

INSTRUCTIONS

CFS-296-N (Notice to Employer of Offender in a Designated Position With an Arkansas State Agency of Name Placement on Central Registry)

Purpose:

This notice is used to inform the employer of an offender in a designated position with an Arkansas state agency that the offender's name has been placed in the Central Registry because the investigative determination of true was upheld during the Administrative Hearing or the offender did not request a hearing within the thirty day period after receiving notice or the investigative determination of true was upheld on a provisional basis during the preliminary hearing.

This notice should be sent within ten working days after Central Registry receives the order of Upheld, or after thirty-five business days have passed and the offender did not request a hearing or the investigative determination of true was upheld on a provisional basis during the preliminary hearing.

Per Arkansas Code 21-15-110, if a state employee is determined to be an offender or perpetrator in a true, substantiated, or founded report of child maltreatment or adult abuse and the state employee is employed in a "designated position", the investigating agency shall immediately notify the employer of that state employee.

Per Arkansas Code 21-15-101, "designated Position" means a position in which a person is employed by a state agency to provide care, supervision, treatment, or any other services to the elderly, to mentally ill or developmentally disabled persons, to persons with mental illnesses, or to children who reside in any state-operated facility or a position in which the applicant or employee will have direct contact with a child or a person who is elderly, mentally ill, or developmentally disabled.

Completion:

To: Type or write the name of the employer of the offender in a designated position with an Arkansas state agency.

Address: Enter the full address of the employer of the offender in a designated position with an Arkansas state agency.

From: Enter the name, full address, county, and phone number of the DCFS staff sending the notice.

Date: Enter the date the notice is sent.

CHRIS Referral #: Insert the CHRIS referral number.

Name of Alleged Offender: Enter the name of the offender involved in the maltreatment.

Date of Allegation: Enter the date the allegation was originally made.

Type of Maltreatment: Enter the type of maltreatment.

Check Appropriate Box: Whether the true determination was upheld or no appeal was requested.

Signature: The staff member who is sending the form should print and sign their name.

Routing:

1. Send a copy to the state agency employer within ten working days after Central Registry receives the order of Upheld or the investigative determination of true was upheld on a provisional basis during the preliminary hearing or after thirty-five business days have passed and the offender did not request a hearing.
2. Retain a file copy.