

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

POLICY GUIDE 2001.07

**FOSTER HOME LICENSING VIOLATIONS AND
ENFORCEMENT HISTORY REVIEW**

Distribution: X, Z, and L

DATE: March 16, 2001

TO: All Rules and Procedures Bookholders, DCFS and Private Agency Child Welfare Staff and Licensing Staff

FROM: Jess McDonald, Director

EFFECTIVE: April 2, 2001

I. Purpose

The purpose of this Policy Guide is to issue new procedures that will:

- Ensure that when there is a new “initial” application for licensure from a previously-licensed (but not currently licensed) individual or individuals, the current foster home licensing representative reviews and assesses all previous licensing history, including strengths, violations and enforcement actions, and placement “holds” before making a recommendation to “issue license” or “deny license” on the current application; and
- Assist Department licensing staff to obtain information on the foster home’s licensing history that may identify strengths or concerns that would be taken into consideration when making child care placements and thus protect children from possible harm; identify what children would be compatible with the foster parent’s strengths; and prevent the moving of wards after placement.
- Identify areas of assistance or training that the foster parent may need if he or she is issued a new license.

II. Primary Users

The primary users of this Policy Guide are Department and private agency licensing staff who receive and recommend potential foster parents for licensure.

III. Key Words

Licensing application, background information, licensing enforcement, revocation.

IV. Data Enter Initial Application

A. For Purchase of Service (POS) Foster Homes

After data entering the prospective foster home application, the Central Office of Licensing data entry staff shall check the PR-04 screen for all current and previous licensing-related provider ID numbers.

For each current/previous licensing-related provider ID number, the Central Office of Licensing data entry staff shall check the LC-07 screen to determine if there was/is any previous/pending enforcement action such as:

- Previous denials (code 08)
- Previous revocations (code 04) and refusals to renew (code 10);
- Pending revocations/refusals to renew (code 09); and
- Previous "Surrenders with Cause" (code 33)

B. For DCFS Foster Homes

After data entering the prospective foster home application, the Department's field data entry staff shall check the PR-04 data screen for all current and previous licensing-related provider ID numbers.

For each current/previous licensing-related provider ID number, DCFS field data entry staff shall check the LC-07 screen to determine if there was/is any previous/pending enforcement action such as:

- Previous denials (code 08)
- Previous revocations (code 04) and refusals to renew (code 10);
- Pending revocations (code 09) and refusals to renew (code 09); and
- Previous "Surrenders with Cause" (code 33)

V. Notification to the Central Office of Licensing Enforcement Unit

A. For POS Foster Homes

If the Central Office of Licensing data entry staff finds any record of previous or pending enforcement actions on the applicant, data entry staff shall notify the Chief of the Central Office of Licensing Enforcement Unit of the findings via e-mail.

B. For DCFS Foster Homes

If DCFS field data entry staff finds any record of previous or pending enforcement actions on the applicant, data entry staff shall notify the current licensing supervisor and the Chief of the Central Office of Licensing Enforcement Unit of the findings via e-mail.

VI. Provide Background Information to Licensing Supervisor

The Manager of the Central Office of Licensing Enforcement Unit shall prepare a **Notice of Previous Enforcement Action Form (CFS 50-A)** with background information and send it to the DCFS licensing supervisor (via e-mail) or the POS licensing supervisor/contact (via US Mail). A blank **CFS 50-B, Rationale for Recommending Foster Home Licensure Despite Previous Enforcement Actions**, shall be attached to the **CFS 50-A**.

Note: If a different Central Office of Licensing enforcement notice was previously sent to the licensing supervisor, a copy of the same shall be attached to the **CFS 50-A**.

The Chief of the Central Office of Licensing Enforcement Unit shall flag the new initial application in the database.

