

Division of Developmental Disabilities Presents:



***Employee Background Check
Requirements for
Developmental Disabilities
Service Providers***

September 2012

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PURPOSE OF THIS TRAINING

- ✓ To provide information about the initial and annual staff background check process and related documentation required of Division of Developmental Disabilities-funded provider agencies.
- ✓ Problems with background checks are the most frequently cited findings during Division of Developmental Disabilities/Bureau of Quality Management reviews.
- ✓ Information is applicable to all employees within a DDD-funded program/agency
- ✓ Expectations outlined in Community Services Agreement Attachment A (Section VIII).

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Sources

- Community Services Agreement Attachment A
<http://www.dhs.state.il.us/page.aspx?item=59407>
- Health Care Worker Background Check Act
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1303&ChapterID=24>
- Paul's Law (Public Act 097-0441)
<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=097-0441>

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FIVE (5) TYPES OF REQUIRED CHECKS

1. Illinois State Police Health Care Worker Background Check
 - a. Time of Hire (1/1/00)*
2. Health Care Worker Registry
 - a. Time of Hire (1/1/00)*
 - b. Annually** (7/1/12)
3. Department of Children and Family Services
 - a. Time of Hire (7/1/07* – child programs; 7/1/09* – All)
 - b. Annually** (7/1/12)
4. Illinois Sex Offender Registry
 - a. Time of Hire (7/1/07 *– child programs; 7/1/09 *– All)
 - b. Annually** (7/1/12)
5. Healthcare and Family Services Office of the Inspector General Sanctions List
 - a. Time of Hire (7/1/08*)
 - * **Employees hired prior to the date the law took effect who are still employed at your agency do not need the initial background check but will require Annual checks.**

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Distinguishing Between IDPH Health Alert Network (HAN) “National” Background Checks and DHS/DDD “Illinois” Background Checks

- The HAN web portal contains background check links to the National Sex Offender Registry and the National HHS-OIG “sanctions list” that are part of the HAN web portal process.
- Background checks required by DHS/DDD contract are separate from the HAN process. The HAN process does not automatically meet DHS/DDD contractual obligations.

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Who Needs these Required Background Checks?

- All employees, in any capacity, need background checks. This includes full and part-time employees, staff from temp agencies, custodial staff, administrative and clerical staff.
- Employees on leave such as the Family and Medical Leave Act (FMLA) are not required to have new background checks when they return to work.
- Employees who terminate employment with your agency and later return to work will need background checks again.

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“At time of hire...”

For purposes of background checks, the Division of Developmental Disabilities considers “at time of hire” to be the **first day in paid status**.

Typically required no later than first day in paid status. May be completed prior to first day in paid status but no earlier than 30 calendar days before the employee starts work.



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CONSENT TO CONDUCT CHECKS

- ✓ Forms to initiate the Illinois State Police and CANTS checks include consent
- ✓ No consent required for on-line checks – open to the public
 - ✓ HCWR
 - ✓ Illinois Sex Offender Registry
 - ✓ HFS OIG Sanctions List



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Health Care Worker Registry

Illinois Department of Public Health

Pet Quinn, Governor

health care worker registry

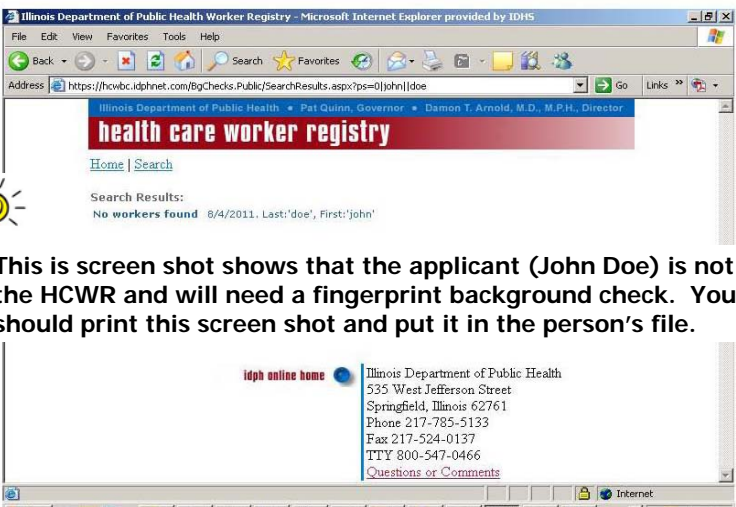
- Purpose
 - Administrative Findings
 - Disqualifying Convictions
 - Training
 - Criminal background check "status"
- Search Tips
- Validating Results
- Waivers
- Documenting Search Results

