

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**


**POLICY GUIDE 2011.08**

Distribution X, Z and L

**PROCEDURES FOR REQUIRED BACKGROUND CHECKS FOR ADOPTION OR  
GUARDIANSHIP CASES PRIOR TO SUBSIDY APPROVAL**

**RELEASE DATE:** September 19, 2011

**TO:** Child Welfare Agencies, Rules and Procedures Bookholders,  
DCFS and POS Child Welfare Staff, and DCFS Licensing Staff

**FROM:** Erwin McEwen, Director 

**EFFECTIVE DATE:** Immediately

**I. PURPOSE**

The purpose of this Policy Guide is to issue procedures for background checks that must be done prior to subsidy approval on all members of the foster home/caregiver household, ages 13 and over. This includes cases of DCFS wards moving to adoption or transfer of guardianship. The required timeframes for the background checks are indicated within these procedures.

This Policy Guide does not apply to requirements for background checks at the time of a child's initial placement with an unlicensed relative, nor at the time of initial foster home licensure.

This Policy Guide conforms to the requirements of the Adam Walsh Act, the Adoption Act and the Child Care Act.

**Background checks on licensed providers/foster homes are no longer required for pre-screening and/or legal screenings** for the purpose of:

- filing a petition for Termination of Parental Rights;
- transfer of guardianship (KinGap); or
- Expedited Adoption.

For unlicensed providers, in addition to being fingerprinted for a background check at the time of the initial placement as provided in Rule 385, Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) and Sex Offender Registry checks must still be updated every six months.

Regardless whether a caregiver is licensed or not, everyone in the home age 17 and over must be fingerprinted for a background check, including any ward of the State residing in the home.



## II. **ADOPTION/TRANSFER OF GUARDIANSHIP CASES: LICENSED PROVIDERS / FOSTER HOMES**

For all subsidized adoption or guardianship cases involving licensed foster family homes, the background checks listed below must have been conducted by the caseworker/licensing representative within **2** years prior to the subsidy approval:

- 1) Child Abuse and Neglect Tracking System (CANTS) and Sex Offender Registry (SOR) checks of all household members ages 13 and over.
- 2) Fingerprint-based Illinois State Police (ISP) and Federal Bureau of Investigation (FBI) checks of all household members ages 17 and over.

If the household member is a ward of the State, see **Section IV** of this Policy Guide for instructions.

The results of the background check may be located on either the BC-11 or BC 04 and BC-05 screens and/or the Licensed Provider's Individual License Summary (ILS) located in their licensing file. **See Section V of this Policy Guide for instructions on the process for obtaining the background checks** if the background checks have not been updated within the last two years and/or there is missing/inaccurate information.

Background check information on wards ages 13 and over currently living in the home will not be listed on the ILS but will be contained in the Licensed Provider's licensing file. All arrests and convictions shall be explained in the **CFS 411, Report of Investigation** and the **CFS 486, Adoption Conversion Assessment** forms.

If any household member has a criminal conviction listed in **Rule 385, Appendix A** and/or an indicated report of an allegation listed in **Section 385.50**, this finding must be resolved before the adoption/transfer of guardianship can proceed. In case of DCFS wards with convictions or indicated reports, see **Section IV** of this Policy Guide for instructions.

The **CFS 718-L, Request for Updated Background Check for a Licensed Provider** form shall be used for CANTS, SOR, ISP and FBI clearances for providers that have an active license.

## III. **ADOPTION CASES: UNLICENSED PROVIDERS / FOSTER HOMES**

For all cases moving toward adoption involving DCFS wards placed in unlicensed homes, the background checks listed below must be conducted by the caseworker prior to the subsidy approval within the required time frame. Please see **Section VI** of this Policy Guide for instructions on the process for obtaining the background checks:

- 1) Child Abuse and Neglect Tracking System (CANTS), Sex Offender Registry (SOR) and name-based Law Enforcement Agencies Data System (LEADS) checks on all household members ages 13 and over **within the 6 months** prior to the subsidy approval.