VII. Licensing Representative Requests Information from Previous Licensing Entities

Upon receiving the **CFS 50-A** from the Central Office of Licensing Enforcement Manger, the licensing representative shall:

- Contact all licensing entities previously associated with the applicant(s);
- Request all relevant information, as authorized by applicant in the **CFS 718, Authorization for Background Check** form, regarding previous licensing and placement activity, including enforcement actions (dates, reasons, etc.), removal of children from home (initiated by the agency or foster home), and licensing violations;
- **Review and assess** all information received; and
- On form **CFS 50-B**, document the assessments made of the information received from previous licensing entities; or
- On form **CFS 50-B**, document the non-receipt of requested information and follow-up attempts to secure the information.

The licensing representative shall not make any recommendation regarding the current application (i.e., to either issue a license or deny the application) until the licensing representative has received and reviewed/assessed the information obtained from previous licensing entities, or has documented the attempts of contact the agency to secure the information on CFS 50-B.

VIII. Licensing representative and Supervisor Submit Recommendation

A. Recommendation to “Issue License”

If the licensing representative and licensing supervisor, after reviewing all of the information from the previous licensing entities, determine that it is appropriate to submit a recommendation to “Issue License”, the licensing

representative and supervisor shall complete a ***Rationale for Recommending Foster Home Licensure Despite Previous Enforcement Action (CFS 50-B)***.

Note: The Central Office of Licensing will not process any recommendation to “Issue License” for an application that has been flagged in the data base without a properly completed **CFS 50-B** form.

B. Recommendation to “Deny Application”

If the licensing representative and licensing supervisor, after reviewing all of the information from the previous licensing entities, determine that it is appropriate to submit a recommendation to “Deny Application”, the licensing representative and supervisor shall submit the following information to the Central Office of Licensing. (No **CFS 50-B** is required):

- (1) A completed Individual License Summary (ILS) that includes:
 - The letters “DL” in the recommendation section;
 - The recommended effective date;
 - The licensing representative’s ID#, signature and date of signature; and
 - The licensing supervisor’s ID#, review/approval signature and date.
- (2) The following documentation must be attached to the ILS:
 - Copies of correspondence sent to the applicant(s) informing them of the decision to recommend that the application be denied;
 - Documentation that the applicant was given an opportunity to correct the conditions, if correctable; and
 - Copy of the correspondence and other documentation that supports the recommendation to deny the application.

IX. Questions

DCFS Licensing staff should direct their questions to their respective Regional Resource Development Manager and or Regional Licensing Administrator.

Purchase of Service Agencies should contact their Agency and Institution licensing representative.

X. Attachments

CFS 50-A, Notice of Previous Enforcement Action
CFS 50-B, Rationale for Recommending Foster Home Licensure Despite Previous Enforcement Actions

The Central Office of Licensing sends these forms to the licensing supervisor.
CFS 718, Authorization for Background Check. This form can be ordered in the usual manner.

XI. Filing Instructions

Place this Policy Guide directly in front of **Procedures 402, Licensing Standards for Foster Family Homes.**

Notice of Previous Enforcement Action

Date:
Applicant(s))

Re: (Name and address of

(Current Provider ID#)

To: Current Licensing Supervisor

From: Nora Sansone Hoover, Chief
Central Office of Licensing Enforcement Unit

The above-named individuals, who are current applicants for a “new” foster home license, were previous license applicants or licensees. The records of the Central Office of Licensing show that the following enforcement actions were taken/are pending with respect to these individuals:

[Note: For each Provider ID# for which there was a record of previous or pending enforcement actions, the following information would be included here, if known:

- ID #
- Type of facility/license
- Date of enforcement action
- Type of enforcement action
- Reason for enforcement action
- Licensing entity (DCFS/POS agency) taking the enforcement action]

If the Central Office of Licensing Enforcement Unit previously sent a licensing supervisor an ENF (enforcement) notice regarding the individuals, a copy of each such ENF notice will be attached to this notice.

Please contact each licensing entity listed above and request all facts associated with the licensing enforcement action recommended by that entity as well as licensing violations and incidents related to removal of children from the home. Authorization for reviewing the applicant(s) licensing history is contained in the CFS 718, Authorization for Background Check form. When you receive the information, you must review it, assess it, and document your assessment in the licensing record. You must also document the non-receipt of requested information, and your follow-up attempts to get the information.