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Health Care Worker Registry

- <http://www.idph.state.il.us/nar/home.htm>
- Suggest that this check be completed first
- If employee already on the registry, learn about:
 - Training
 - Administrative Findings
 - Disqualifying convictions

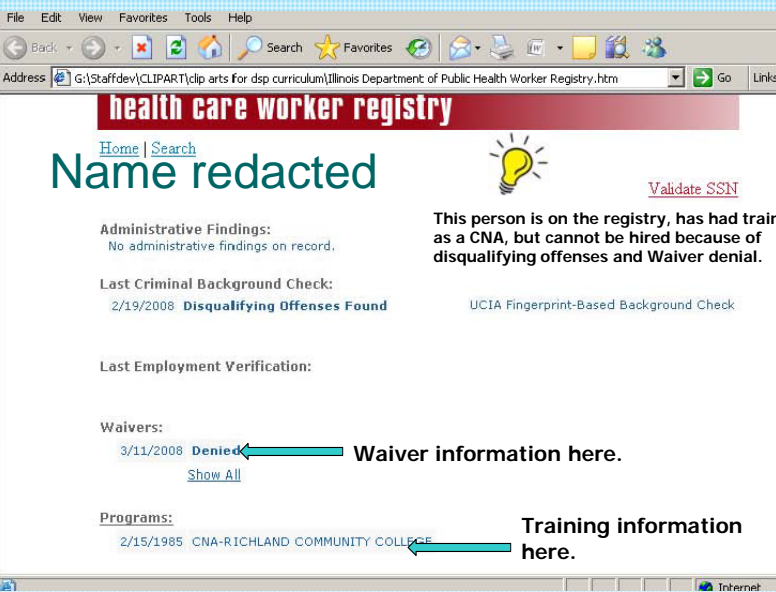
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The screenshot shows a Microsoft Internet Explorer browser window displaying the Illinois Department of Public Health Worker Registry search results. The address bar shows the URL: <https://hwcbr.idph.net.com/bgChecks.Public/SearchResults.aspx?ps=0|john|doe>. The page header includes the text "health care worker registry" and navigation links for "Home" and "Search". The search results section displays "Search Results: No workers found 8/4/2011. Last:'doe', First:'john'". A yellow lightbulb icon is positioned to the left of the text below the screenshot.

This is screen shot shows that the applicant (John Doe) is not on the HCWR and will need a fingerprint background check. You should print this screen shot and put it in the person's file.

idph online home Illinois Department of Public Health
335 West Jefferson Street
Springfield, Illinois 62761
Phone 217-785-5133
Fax 217-524-0137
TTY 800-547-0466
[Questions or Comments](#)



The screenshot shows a Microsoft Internet Explorer browser window displaying the Illinois Department of Public Health Worker Registry profile for a redacted name. The address bar shows the URL: <G:\Staffdev\CLIPART\clip arts for dsp curriculum\Illinois Department of Public Health Worker Registry.htm>. The page header includes the text "health care worker registry" and navigation links for "Home" and "Search". The profile information is as follows:

- Name redacted**
- Administrative Findings:** No administrative findings on record.
- Last Criminal Background Check:** 2/19/2008 **Disqualifying Offenses Found** UCIA Fingerprint-Based Background Check
- Last Employment Verification:**
- Waivers:** 3/11/2008 **Denied** **Waiver information here.** [Show All](#)
- Programs:** 2/15/1985 CNA-RICHLAND COMMUNITY COLLEGE **Training information here.**

A yellow lightbulb icon is positioned to the right of the "Name redacted" text. A "Validate SSN" link is located to the right of the lightbulb icon. Two green arrows point from the text annotations to the "Denied" and "CNA-RICHLAND COMMUNITY COLLEGE" entries.