- 2) Fingerprint-based Illinois State Police (ISP) and Federal Bureau of Investigation (FBI) checks of all household members ages 17 and over within 2 years prior to the subsidy approval.

All arrests and convictions shall be explained in the **CFS 411, Report of Investigation** and the **CFS 486, Adoption Conversion Assessment** forms.

If the household member is a ward of the State, see **Section IV** of this Policy Guide for instructions.

If it is determined that any household member has a criminal conviction as listed in **Rule 385, Appendix A** and/or indicated reports of allegations listed in **Section 385.50**, this finding must be resolved before the adoption can proceed.

In addition, the **CFS 718-RL, Authorization for Background Check for RELATIVES Applying for Foster Home License** shall be used for ISP and FBI clearances for unlicensed relatives that are adopting, as well a re-adoption of a previously adopted ward by a person (even if not a relative), to whom DCFS has agreed to provide a non-ward subsidy, and in interstate adoption cases. The individual's provider ID number must be included on the **CFS 718-RL**.

The **CANTS 48, Request for LEADS-CANTS Check** shall be used to obtain the CANTS and LEADS background checks.

The Illinois and National Sex Offender Registries' websites shall be used to obtain the SOR checks. The web addresses are: <http://www.isp.state.il.us/sor> and <http://www.nsopw.gov>

#### **IV. DCFS WARDS**

If a DCFS ward is a member of the household, the **CFS 718-W, Authorization for Background Check of Wards of the State** shall be completed for the background check. If the home is unlicensed, the workers need to use this form for ISP/FBI only and do their own CANTS/LEADS/SOR checks.

The caseworker shall complete a **CFS 596-G-W, Protective Plan** for any DCFS ward with convictions listed in **Rule 385, Appendix A** and/or indicated reports of allegations listed in **Section 385.50**. This Protective Plan shall be part of the licensing file (if applicable) as well as the ward's case file. The caseworker, licensing representative (if applicable), foster parent and ward must participate together in developing and reviewing this Protective Plan. The Protective Plan must take into account each of the following:

- 1) court provisions, such as home monitoring, terms of probation, any orders of protection, etc.;
- 2) the nature of the offense and how it affects other members of the household;

- 3) what steps will be taken to ensure safety in the home and who is responsible for monitoring; and
- 4) what level of supervision is needed, indicators to support supervision level and who will be responsible for monitoring the indicators and levels of supervision.

The Protective Plan must be reviewed every six months or more frequently as needed. A ward's criminal history will not impact a provider's license.

## **V. PROCEDURES FOR OBTAINING BACKGROUND CHECKS FOR LICENSED PROVIDERS / FOSTER HOMES**

### **Step 1**

Determine the current family composition of household members.

### **Step 2**

Compare the current family composition with what is listed on the BC11 screen or the Individual License Summary (ILS). Wards will not be added to the BC11 screen or ILS.

### **Step 3**

Determine if there are discrepancies. If yes, go to Step 4. If no, skip to Step 5.

### **Step 4 (Discrepancy found)**

Contact the licensing worker to correct any discrepancies between BC11/ILS and the family composition. If there are any household members, who require background checks that are not listed on the ILS, in most instances it will be the licensing worker's responsibility for correcting and resolving this issue. However, Adoption staff and/or caseworkers may also assume responsibility for correcting and resolving this issue. You may not submit the **CFS 718-L** until the discrepancies have been resolved. Upon resolution, proceed to Step 6.

**Prior to sending a household member for fingerprinting the worker shall complete the following:**

Check the Background Check Unit – Finger Print Search website for each household member subject to an ISP and FBI check. The website address is: <https://fingerprintsearch.dcf.illinois.gov/>.

