

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

Distribution: X and Z

**POLICY GUIDE 2011.03**

**BACKGROUND CHECK PROCEDURES FOR UNLICENSED CONTRACT**

**DATE:** April 28, 2011

**TO:** Rules and Procedures Bookholders

**FROM:** Erwin McEwen, Director



**EFFECTIVE:** Immediately

**I. PURPOSE**

The purpose of this Policy Guide is to inform Department staff, contract liaisons and DCFS background unit staff of the changes in processing background checks for employment of un-licensed contract providers.

**II. PRIMARY USERS**

The primary users of this policy guide are Department staff, contract liaisons and DCFS background check unit staff.

**III. BACKGROUND INFORMATION**

Background checks for persons employed with Non-Licensed Contract Providers who contract with the Department were done by the Office of Employment Services (OES). Effective April 1, 2011, the process will be done by the Division of Licensing, Background Check Unit, Chicago Office and the process is as follows:

**a) Mandatory Criminal Background Check**

A mandatory background check, as described below, is required when a person is employed with a Non-Licensed Contractor that has a contract with the Department and the employee may have access to children.

The person with access to children who is employed by a Non-Licensed Contract provider shall submit a CFS 718-C, Authorization for Background Check, to the Department contract liaison.

The criminal background check includes a CANTS check, and a check of the ISP and FBI database. (See attached flow chart)



## **DCFS Fingerprint Search Database**

Prior to submitting an authorization for background checks the contract liaison shall perform a name search of the DCFS fingerprint search database of all persons needing a criminal background check to determine if a fingerprint record of the person has been done before. The results of the fingerprint search will determine whether the person needs to be printed or not.

The name search shall be done by following the instructions on the following DCFS web site: <https://fingerprintsearch.dcfis.illinois.gov/>

The contractor's provider number will be used on the CFS 718-C

### **A) Name Found** on DCFS web site database

If the name of the individual is found in the DCFS criminal history fingerprint check database as having been fingerprinted, that person does not have to be fingerprinted again unless otherwise directed by DCFS.

Finding the name of a person in this database does not imply that the person has clear the background check. The Department will request a criminal history update for that person.

The contract liaison shall print the "confirmation screen" from the DCFS database to confirm the individual's information is already on file. Place a copy in the contract file.

Forward the CFS 718-C with the confirmation screen to:

DCFS Background Check Unit  
1911-21 S Indiana 7<sup>th</sup> Floor  
Chicago, Illinois 60616

### **B) Name Not Found** on DCFS web site

If the name of the individual is not found in the DCFS criminal history fingerprint check database, staff shall complete Part 4 of the CFS 718-C. Staff shall print and attached the "confirmation screen" to the CFS 718-C and keep a copy for the file.

Staff shall direct the person to be fingerprinted to the fingerprint provider with the CFS 718-C and a copy of the confirmation screen to the fingerprinting agency/vendor

**b) Fingerprint Process:**

The fingerprint vendor shall

1. Verify the identity and signature of the provider or employee by comparing information on a valid government issued photo identification card with the information on the authorization for background check form;
2. Obtain fingerprints of the provider;
3. Send fingerprints to Illinois State Police; and the Federal Bureau of Investigation (FBI).
4. Forward the CFS 718-C to:

DCFS Background Check Unit  
1911-21 S. Indiana, 7<sup>th</sup> Floor  
Chicago, IL 60616

- c) The Department Background Check Unit shall check the Child Abuse and Neglect Tracking System (CANTS) and Sexual Offender Registry System (SORS) and notify the contract liaison of the findings.

