisional Foster Home, then one of the following must take place: (1) You must receive permanent custody of the child, or (2) Your Provisional Foster Home must be closed and the child must be removed.

If you are not able to provide a temporary home for _____, there are other ways for you to stay involved in his or her life and maintain important connections.

We will call you in the next few days to explore your options, but feel free to contact me sooner. My phone number and email address are listed above. We need to communicate with you at your earliest convenience by phone, mail, email, or in person, to determine if you are interested in (1) Participating in the care and placement of the child, (2) Becoming a foster parent, and/or (3) Visiting the child. Contacting me will help ensure that you do not lose the opportunity to connect with _____ now or in the future.

Signature _____



**Arkansas Department of Human Services
Division of Children and Family Services
STATE POLICE CRIMINAL & FBI RECORD CHECK RELEASE**

THIS SECTION TO BE COMPLETED BY DCFS WORKER. CHECK ALL THAT APPLY.

Foster Parent _____ Adoptive Parent _____ FFSS (for which Foster Family:
) The CALL

Other _____ Provisional _____ ICPC Reg No. 7 _____ Court Ordered _____
Other _____

ONLY Provisional, ICPC Reg No. 7, and Court Ordered Checks will be expedited. COURT ORDERED? YES NO

State Only _____ State/FBI _____ FBI fingerprints to be conducted via harvester.
Harvester transaction # (if applicable) _____

ONLY Provisional, ICPC Reg No. 7, and Court Ordered Checks will be expedited.

County Requesting Check and County Number _____

Name of DCFS Worker Requesting the Check _____

THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED (PLEASE PRINT)

LEGAL NAME: _____ Telephone Number and Extension Number _____ Date of Request _____
Last (Include Jr., II, III) First Middle

MAIDEN NAME: _____ EMAIL ADDRESS: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

STATE OF BIRTH: _____ CITIZENSHIP: _____ SOC SEC #: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____ ISSUED BY STATE OF: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES (If yes, please provide a description of the crime and the particulars of the conviction.) _____

THE FOLLOWING IS TO BE COMPLETED ONLY IN THE PRESENCE OF A NOTARY

I hereby authorize the Department of Human Services to obtain a Criminal Record and FBI Checks through the Arkansas State Police in accordance with Act 1573 of 2005. I provide this consent now for current and future checks as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing. I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

Signature of Applicant/Employee _____

Date _____

State of Arkansas, County of _____ Subscribed and sworn to before me a Notary Public in
and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.



**Arkansas Department of Human Services
Division of Children and Family Services
STATE POLICE CRIMINAL & FBI RECORD CHECK RELEASE**

THIS SECTION TO BE COMPLETED BY DCFS WORKER. CHECK ALL THAT APPLY.

Foster Parent Adoptive Parent FFSS (for which Foster Family): _____
 Provisional ICPC Reg No. 7 Court Ordered Other _____

ONLY Provisional, ICPC Reg No. 7, and Court Ordered Checks will be expedited.

State Only State/FBI FBI fingerprints to be conducted via harvester.
Harvester transaction # (if applicable) _____

County Requesting Check and County Number Name of DCFS Worker Requesting the Check
()

Telephone Number and Extension Number Date of Request

THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED (PLEASE PRINT)

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN NAME: _____ EMAIL ADDRESS: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

STATE OF BIRTH: _____ CITIZENSHIP: _____ SOC SEC #: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____ ISSUED BY STATE OF: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES (If yes, please provide a description of the crime and the particulars of the conviction.) _____

THE FOLLOWING IS TO BE COMPLETED ONLY IN THE PRESENCE OF A NOTARY

I hereby authorize the Department of Human Services to obtain a Criminal Record and FBI Checks through the Arkansas State Police in accordance with Act 1573 of 2005. I provide this consent now for current and future checks as requested by the Department of Human Services. I understand that at any time I may revoke this continuing permission in writing. I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

Signature of Applicant/Employee Date

State of Arkansas, County of _____ Subscribed and sworn to before me a Notary Public in
and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.