Enter the following information: Provider ID (of the agency, not the individual; either the CWA provider ID or 999901 for DCFS); First Name; Last Name; Birth Date; Last 4 Digits of SSN and click on search.

If the screen indicates that prints are not on file, print the screen. The household member will need to take a **CFS 718** and the screen print to Accurate Biometrics and be fingerprinted. After fingerprinting, Accurate Biometrics will issue a receipt for fingerprinting and will either stamp the **CFS 718** and return the form or they may keep the copy. The household member will return the form and/or receipt to the worker who will forward it to Central Office of Licensing (COoL).

**Step 5** (No discrepancies)

If there are no information discrepancies between the current household members and the BC-11/BC-05 screens or ILS, and all the above background check information is listed within two years with Clearances for subsidy approval, no additional steps may be needed.

If the BC-11/BC-05 screens or ILS indicate CL - no additional steps/documentation is needed.

If the BC-11/BC-05 screens or ILS indicate CH/CR - the rap sheet/criminal abstract and FBI response are required.

**NOTE:** All other codes require additional response/documentation before proceeding to Step 6. Caseworkers should consult with their licensing supervisor, POS adoption liaison or DCFS adoption supervisor.

**Step 6** (Discrepancy resolved)

Complete the **CFS 718-L**, including all household members age 13 and over who are subject to background checks. The box “Adoption” or “Subsidized Guardianship” should be checked. Ensure that the form is complete and accurate.

**Step 7**

The worker shall submit the **CFS 718-L** directly to the “Permanency Updates” mailbox via DCFS Outlook and skip to the Disposition.

**NOTE:** Caseworkers shall communicate background check related information only via DCFS Outlook to ensure confidential and secure communication.

**DISPOSITION**

The Central Office of Licensing (COoL) will conduct the background checks. If there are no “hits,” CYCIS will be updated to show “CL” (cleared). If there are hits, the rap sheet/printout with detail on arrests, charges and convictions will be sent to the caseworker/manager via DCFS Outlook (if there isn’t an Outlook account, results will be sent via USPS). CYCIS will reflect IS (ISP rap sheet sent) and/or FS (FBI rap sheet sent).

The caseworker and supervisor shall review all information to assess the safety and appropriateness of the provider before proceeding with the adoption/guardianship process.

## **VI. PROCEDURES FOR OBTAINING BACKGROUND CLEARANCES FOR UNLICENSED PROVIDERS**

### **Step 1**

Determine the current family composition of household members

### **Step 2**

Determine what checks need to be done on each member in the family composition. Verify if the checks have already been conducted and if the dates of the results fall within the appropriate timeframe.

Household members ages 13 to 16 – CANTS, LEADS, and SOR

Household members ages 17 and older – CANTS, LEADS, SOR, and fingerprint-based ISP and FBI

### **Step 3**

Complete the **CANTS 48** for each household member subject to a CANTS and LEADS check. Fax **CANTS 48** to the State Central Registry (SCR) – fax number is listed on form. Check the Illinois and National Sex Offender Registries for all household members age 13 and over and the caregiver's address. Print the results. The website addresses are: <http://www.isp.state.il.us/sor> and <http://www.nsopw.gov>

For all current/new household members that it is uncertain or unknown if they have been fingerprinted, proceed to Steps 4.

### **Step 4**

Check the Background Check Unit – Finger Print Search website for each household member subject to an ISP and FBI check. The website address is: <https://fingerprintsearch.dcf.illinois.gov/>.

Enter the following information: Provider ID (of the agency, not the individual; either the CWA provider ID or 999901 for DCFS); First Name; Last Name; Birth Date; Last 4 Digits of SSN and click on search.

### **Step 5 (a)**

If the screen indicates that prints are not on file, print the screen. The household member will need to take a **CFS 718-RL** and the Finger Print Search website screen print to Accurate Biometrics and be fingerprinted. After fingerprinting, Accurate Biometrics will stamp the **CFS 718-RL**. The household member will return the form to the worker who will forward it to COoL.