Address: https://hcwbc.idphnet.com/BgChecks.Public/WorkerDetail.aspx?p=346836

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health care worker registry

[Home](#) | [Search](#)

Name redacted

 [Validate SSN](#)

Administrative Findings:
No administrative findings on record.

IDPH Determination of Eligibility:
6/28/1999 Eligible

Last Employment Verification:
2/18/2010 **Active (CNA)** Access Worker Training Program - Certified Nurse Aide/Assistant

Waivers:
No waivers on record.

Programs:
12/22/1989 CNA-CHICAGO BOARD OF EDUCATION

This is a screen shot of a CNA with no convictions. The person's CNA training is shown under "Programs" at the bottom of the page. The background check was UCIA so they will need a Fee_App background check (or updated UCIA check)

IDPH HCWR Page 1 of 1

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH CARE WORKER REGISTRY
LOGOUT

WORKERS
1 Workers

Workers...

Validate Authorization

By entering the individual's Social Security Number you are validating that the individual has signed an Authorization and Disclosure Form that specifically authorizes your facility or training program to see the individual's personal background and Full (Illinois State Police) Background check report. The FEI does not allow their background check to be given to a third party but may be given to the individual upon the individual making a request in writing to the Illinois Department of Public Health's Health Care Worker Registry. The facility will have access to this information for only 90 days unless employment information is entered. Then the facility will have access until a termination order is entered.

SSN:

Illinois Department of Public Health | Health Care Worker Registry | 1100 North Jefferson Street, 8th Floor, Springfield, Illinois 62761
Phone: (217) 785-9553 | Fax: (217) 784-0372 | TTY: (202) 247-4444 | Email: IDPH.CWR@illinois.gov
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https://hcwbc.idph.illinois.gov/apps/hcwbc/BgChecks.Website/WorkersSearch.aspx?pa=0... 9/26/2012 14

Illinois Department of Public Health Worker Registry Page 1 of 1

Illinois Department of Public Health Pat Quinn, Governor
health care worker registry
[Home](#) | [Search](#)

Name Redacted [Validate SSN](#)


Please enter the Social Security Number below to validate that this is the individual for whom you are looking.

SSN: | 123-45-6789 | [Validate](#)

The Social Security Number you have provided **MATCHES**

Administrative Findings:

Date	Type
5/18/2012	Abuse



IDPH Determination of Eligibility:
5/25/2011 Eligible

Last Employment Verifications:
9/30/2011 Active Technical, Unlicensed Health Care - DSP or DD Aide

Waivers:
No waivers on record.

Programs:
7/06/2011 CO AIDE-GENESIS HOUSE-GENOA

Competency:
No competencies on record.

No health care employer shall hire, employ, or retain any individual who has a disqualifying conviction or an administrative finding of abuse, neglect or theft pursuant to 42 CFR Section 483.13 and 225.2/25.46/25

[IDPH online home](#) Illinois Department of Public Health
 535 West Jefferson Street
 Springfield, Illinois 62761
 Phone 217-785-5133
 Fax 217-524-0137
 TTY 800-547-0466
[Questions or Comments](#)

<http://hcwresearch.dph.illinois.gov/ig/ChecksPublic/WorkerDetail.aspx?i=568572> 8/29/2012

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Search Tips

- All information entered limits the search to only those parameters that are included within the listing
- Search using last name only when possible
- Use only first initial of first name
- Consider name changes
- Unusual names may be misspelled

Validating Results

- If name match is found, always validate results using social security number of the applicant
- If several entries on the HCWR with similar name, will need to check them all

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Illinois Department of Public Health Worker Registry Page 1 of 1

Illinois Department of Public Health
Pat Quinn, Governor

health care worker registry


[Home](#) | [Search](#)

NAME REDACTED
Validate SSN

Please enter the Social Security Number below to validate that this is the individual for whom you are looking.

SSN: 000-33-3333
Validate

The Social Security Number you have provided DOES NOT MATCH



The applicant's name is the same as a person with an Administrative Finding of Abuse; however, the SS# does not match. This demonstrates why it is important to validate findings with a SS#.