If you and your supervisor decide to submit an ILS with a recommendation to “issue” a license, the ILS must be accompanied by a completed CFS 50-B form. If you and your supervisor decide to submit an ILS with a recommendation to “deny” the current application, you must submit the rationale for your decision just as you are currently required to do (but no CFS 50-B is required).

Rationale for Recommending Foster Home Licensure Despite Previous Enforcement Actions

Date: _____ Re: Name of Applicant(s)
Provider ID#

To: Nora Sansone Hoover, Chief
Central Office of Licensing Enforcement Unit

Information Reviewed and Assessed:

This is to certify that we have assessed information received from the licensing entities listed below regarding previous/current licensing enforcement actions and all previous licensing violations and reasons for the removal of children from the home associated with the above-cited individuals:

1) Licensing Unit: _____
Enforcement action: _____
Assessment of Licensing Violations: _____

2) Licensing Unit: _____
Enforcement action: _____
Assessment of Licensing Violations: _____

3) Licensing Unit: _____
Enforcement action: _____
Assessment of Licensing Violations: _____

Information Requested but not Received:

Information about previous/pending enforcement actions and/or licensing violations and reasons for the removal of children from the home was requested but not received from the following licensing entities:

(See Reverse Page for Additional Information)

Information Requested but not Received (continue)

1) Licensing Unit: _____
 Persons contacted: _____ Date: _____
 Persons contacted: _____ Date: _____
 Notes: _____

2) Licensing Unit _____
 Persons contacted: _____ Date: _____
 Persons contacted: _____ Date: _____
 Notes: _____

3) Licensing Unit: _____
 Persons contacted: _____ Date: _____
 Persons contacted: _____ Date: _____
 Notes: _____

In spite of the previous enforcement actions and previous licensing violations, we have determined that it is appropriate to recommend that the disposition of the current application for foster home licensure be to "Issue License" and have attached an ILS containing that recommendation. The rationale to support this decision is fully documented in the licensing record.

 (Name/Signature of Licensing Worker)

 (Worker ID#)

 (Date)

 (Name/Signature of Licensing Supervisor)

 (Worker ID#)

 (Date)

Illinois Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK

READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

1	CHECK ONE BOX IN EACH SECTION A AND B:			
	A <input type="checkbox"/> Applicant/Operator (Person[s] applying to operate a child care facility)	<input type="checkbox"/> Member of Household (age 18 and over)	<input type="checkbox"/> Member of Household (ages 13 to 17)	<input type="checkbox"/> Employee/Volunteer of Household (foster care, day care or group day care home)
2	Last Name/First Name/Middle Initial _____		Social Security Number ____ - ____ - _____	
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ _____ _____		Telephone (Including Area Code) _____	
	CURRENT ADDRESS: Street/Apt./#/City/County/State/Zip Code _____ _____ _____		Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years. Dates From/To (Street/Apt./#/City/County/State/Zip Code) _____ _____ _____	
Date of Birth (Month/Date/Year) __ - __ - __	Age __	Place of Birth _____	Citizenship (country) _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F Height Ft. In. _____ Weight (lbs.) _____ Hair (color) _____ Eyes (color) _____ Skin Tone _____ Race _____

PERSONAL INFORMATION

AUTHORIZATION /CERTIFICATION												
3	Have you ever been convicted of other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to either of the above is yes, explain: _____ _____ I certify that I have read and understood the Authorization/Certification box on the back page of this form. SIGNATURE _____ DATE _____											
	BACKGROUND RESULTS						FOR CENTRAL OFFICE OF LICENSING USE ONLY					
	Sex Offender Clearance: _____ CANTS Clearance: _____ Illinois State Police Clearance: _____ FBI Clearance: _____ Transfer Clearances: SO/CANTS: _____ ISP: _____						SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____					
	TO BE COMPLETED BY SUPERVISING AGENCY This authorization form will not be processed without completion of this section.											
4	Date Fingerprinted: _____						Supervising Agency: _____					
	Full Name of Facility _____						Name _____					
Provider ID # _____						Provider ID# _____						
Street Address _____						DCFS Region/Site/Field _____						
City _____ IL ZIP _____						Name of Licensing Worker _____ Worker ID# _____						
						Phone Number of Licensing Worker _____						

AUTHORIZATION /CERTIFICATION

TO BE COMPLETED BY SUPERVISING AGENCY

This authorization form will not be processed without completion of this section.