**IV. ATTACHMENTS**

**Non-Licensed Contractors Background Check Procedure Flow Chart  
CFS 718-C, Authorization for Background Check for Non Licensed Contract Staff**

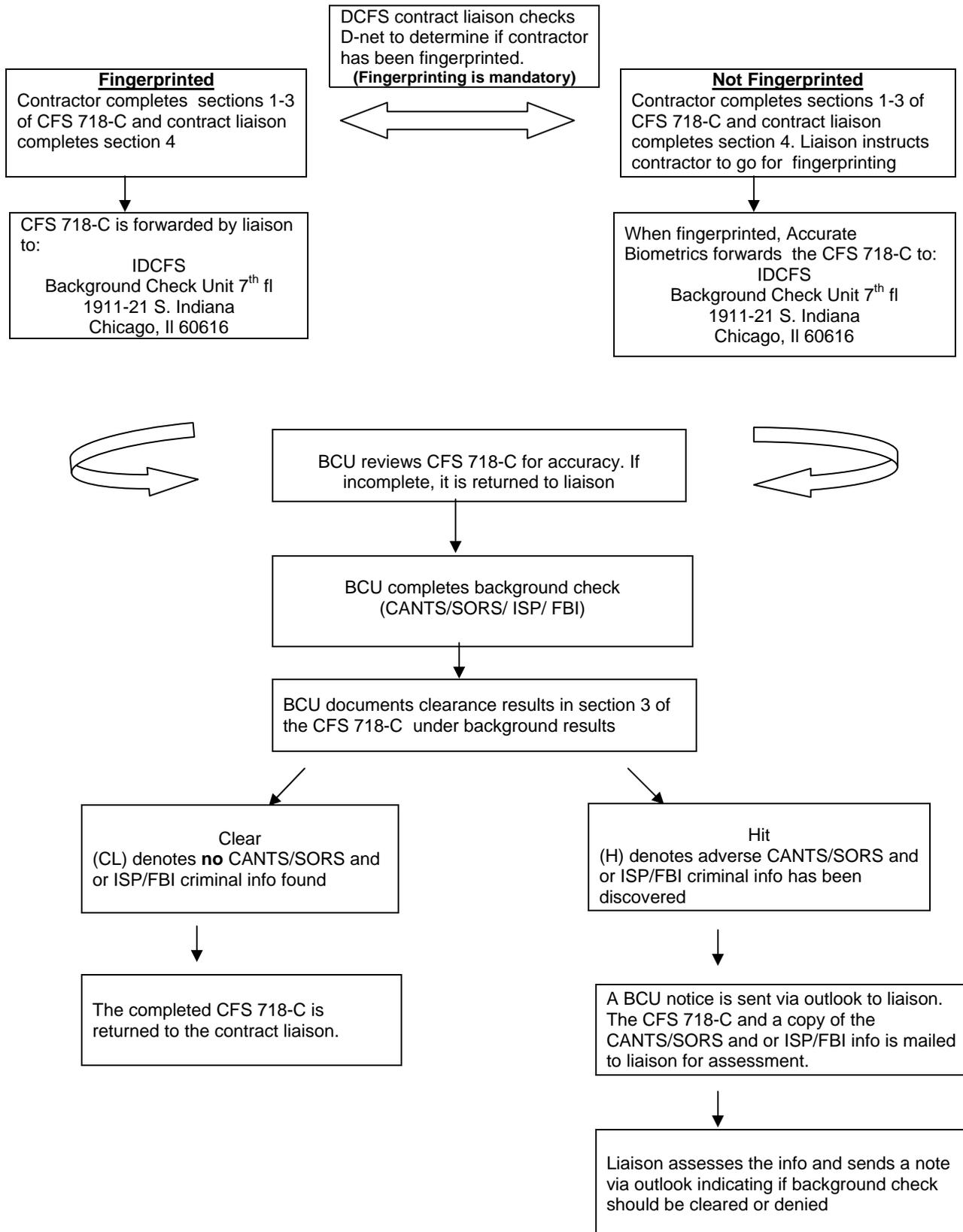
**V. QUESTIONS**

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP-Mailbox. Non Outlook users may e-mail questions to [cfpolicy@idcfs.state.il.us](mailto:cfpolicy@idcfs.state.il.us) or contact Carolyn Bailey at (312) 328-2213

**VI. INSTRUCTIONS**

File this Policy Guide immediately following Rule 385.