Administrative Findings:

Date	Type
5/18/2012	Abuse

IDPH Determination of Eligibility:

3/25/2011 Eligible

Last Employment Verifications:

9/30/2011 Active Technical, Unlicensed Health Care - DGF or DO Aide

Waivers:

No waivers on record.

Programs:

7/04/2011 DO AIDE-GENESIS HOUSE-GENOA

Competencies:

No competencies on record.

No health care employer shall hire, employ, or retain any individual who has a disqualifying conviction or an administrative finding of abuse, except as their pursuant to 21 CFR Genes 281.13 and 318.0.C 46/25

[log out](#) [home](#)

Illinois Department of Public Health
 535 West Jefferson Street
 Springfield 4, Illinois 62761
 Phone 217-785-5133
 Fax 217-524-0137
 TTY 800-547-0466
[Questions or Comments](#)

<https://hrsearch.dph.illinois.gov/RegCheck/Detail.aspx?w=668472>
8/29/2012

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Waivers for Disqualifying Convictions

- Individuals with disqualifying convictions (as defined by the Health Care Worker Background Check Act) may not work in a DD funded setting unless a waiver has been granted
- Waivers granted by Illinois Department of Public Health
- See IDPH Health Care Worker Registry for details
- <http://www.idph.state.il.us/nar>
- Waivers previously granted by DHS Bureau of Accreditation, Licensure and Certification will still be honored by Division of DD.
- Employers are under no obligation to hire employees who subsequently obtain waivers for disqualifying convictions or findings.

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Documenting Check

- Print a copy of the page from HCWR
- Must be dated

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Illinois State Police



- What type of check is needed?
 - Name
 - Fingerprint
- How to conduct check
- Disqualifying convictions

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Fingerprint Checks



- Health Care Worker Background Check Act
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1303&ChapterID=24>
- October 1, 2007 deadline to begin fingerprint background checks
- Must apply to Illinois Department of Public Health to gain access to the web portal before beginning "Fee_App" fingerprint based checks

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How to Register for Access to the Illinois Department of Public Health Web Portal




Electronic Fingerprint request forms are generated through the Illinois Department of Public Health Web Portal. If your agency does not yet have access to the Illinois Department of Public Health's **Health Alert Network (HAN) Web Portal**, contact IDPH at:

<http://portalhome.dph.illinois.gov/>

You will need to:

- ❖ Complete and sign the Department of Public Health Portal Registration Authority (PRA) agreement. (A picture of the top part of the form is on the next slide.)
- ❖ This registration form is available at the IDPH web site shown above.

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**HEALTH ALERT NETWORK (HAN) WEB PORTAL
REGISTRATION AUTHORITY AGREEMENT**

IN ORDER TO PROVIDE THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) WITH ACCESS AND IDENTIFICATION INFORMATION FOR THE PURPOSE OF USER ACCOUNT REGISTRATION AND ADMINISTRATION, IDPH WILL PROVIDE A DESIGNATED PUBLIC HEALTH PARTNER FACILITY (FACILITY) ACCESS TO THE IDPH HAN WEB PORTAL.

INDIVIDUALS APPLYING FOR THE ROLE OF THE PORTAL REGISTRATION AUTHORITY (PRA) FOR A PUBLIC HEALTH PARTNER FACILITY MUST READ THIS AGREEMENT BEFORE ACCEPTING THE RESPONSIBILITIES FOR THIS ROLE.

- o If the PRA does not agree to the terms and conditions of this Agreement, the PRA will not be authorized to administer the HAN Web Portal User Accounts for his/her Facility.
- o This Agreement will become effective upon submission of the PRA application to, and acceptance by, the IDPH Security Administrator (SA). By submitting this PRA application he/she is requesting the authorization from IDPH to manage user accounts for his/her facility and are expressing his/her agreement to the terms of this PRA Agreement.