WHO SHOULD USE THIS FORM: This form must be completed by every person age 13 or older as part of an application to operate or reside in a child care facility, or be employed by or volunteer in a foster care, day care or group day care home.

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

DCFS or private agency licensing worker must instruct every person subject to a background check to complete the first three section identifying the type of facility and what role they will have at the facility and all personal information. 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

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

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

SECTION 4 --- DCFS/PRIVATE AGENCY LICENSING WORKER

The Authorization for Background Check must be submitted to the licensing worker for completion of Section 4 and for forwarding to the DCFS Central Office of Licensing. The licensing worker must check the form and for completeness and accuracy and confirm that the person (if age 18 or older) has been fingerprinted.

The licensing representative must complete the following:

Name of Facility	The full name which appears on the license application or the license. (DO NOT USE ACRONYMS)
Street/City/Zip	The site of licensed facility where person is licensed or employed.
Provider ID #	The Provider ID # is required. (The number which appears or will appear on the license certificate for the facility.)
DCFS Region/Site/field	The DCFS Region/Site/Field.
Supervising Agency	Print the name and Provider ID# of Agency which will supervise the facility.

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 Department of 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. If I am applying for a foster home license, I authorize the Department of Children and Family Services to obtain information from those entities to which I had applied for license or supervision of license, regarding licensing violations or removal of children from my home. 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 child care facility. Persons 13-17 years of age signing this form authorize a search of CANTS and LEADS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, prospective employer or with licensing staff 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 for licensure or may result in the termination of my employment.

Departamento de Servicios para Niños y Familias de Illinois
AUTORIZACIÓN PARA VERIFICACIÓN DE ANTECEDENTES

LEA LAS INSTRUCCIONES AL DORSO Y COMPLETE LA INFORMACIÓN EN LETRA IMPRENTA

1	MARQUE UN CASILLERO EN CADA SECCIÓN A y B:			
	A <input type="checkbox"/> Solicitante/Operador (Persona[s] que solicitan operar una instalación de atención a niños) <input type="checkbox"/> Director ejecutivo	<input type="checkbox"/> Miembro del hogar (18 años de edad o más)	<input type="checkbox"/> Miembro del hogar (de 13 a 17 años de edad)	<input type="checkbox"/> Empleado/Voluntario del hogar (cuidados de crianza temporal, guardería u hogar de guardería de grupo)
2	INFORMACIÓN PERSONAL			
	B <input type="checkbox"/> Hogar de familia de cuidados de crianza temporal <input type="checkbox"/> Agencia de guardería <input type="checkbox"/> Refugio de emergencia para jóvenes		<input type="checkbox"/> Hogar de guardería <input type="checkbox"/> Centro de guardería <input type="checkbox"/> Hogar de guardería de grupo <input type="checkbox"/> Agencia de bienestar de menores <input type="checkbox"/> Hogar sólo de adopción	
		<input type="checkbox"/> Hogar de grupo <input type="checkbox"/> Institución de atención a niños/ Centro maternal		

2	Apellido/nombre/Inicial del segundo nombre _____				Número de seguro social _____							
	Nombres de soltera y/o cualquier otro nombre utilizado anteriormente (Apellido/Primer nombre/Inicial del segundo nombre) _____				Soy o seré miembro de la familia de crianza temporal. <input type="checkbox"/> Sí <input type="checkbox"/> No Transporte o transportaré niños de crianza temporal. <input type="checkbox"/> Sí <input type="checkbox"/> No Si ambas respuestas son "Sí", proporcione acá el número de su licencia de manejo. _____							
	DIRECCIÓN PRESENTE: Calle/Apto.#: _____ Ciudad: _____ Estado: _____ C.P. _____ Condado: _____ Teléfono (Incluyendo código de área) _____ (____) _____				¿Ha vivido fuera de Illinois durante los últimos 3 años? <input type="checkbox"/> Sí <input type="checkbox"/> No Proporcione todas sus previas direcciones de los últimos 5 años. _____ Fechas (Calle/Apto.#/Ciudad/Condado/Estado/CP) Desde/Hasta _____							
	Fecha de nacimiento (Mes/Día/Año) _____	Edad _____	Lugar de nacimiento _____	Ciudadanía (país) _____	Sexo <input type="checkbox"/> M <input type="checkbox"/> F	Altura Pies Pulg. _____	Peso (lbs.) _____	Cabello (color) _____	Ojos (color) _____	Piel Tono _____	Raza _____	