### **Step 5 (b)**

For all household members whose prints are on file and subject to ISP and FBI checks, the worker shall complete the **CFS 718-RL**. The box "Adoption" should be checked. *Note: Unlicensed caregivers are not eligible for KinGap (subsidized guardianship).* Ensure that the form is complete and accurate.

**Step 6**

The worker shall submit the **CFS 718-RL** by fax to either 217-782-6446 or 217-785-6368.

**DISPOSITION**

COoL will conduct the background checks. If there are no hits, CYCIS will be updated to show “CL” (cleared). If there are hits, the rap sheet will be sent to the caseworker via DCFS Outlook (if there isn’t an Outlook account, results will be sent via USPS). CYCIS will reflect IS (ISP rap sheet sent) and FS (FBI rap sheet sent).

SCR will return the form with the results of the CANTS and LEADS checks.

The caseworker and supervisor shall review all information to assess the safety and appropriateness of the provider before proceeding with the adoption/guardianship process.

**VII. ATTACHMENTS – (New forms)**

**CFS 596-G-W, Protective Plan** form

**CFS 718-W, Authorization for Background Check of Wards of the State** form

**VIII. 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).

**IX. FILING INSTRUCTIONS**

File this Policy Guide immediately following Procedures 302.310 Adoption Assistance.

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## PROTECTIVE PLAN FOR WARDS WITH CRIMINAL HISTORIES AND INDICATED ABUSE/NEGLECT REPORTS

Name of Ward: \_\_\_\_\_ CYCIS #: \_\_\_\_\_

Name of Caregiver: \_\_\_\_\_ Provider ID #: \_\_\_\_\_

**A. Type of Protective Plan.** This Protective Plan was developed to address conditions observed and documented during: **(select one)**

- Initial Plan** Ward has criminal history that includes crimes against persons and/or has indicated report for abuse/neglect
- Amended Plan**- Ward has changed placement
- Plan Review date:** Every six months or more frequently as needed

B. Identify Issue. (Specify crime and/or indicated allegation)	C. Protective Action. (List specific actions to address safety and supervision issues identified )	D. Frequency of Action (daily, weekly,	E. Persons Responsible to Perform Action (use full names)	F. Start Date of Action (date/time)	G. End Date of Action (date/time)

**H. Conditions That Must Exist for Protective Plan to End**



## INSTRUCTIONS FOR COMPLETING THIS FORM

- Column A.** Select whether the Protective Plan was developed:
- Initial Plan** - Ward has criminal history that includes crimes against persons and/or has indicated report for abuse/neglect  
**Amended Plan**- Ward has changed placement  
**Plan Review**- review every six months or more frequently as needed
- Column B.** Identify Issue (specify crime committed and/or Child abuse/neglect allegation indicated)
- Column C.** Describe the specific protective action that shall be taken (List specific actions to address safety and supervision issues identified)
- Column D.** Indicate the frequency with which the protective action shall be taken (at least weekly - every 7 days)
- Column E.** List, by name, the person or persons who are responsible to perform the protective action.
- Column F.** List the date and time that the protective action will start.
- Column G.** List the date and time that the protective action will end, if possible
- Column H.** Identify with as much specificity as possible the conditions that must exist for the Protective Plan to end.

### Applicability

Any ward that has a criminal history that includes crimes against persons (homicide, kidnapping, sex offenses and bodily harm) or indicated report of abuse/neglect **must have a Safety/Supervision Plan**. This plan will be part of the licensing file as well as the ward's case file. Case management, licensing, foster parent and ward must participate in developing and reviewing this plan and it must take into account any of the following: a) court provisions, such as home monitoring, terms of probation, any orders of protection, etc. b) the nature of the offense and how it affects other members of the household, c) what steps will be taken to ensure safety in the home and who is responsible for monitoring, d) what level of supervision is needed, indicators to support supervision level and who will be responsible for monitoring the indicators and levels of supervision. This plan must be reviewed every six months or more frequently as needed.