The PRA agrees to:

1. Act as a liaison, providing a single point of contact and coordination between the Facility and IDPH;
2. Provide true and trusted authentication of Facility HAN Web Portal Users for the purpose of issuing User accounts following the process outlined in the Portal Registration Process document;
3. Serve as a secure conduit of activation/recovery for User accounts and passwords requiring activation/recovery and ensuring prompt notification of terminated employees for the purpose of User account deactivation;
4. Immediately Inform the SA of any account/password compromise situation that would warrant disabling account usage of the detection of the compromise or suspected compromise;
5. Review and obtain a working knowledge of the IDPH HAN Web Portal and assist users with its authorized use;
6. Comply with and enforce all application policies, procedures and rules established by IDPH with regards to the use and protection of IDPH resources.

The PRA agrees to:

1. To access the IDPH HAN Web Portal;
2. To maintain the confidentiality of the IDPH HAN Web Portal;

This is page 1 of the form agencies complete to request access to the IDPH web portal. It can be downloaded from their web site.

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How to Do Web Portal Background Checks

To conduct a fingerprint background check using the web portal:

- Log into the Web portal, select the application field.
- Print a request for a LiveScan fingerprint form for the DSP job candidate to take to LiveScan Vendor.
- The LiveScan request form is good for **10 working days**.
- The Vendor scans the applicant's fingerprints and electronically sends the results to the HCWR within **24 to 48 hours**.
- The Applicant returns the bottom part of the form to your agency.

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After agencies are granted access to the IDPH web portal, they can print a LiveScan Request Form (pictured here) for applicants to take to one of the 4 vendors for fingerprint scanning.



This portion is returned to your agency →

What does a LiveScan Request Form look like?

Application Number: 201403 ORG: 01000007 Date of Request: 9/26/2010

LiveScan Fingerprint Request
 Illinois Department of Public Health
 Health Care Worker Registry, 825 W. Jefferson St., 4th Fl., Springfield, IL 62761
 Phone: (217) 786-3123 Fax: (217) 524-6127 Email: HCWR@idph.state.il.us

You have received this form because you have applied for a position with a health care employer, enrolled in a health care training program, need to be considered for employment by the Illinois Civil Service Commission, or applied for a position of a regulatory commission. This request form is a fingerprint criminal history records check requested by the Illinois Department of Public Health and submitted to the Illinois Department of State Police as a live applicant history form. Requests must be collected from a LiveScan vendor contracted by the Department of Public Health. For other fingerprinting vendors are authorized to participate in the program. As a result of the background check, you will be listed on the Health Care Worker Registry.

You have only ten working days from the time you signed the authorization form to have your fingerprints collected by one of the Department's contracted vendors:

Vendor	Phone	Area of Service
Accuracy Biometrics, Inc. www.accuracybiometrics.com	214-361-0894	Statewide
FPM Systems www.fpm-systems.net	3-486-713-1803	Statewide
1-1 Enrollment Services www.enrollandscan.com	1-800-377-0880	Statewide
Metropolitan Chicago Healthcare Council (MCHC) www.mchc.org	1-877-746-0843	Statewide

*The Illinois State Police fees are included in the amount the vendor charges the applicant. You must present current, valid government issued photo identification or other valid photo identification.

Applicant: (applicant's name) SSN: 111-11-1111

Home Address: (applicant's address) City, St. ZIP: 61808

Telephone: 217-111-1111

Date of Birth: November 1, 1967 Sex: F Race: White Height: 62 inches Eyes: Brown

Place of Birth: (State or Country of nat. origin) Hair Color: Weight:

Fingerprints to be submitted by: State Police

Employee Type: Technical, Unlicensed Health Care - Certified Nurse Aid

I verify that the above information is true and correct.

Applicant's Signature: _____ Reporting Facility: 602767
 Address: 202 ROCKY RIDGE
 ROCKFORD, IL 61107

TCN: _____

Return this portion to the facility that gave you this request form.

