

# Reporting Educational Neglect - What to Include

## 05/18/21

### To Make a Report:

Mandated Reporters Fax Form

[www.ar.gov/abuse](http://www.ar.gov/abuse)

Fax number -501-618-8952

### Presenter Contact (Not for Reporting):

Dan Mack, Hotline Administrator

[Dan.mack@asp.arkansas.gov](mailto:Dan.mack@asp.arkansas.gov)

501-618-8900

### 1. Reporting Educational Neglect

- Educational Neglect ONLY pertains to children between the ages of 6 – 17 yrs of age. Children who are five (5) and under or 18 and older are excluded from this statute by law.
- If only alleging Educational Neglect report by fax, then only include the information noted in Act 554:
  - Provides that the Hotline shall only accept a report alleging educational neglect if the report alleges either that:
  - The parent, custodian, or guardian failed to enroll the child in school or lawfully home-school the child;

**OR**

- The parent, custodian, or guardian caused the child to be absent from school by his or her act or omission, the absences were not caused by the refusal of the child to attend school (TRUANCY), the absences were habitual and without justification, and the absences had a negative impact on the child's school performance.
- Please include your name, title & school, school address, school contact phone number AND fax number. Omitting any of this information may exclude you from a fax reply concerning the disposition of your report.
- Your narrative should include the name and age of the alleged victim child(ren), the number of unexcused absences, the reason for the absences if known and the impact those absences have had on the child's academic performance.
- Please be careful that your narrative does not include statements that would contradict one of the needed bullet points in Act 554.
- It is permissible to include a checklist of the requirements listed in Act 554 but please be sure all items are covered.

- You should include only ONE (1) family per fax. Reports are keyed by household. Including multiple children in the same fax who are not related or do NOT live in the same home makes it difficult for the Hotline Operator to respond to your fax.
- Please do NOT include copies of letters/emails attempting to contact the parents advising of the attendance issues as the Hotline does not have any way to include that in the report. Simply state 'X' number of attempts to contact the parents have been made. The Hotline CANNOT forward copies to DCFS. Copies of the correspondence should be provided to the DCFS investigator.
- Please do NOT include the child's attendance report. This report is quite lengthy and uses up quite a bit of paper and the Hotline does not have any way to include this information into the report. The Hotline CANNOT forward copies to DCFS. These records should be provided to the DCFS investigator.
- Please do NOT include the child's medical records unless reporting medical neglect of the child. Medical records should be provided to the DCFS investigator.
- If completing the Mandated Reporter Fax Form by hand, please be sure the writing is legible and the ink is dark enough to come through via fax. Please do NOT write in pencil.
- Educational Neglect reports are assigned to the Differential Response Team of your local DCFS office. DRs are to be completed/closed within 45 days. The Hotline CANNOT provide a reporter with an update or answer any questions regarding the status of the report. These questions should be directed to the county DR Unit.
- You will receive a faxed reply advising of the report disposition within 48 hrs provided the reporter section of the fax is completely in its entirety.
- Virtual attendance is not specifically addressed in the law so the same elements needed to fulfill Act 554 must be known in order to accept for Educational Neglect.

## 2. Reporter Confidentiality

Chapter 18 - Child Maltreatment Act  
Subchapter 7 - Investigative Findings

### **§ 12-18-710 - Release of information on true investigative determination pending due process.**

(a) Information on a completed true investigation pending due process as referenced in this chapter is confidential and may be disclosed only as provided in this chapter.

(b) (1) The Department of Human Services shall not release data that would identify the person who made the report unless a court of competent jurisdiction orders release of the information after the court has reviewed in camera the record related to the report and has found it has reason to believe that the reporter knowingly made a false report.

(2) However, upon request, the information shall be disclosed to the prosecuting attorney or law enforcement.

(c) (1) Any person or agency to whom disclosure is made shall not disclose to any other person any information obtained pursuant to this section.

(2) However, the person or agency is permitted to consult his or her or its own attorney regarding the information in any notice provided by the department.

(d) The department may provide information, including protected health information, to a person or agency that provides services such as medical examination of, an assessment interview with, or diagnosis of, care for, treatment of, or supervision of a victim of maltreatment, a juvenile offender, or an underaged juvenile aggressor.