All information regarding wards will be kept under a separate Tab to make a clear distinction in the licensing file.

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Illinois Department of Children and Family Services  
**AUTHORIZATION FOR BACKGROUND CHECK OF WARDS OF THE STATE**  
READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

**PERSONAL INFORMATION**

<b>1</b>	Last Name/First Name/Middle Initial _____					Social Security or ITIN Number _____					
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____										
	<b>CURRENT ADDRESS AND TELEPHONE:</b>										
	Street/Apt.#: _____ City: _____ State: ____ Zip Code: ____ County: _____ Telephone (Including Area Code) ( ____ ) _____ - _____										
	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>2</b>	<b>Have you ever been convicted of a criminal offense, other than a minor traffic violation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have you ever been indicated as perpetrator in a child abuse/neglect investigation?</b> <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>3</b>	<b>BACKGROUND RESULTS</b>					<b>FOR CENTRAL OFFICE OF LICENSING USE</b>					
	Sex Offender Clearance: _____					SID# _____ Clear _____ Record _____					
	CANTS Clearance: _____					BC-03 Registered: _____					
	Illinois State Police Clearance: _____					FBI Sent Out: _____					
	FBI Clearance: _____					Valid Driver's License: Yes _____ No _____					
Transfer Clearances: SO/CANTS: _____ ISP: _____											

**TO BE COMPLETED BY SUPERVISING AGENCY**

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

<b>4</b>	Date Fingerprinted: _____					Supervising Agency: _____					
	Full Name of Facility _____					Name _____					
	Provider ID # _____					Provider ID# _____					
	Street Address: _____					<b>Or</b> DCFS Region/Site/Field _____					
	City _____ IL ZIP: _____					Name of Licensing Worker _____ Worker ID# _____					
					(_____) _____ Phone Number of Licensing Worker						

<b>5</b>	Cycis ID # _____
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**INSTRUCTIONS FOR COMPLETION OF  
CFS 718-W - AUTHORIZATION FOR BACKGROUND CHECK OF WARDS OF THE STATE**

**WHO SHOULD USE THIS FORM:** All members of the household 17 or older, if in an unlicensed home, CANTS 48 must also be completed by every ward of the state age 13 through 16

**SECTIONS 1, AND2-- COMPLETION OF IDENTIFICATION INFORMATION**

DCFS or private agency licensing or placement/adoption worker must instruct every ward of the state subject to a background check to complete the first two sections identifying 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 or ITIN 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             | ASIAN | Asian                            |
| HISP  | Indicate whether the individual is of | NH/PI | Native Hawaiian or Other Pacific |
| ORG   | Hispanic origin                       |       | Islander                         |
| WHITE | White                                 | UNDET | Undetermined                     |
| AI/AN | American Indian or Alaskan Native     |       |                                  |

The person completing the identification information must sign and date Section 2 of the form.

**SECTION 3 – For Central Office of Licensing use only.**

**SECTION 4 - DCFS/PRIVATE AGENCY LICENSING WORKER**

The Authorization for Background Check must be submitted to the licensing worker or the Central Office of Licensing for completion of Section 3. The licensing or placement/adoption worker must check the form for completeness and accuracy, confirm that the person (if age 17 or older) has been fingerprinted, and verify the correct spelling of names alongside a form of identification, such as a driver's license or photo ID.

The licensing representative or placement/adoption worker 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 or will be a member of a foster family household and will be transporting foster children, I authorize the Department to conduct periodic checks of my driver's license and driving record through the Secretary of State. The child abuse and neglect background check and the criminal history investigation may be used for considering current or prospective employment, or service as a volunteer in a child care facility. Persons 13-16 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 but may be shared with my employer, prospective employer, the licensing applicant for whom my background check is required or with authorized licensing staff 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.