Full Name: (Applicant's name) Base: SSN: 111-11-1111

City: _____ St: _____ Vendor: _____

Date: _____ City, State: _____

TCN: _____
(Technician's signature)

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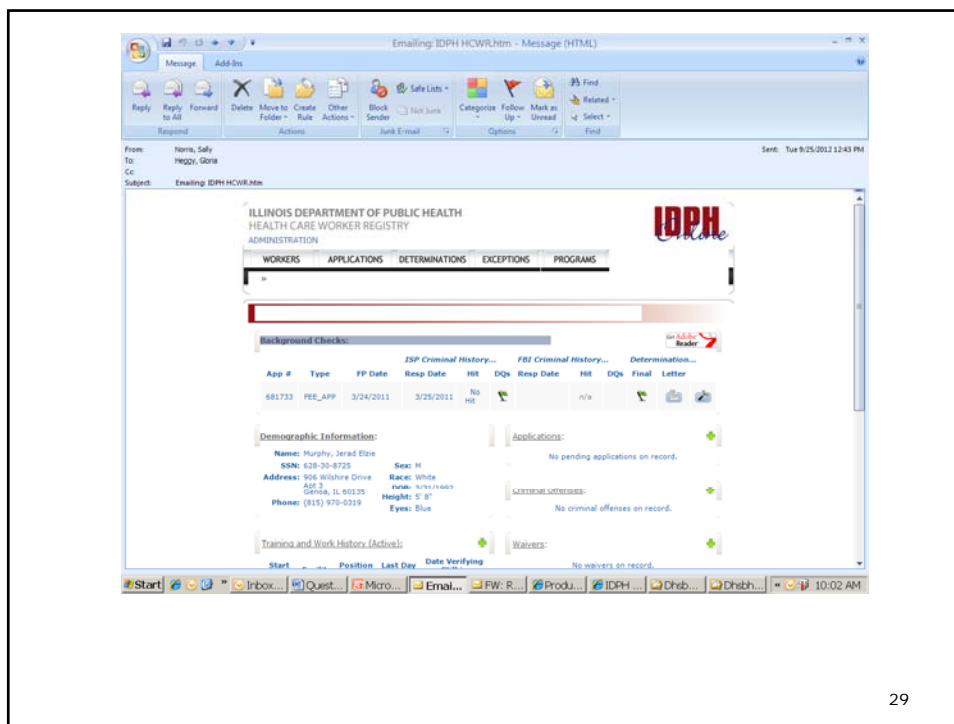
Background Checks Using the Web Portal

The screenshot shows the 'Search for Workers' page of the IOPH HCWR. At the top, it says 'IDPH HCWR' and 'Page 1 of 1'. Below that is the 'ILLINOIS DEPARTMENT OF PUBLIC HEALTH HEALTH CARE WORKER REGISTRY' logo and 'LOGOUT'. A 'WORKERS' dropdown menu is set to '1 Workers'. A search bar contains 'Workers...'. Below the search bar are fields for 'Search by Social Security Number', 'DOB', 'Search by Name', 'First', 'Middle', and 'Last'. A 'GO' button is at the bottom right. At the bottom of the page, there is a URL: <http://hcwbc.dph.illinois.gov/apps/hcwbcbgChecks/Website/WorkersSearch.aspx> and the date '9/26/2012'.