3	AUTORIZACIÓN / CERTIFICACIÓN										
	¿Alguna vez fue condenado por algún delito exceptuando una infracción de tránsito? <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Alguna vez a sido indicado como perpetrador en cualquier investigación de abuso o negligencia infantil? <input type="checkbox"/> Sí <input type="checkbox"/> No Si responde "sí" a cualquiera de las dos preguntas previas, por favor explique: _____										
	Yo certifico que he leído y comprendido el cuadro de Autorización / Certificación presentado al dorso de este formulario. FIRMA _____ FECHA _____										
RESULTADOS DE ANTECEDENTES Habilitación de ofensas sexuales: _____ Habilitación CANTS: _____ Habilitación de la policía del estado de Illinois: _____ Habilitación del FBI: _____ Habilitación de transferencias: SO/CANTS: _____ ISP: _____						SOLO PARA USO DE LA OFICINA CENTRAL DE LICENCIAMIENTO SID# _____ Habilitado _____ Registro _____ Registrado BC-03: _____ Enviado del FBI: _____					

4	PARA SER COMPLETADO POR LA AGENCIA SUPERVISORA										
	Este formulario de autorización no será procesado si no se completa esta sección.										
Fecha de la toma de huellas digitales: _____ Nombre completo de la instalación _____ ID# del proveedor _____ Dirección (calle y número) _____ Ciudad _____ IL C.P. _____						Agencia supervisora _____ Nombre _____ ID# del proveedor _____ Región/sitio/campo del DCFS _____ Nombre del funcionario de licenciamiento _____ ID# del asistente _____ (____) _____ Número telefónico del funcionario de licenciamiento _____					

INSTRUCCIONES PARA COMPLETAR EL FORMULARIO CFS 718/S – AUTORIZACIÓN PARA VERIFICACIÓN DE ANTECEDENTES

QUIEN DEBE UTILIZAR ESTE FORMULARIO: Este formulario debe ser completado por todas las personas de 13 años de edad o mayores, como parte de una solicitud para manejar o residir en una instalación de atención a menores, o para ser empleado o ser voluntario en un hogar de cuidados de crianza temporal, guardería o guardería de grupo.

SECCIONES 1, 2 Y 3 – COMO COMPLETAR LA INFORMACIÓN DE IDENTIFICACIÓN

El funcionario de licenciamiento del DCFS o de la agencia privada debe indicarle, a toda persona que esté sujeta a una verificación de antecedentes, que complete las tres primeras secciones identificando, el tipo de instalación, qué función tendrán en la instalación y toda la información personal. Toda la información personal de identificación debe ser exacta y estar completa.

COMPLETE EN LETRA IMPRENTA TODA LA INFORMACIÓN

Nombre Se deben incluir todos los nombres actuales y anteriores utilizados por el individuo. Si no tuvo otros nombres, escriba "ninguno".

N° de Seguro social. **ESTE FORMULARIO NO SERÁ PROCESADO SIN UN NUMERO DE SEGURO SOCIAL COMPLETO**

Dirección Dirección presente y todas las direcciones, incluyendo condado, donde la persona haya vivido en los últimos cinco años (Si es fuera de Illinois, marque el casillero adecuado)

Raza: Marque todos los códigos relevantes

BL/AA	Afro-Americano	WHITE	Blanco
AI/AN	Nativo Americano o Alaska	ASIAN	Asiático
NH/PI	Hawaiano o de otra Isla del Pacifico	UNDET	No Determinado
HISP ORG	Marque si el individuo es de origen Hispano		

Cada persona debe responder la pregunta "¿Ha sido condenado alguna vez por de algún delito exceptuando una infracción de tránsito?" Si la respuesta es sí, debe proporcionar una explicación, completa con la fecha del/de los incidente(s).