(e) Information on a completed investigation, including protected health information, pending due process shall be released upon request to:

(1) The alleged offender;

(2) The department;

(3) Law enforcement;

(4) The prosecuting attorney;

(5) The appropriate multidisciplinary team;

(6) Attorney ad litem for the victim or offender;

(7) Court Appointed Special Advocate for the victim or offender;

(8) Any licensing or registering authority to the extent necessary to carry out its official responsibilities;

(9) Any department division director or facility director receiving notice of a Child Abuse Hotline report pursuant to this chapter;

(10) Any facility director receiving notice of a Child Abuse Hotline report pursuant to this chapter; and

(11) (A) Acting in their official capacities, individual United States and Arkansas senators and representatives and their authorized staff members but only if they agree not to permit any redisclosure of the information.

**Sample  
Ed Neglect**



# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

**Please Print or Type**

**And Fax to;**

1-501-618-8952

**\* INDICATES MANDATORY FIELDS**

\*Note that this form is to be used for non-emergency use only

Reporting party	*Name of Reporter Dan Mack		Agency/Title ABC Middle School/ School Counselor		
	*Reporters Address				
	Street	City	ZIP		
	1234 School Street, Little Rock, AR 72209				
Victim Information	*Phone & Fax Numbers 501-618-8900 / 501-618-8952		*Date of Report 05/18/2021		
	*Did Mandated Reporter witness the incident? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	Name (last, first, middle) Doe, Sally		DOB or Approx age 05/01/2010 – 11 yo	Sex/Race F/C	
	Address	Street	City	ZIP	Phone
13600 Hwy 10		Little Rock, AR 72212		( 501 ) 868-1234	
*Present location of the victim ABC Middle School			School or Daycare ABC Middle School		
Relationship to alleged Offender daughter			Child in Foster Care? YES <input type="checkbox"/> NO <input type="checkbox"/>		
#2 VIC	Name (Last, first, middle)		DOB or Approx age	Sex/Race	

DEMOGRAPHIC ROLES:

A/V = Alleged Victim  
 A/O = Alleged Offender  
 PRFC = Person Responsible for Care (of the victim child)  
 Sibling = Sibling to the victim child  
 Other Person = A person living in the home  
 With the victim child not already mentioned

#1	<b>Name</b> Doe, John	<b>Race</b> Caucasian	<b>Sex</b> Male
	<b>Role In Referral</b> PRFC/AO	<b>Address</b> 13600 Hwy 10 Little Rock, AR 72212	<b>Age/DOB</b> 40
#2	<b>Name</b> Doe, Jane	<b>Race</b> Caucasian	<b>Sex</b> Female
	<b>Role In Referral</b> PRFC/AO	<b>Address</b> 13600 Hwy 10 Little Rock, AR 72212	<b>Age/DOB</b> 40
#3	<b>Name</b>	<b>Race</b>	<b>Sex</b>
	<b>Role In Referral</b>	<b>Address</b>	<b>Age/DOB</b>
#4	<b>Name</b>	<b>Race</b>	<b>Sex</b>

Role in Referral	Address		Age/DOB
#5	Name	Race	Sex
Role in Referral	Address		Age/DOB
Incident Information	Date/time of incident Ongoing	Place of incident Home	
	<p>Narrative- Please include the following: What Happened?; When it happened?; Who Did It?; Does the child have injuries now? When was the child last seen and by whom? ; Safety Concerns; Any Drug Use? <b>Where is child now?</b></p> <p>Sally Doe, 10 yrs old, has missed 20 days of school this semester. The absences were caused by the parent's act or omission. The absences were not caused by the refusal of the child to attend school. The absences were habitual and without justification. The absences have had a negative impact on the child's academic performance.</p>		

Sample Response  
Ed Neglect



**ARKANSAS STATE POLICE**  
**CRIMES AGAINST CHILDREN DIVISION**  
**CHILD ABUSE HOTLINE**  
**PHONE: (501) 618-8900**  
**FAX: (501) 618-8952**

DATE:

TO:  
ATTN:  
FAX:

FROM: ,Child Abuse Hotline Operator

NUMBER OF PAGES SENT (INCLUDING COVER SHEET)

Re:

Referral #:

The report did not meet the requirements of Educational Neglect - Act 554.

- **Provides that the Hotline shall only accept a report alleging educational neglect if the report alleges either that:**
  1. **The parent, custodian, or guardian failed to enroll the child in school or lawfully home-school the child;**

**OR**

2. **All of the following have been met (A checked box indicates the missing information needed to accept this report).**

- The parent, custodian, or guardian caused the child to be absent from school by his or her act or omission,**
- The absences were not caused by the refusal of the child to attend school**
- The absences were habitual and without justification**
- The absences had a negative impact on the child's school performance.**

**For further questions, please contact a hotline supervisor at 501-618-8900**