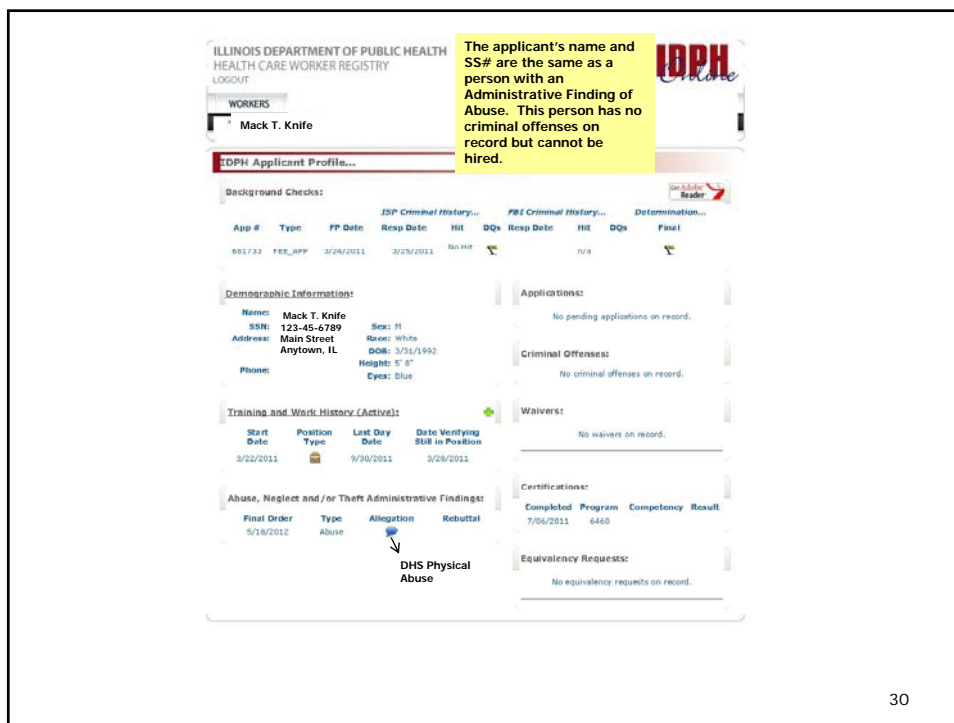
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The screenshot shows the 'Validate Authorization' page of the IOPH HCWR. At the top, it says 'IDPH HCWR' and 'Page 1 of 1'. Below that is the 'ILLINOIS DEPARTMENT OF PUBLIC HEALTH HEALTH CARE WORKER REGISTRY' logo and 'LOGOUT'. A 'WORKERS' dropdown menu is set to '1 Workers'. A search bar contains 'Workers...'. Below the search bar is a 'Validate Authorization' section with a text box containing the following text: 'By entering the individual's Social Security Number you are validating that the individual has signed an Authorization and Disclosure Form that specifically authorizes your facility or training program to see the individual's personal background and Full (First, Middle, Last) Name Background check report. The REG does not allow their background check to be given to a third party but may be given to the individual upon the individual making a request in writing to the Illinois Department of Public Health's Health Care Worker Registry. The facility will have access to this information for only 90 days unless employment information is entered. Then the facility will have access until a termination order is entered.' Below the text box is a 'SSN' field and a 'Validate Authorization' button. At the bottom of the page, there is a URL: <http://hcwbc.dph.illinois.gov/apps/hcwbcbgChecks/Website/WorkersSearch.aspx?pa=0...> and the date '9/26/2012'.

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When to Use the Illinois State Police UCIA Background Checks

Agencies that don't yet have access to the IDPH *Health Alert Network (HAN) Web Portal* will need to use the Illinois State Police Uniform Conviction Information Act (UCIA) background check method in the interim. There are two types of forms that are used to request UCIA information: a non-fingerprint request form and a fingerprint request form. The forms are available on the Illinois State Police Web site at: <http://www.isp.state.il.us/crimhistory/chri.cfm>

After agencies' HAN web portal process is implemented, they should not go back to UCIA checks. Soon, **only** fee app background checks will be allowed.

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NON-FINGERPRINT CONVICTION INFORMATION REQUEST (Form ISP6-405B)

A non-fingerprint background check uses identifiers in the search such as name, sex, race, and date of birth. Any criminal history record information found as a result of a non-fingerprint based computerized criminal history check is based solely on a search of the identifiers provided in the request. It is not uncommon for criminal offenders to use alias names and dates of birth which could adversely affect the results of a non-fingerprint based search.

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NON-FINGERPRINT BACKGROUND CHECK (cont.)

A name-based background check may bring up several people with the same name. If the applicant has the same name as a person with a disqualifying offense, a fingerprint background check could clear the applicant for employment. Or, in the alternative, it could verify that the applicant is, in fact, the person with the disqualifying offense.



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FINGERPRINT CONVICTION INFORMATION REQUEST (Form ISP6- 404B)

A fingerprint based criminal history record information search confirms positive identification of the subject to whom the fingerprints belong contained on the fingerprint request form.

The UCIA fingerprint check is more reliable than the name-based check **but neither of these State Police UCIA background checks will notify agencies of any future convictions as the Fee_App Method does.**

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What if the prospective employee is already listed on the HCWR?

- Look at the type of check completed
- "Fee_App" indicates finger-print check has already been completed. No additional ISP check required. (Update employment information)
- "UCIA" indicates either a **name-based** or **non Fee_App** fingerprint check was completed. A new check is required when employee changes employment.