La persona que complete la información de identificación debe firmar y fechar las páginas 1 y 2 del formulario de autorización.

SECCIÓN 4 --- FUNCIONARIO DE LICENCIAMIENTO DEL DCFS/AGENCIA PRIVADA

La Autorización para la Verificación de Antecedentes debe ser entregada al funcionario de licenciamiento para que complete la Sección 4 y para que la envíe a la Oficina Central de Licenciamiento del DCFS. El funcionario de licenciamiento debe revisar el formulario para comprobar que esté completo y correcto y para confirmar que se le han tomado las huellas digitales a la persona (si tiene 18 años o más) y para verificar la ortografía de los nombres comprobándolos con alguna documento de identificación como una tarjeta de identidad con foto o la licencia de manejo.

El representante de licenciamiento debe completar lo siguiente:

Nombre de la instalación	El nombre completo que aparece en la solicitud de la licencia o en la licencia (NO UTILICE SIGLAS)
Calle/Ciudad/C.P.	El lugar de la instalación con licencia donde la persona está licenciada o empleada.
ID # del proveedor	Se requiere el número de identificación del proveedor. (El número que aparece o que aparecerá en el certificado de licencia para la instalación.)
Región/sitio/campo del DCFS	La región/sitio/campo del DCFS
Agencia supervisora	Escriba con letra de molde el nombre y el número de identificación del proveedor de la agencia que supervisará la instalación.

AUTORIZACION / CERTIFICACIÓN

Yo autorizo al Departamento de Servicios para Niños y Familias a llevar a cabo una investigación para determinar si alguna vez se me ha acusado de un delito, y si así fuera, la sentencia de esas acusaciones. Autorizo al Departamento a solicitar información y ayuda del Departamento de Justicia de los EE.UU. y del Departamento de Ejecución de la Ley de Illinois mientras realiza esta investigación. Autorizo al Departamento a realizar búsquedas periódicas en el Sistema de Rastreo de Abuso y Negligencia de Niños para determinar si he sido un perpetrador de un incidente "indicado" de abuso o negligencia de menores según la Ley para Reportar Casos de Abuso y Negligencia de Niños. Si estoy solicitando una licencia para ser hogar de crianza temporal, yo autorizo al Departamento de Servicios para Niños y Familias que pueda obtener información de esas entidades a las cuales e solicitado para licencia o para supervisión de licencia, referente a infracciones de normas de licenciamiento o referente a niños sacados de mi hogar. Si yo soy o seré miembro del hogar de la familia de crianza temporal, y transportaré niños de crianza temporal, yo autorizo al Departamento a que conducta periódicamente chequeos de mi licencia y de mis antecedentes de manejo con la oficina del Secretario del Estado. La verificación de antecedentes de abuso y negligencia de niños y la investigación de antecedentes penales puede utilizarse para estudiar una solicitud de licencia, una solicitud de un empleo actual o posible, o de servicios como voluntario en una instalación de atención a menores. Las personas comprendidas entre los 13 y los 17 años de edad que firman este formulario autorizan una investigación de CANTS y LEADS solamente y no están sujetos a la toma de huellas digitales.

Yo comprendo que la información obtenida como resultado de mi autorización para esta investigación es confidencial y puede ser compartida solamente con mi empleador, posible empleador o con personal de licenciamiento según las leyes estatales y federales y las regulaciones del DCFS que se apliquen. Además certifico que la información proporcionada en este formulario es verdadera y correcta. Yo reconozco que la falsificación de cualquier información proporcionada arriba y/o los resultados de la verificación de antecedentes pueden ser motivo suficiente para negar mi solicitud de licenciamiento o puede dar como resultado la terminación de mi empleo.