# Non-Licensed Contractors Background Check Procedure Flow Chart



Illinois Department of Children and Family Services  
**AUTHORIZATION FOR BACKGROUND CHECK  
FOR NON LICENSED CONTRACT STAFF**

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

<b>1</b>	<b>Name of Contractor:</b> _____ <b>Provider ID #</b> _____
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**PERSONAL INFORMATION**

<b>2</b>	Last Name/First Name/Middle Initial _____				Social Security Number _____ - _____ - _____						
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____				Telephone (Including Area Code) ( _____ ) _____ - _____ Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>CURRENT ADDRESS:</b> Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____				List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code) <span style="float: right;">Dates From/To</span> _____ _____ _____ _____						
	Date of Birth (Month/Date/Year) ____ - ____ - ____	Age _____	Place of Birth (City and State) _____	Citizenship (Country) <input type="checkbox"/> USA <input type="checkbox"/> Other, Specify _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height Ft. In. _____	Weight (lbs.) _____	Hair (color) _____	Eyes (color) _____	Skin Tone _____	Race _____

**AUTHORIZATION /CERTIFICATION**

<b>3</b>	Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>I certify that I have read and understood the Authorization/Certification box on the back page of this form.</b>										
	SIGNATURE _____ DATE _____										
<b>BACKGROUND RESULTS</b> Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____						<b>FOR CENTRAL OFFICE OF LICENSING USE</b> SID# _____					

<b>4</b>	<b>TO BE COMPLETED BY CONTRACT LIAISON</b> This authorization form will not be processed without completion of this section.										
	Date Fingerprinted: _____ Full Name of Contractor _____ Provider ID # _____ Street Address: _____ City _____ IL ZIP: _____ County: _____						Name of Contract Liaison _____ Phone Number of Contract Liaison ( _____ ) _____ - _____				

**INSTRUCTIONS FOR COMPLETION OF  
CFS 718-C - AUTHORIZATION FOR BACKGROUND CHECK**

**WHO SHOULD USE THIS FORM:** This form must be completed by non licensed contract staff

***Do not send a request for a background  
check to Central Licensing until the person has been fingerprinted.***

**SECTIONS 1, 2 AND 3 - COMPLETION OF IDENTIFICATION INFORMATION**

Contract Liaison must instruct every person subject to a background check to complete the first three sections. All identifying information must be accurate and complete.

**PRINT ALL INFORMATION**

Name Current and all former names used by the individual must be included. If no other names, write "none."  
Social Security No. **THIS FORM WILL NOT BE PROCESSED WITHOUT A COMPLETE SOCIAL SECURITY NUMBER**  
Address Current and all addresses, including county, where the person has lived in the past five years  
(If outside of Illinois, check appropriate box)  
Race : Enter all codes that apply

BL/AA	Black or African American
WHITE	White
AI/AN	American Indian or Alaskan Native
ASIAN	Asian
NH/PI	Native Hawaiian or Other Pacific Islander
UNDET	Undetermined
HISP ORG	Indicate whether the individual is of Hispanic origin

The person completing the identification information must sign and date page 1 of the authorization form.

**SECTION 4 – CONTRACT LIAISON**

The Authorization for Background Check must be submitted to the contract liaison for completion of Section 4. The form is checked for completeness and accuracy before the contractor is fingerprinted.

Contract Liaison must complete the following:

Name of Contractor

Street/City/Zip

Provider ID # The Provider ID # is required.

**AUTHORIZATION/CERTIFICATION**

I AUTHORIZE THE Illinois Department of Children and Family Services to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize the Department to request information and assistance from the U.S. Justice Department and the Illinois Law Enforcement in the conduct of this investigation. I authorize the Department to periodically search the Child Abuse and Neglect Tracking System to determine whether I have been a perpetrator of an "indicated" incident of child abuse or neglect pursuant to the Abused and Neglected Child Reporting Act. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a facility.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, or prospective employer only in accordance with applicable state and federal law and DCFS Regulations. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application as a unlicensed contractor or may result in the termination of my contract.