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Illinois Department of Public Health Worker Registry Page 1 of 1

Illinois Department of Public Health
health care worker registry
 Home | Search

Validate SSN

Administrative Findings:
 No administrative findings on record.

IDPH Determination of Eligibility:
 2/23/2012 Eligible **FEE_APP**

Last Employment Verification:
 2/07/2012 Active Technical, Unlicensed Health Care - DSP or DD Aide

Waivers:
 No waivers on record.

Programs:
 3/26/2012 DD AIDE

Competency:
 No competencies on record.

No health care employer shall hire, employ, or retain any individual who has a disqualifying conviction or an administrative finding of abuse, neglect or theft pursuant to 42 CFR Section 483.12 and 225 ILCS 46/25

login online home Illinois Department of Public Health
 535 West Jefferson Street
 Springfield, Illinois 62761
 Phone 217-785-5133
 Fax 217-524-0137
 TTY 800-547-0466
 Questions or Comments

https://hcwrsearch.dph.illinois.gov/Find/Workers/Public/WorkerDetail.aspx?workerid=60071 6/18/2012 9


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Illinois Department of Public Health Worker Registry - Microsoft Internet Explorer provided by IDHS

Address: <https://hcwbc.idphnet.com/BgChecks.Public/WorkerDetail.aspx?p=399582>

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health care worker registry

NAME REDACTED 

[Validate SSN](#)

Administrative Findings:
No administrative findings on record.

IDPH Determination of Eligibility:
9/27/2007 Eligible [UCIA](#)

Last Employment Verification:
7/26/2011 **Active** Technical, Unlicensed Health Care - DSP or DD Aide

Waivers:
No waivers on record.

Programs:
11/20/2007 DD AIDE-SPARC-SPRINGFIELD

NAME REDACTED

If UCIA method used:
Fax or mail the new UCIA background check information to:
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
Fax 217-524-0137
(This is on the bottom of the HCWR screen)

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Background Check Results

- “Conditional” hire until results are received
- May be conditionally employed for up to 3 months while awaiting results
- If results indicate a disqualifying conviction, may not be employed unless a waiver is granted
- May not be employed while awaiting waiver

Illinois Sex Offender Registry



- Purpose
- Address
- Search Tips
- Documenting Search Results
- Common Mistakes

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Purpose

- Required by CSA Attachment A
- Providers shall not employ an individual in any capacity until the Provider has inquired of and received the results from the Illinois Sex Offender Registry concerning the individual. If the database reflects the existence of, or contains information that indicates a finding, the Provider shall not employ him or her in any capacity.


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Address for Online Check

- Free
- Public access
- Immediate results
- <http://www.isp.state.il.us/sor/>



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Illinois Sex Offender Information
www.isp.state.il.us/sor

Pat Quinn, Governor

DISCLAIMER
[En Espanol](#)

Illinois Compiled Statutes (730 ILCS 152/115 (a) and (b)) mandate that the Illinois State Police ("ISP") establish and maintain a statewide Sex Offender Database, accessible on the Internet, identifying persons who have been convicted of certain sex offenses and/or crimes against children and must register as a Sex Offender.

Persons required to register as Sex Offenders are persons who have been charged of an offense listed in Illinois Compiled Statutes 730 ILCS 150/2(B) when such charge results in one of the following:

- (a) A conviction for the commission of the offense or attempt to commit the offense,
- (b) A finding of not guilty by reason of insanity of committing the offense or attempting to commit the offense, or
- (c) A finding not resulting in an acquittal at a hearing for the alleged

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Search Tips

- Enter only last name
- Entering other information will limit the search
- First few letters of last name okay
- Search may result in a list ...just scroll through list to confirm employee is not included on the list

Illinois State Police Sex Offender Registration Information Website - Microsoft Internet Explorer provided by IDHS

http://www.isp.state.il.us/sor/offenderlist.cfm

File Edit View Favorites Tools Help

McAfee

State of Illinois Department... IM Illinois Department of Public ... DHS DHS Internet Travel Guide State of Illinois

Illinois State Police Sex Offender Registration Informa...

City: []
 Zip Code: []
 County: [Select...]
 Status: [All]
 Offender Type: [All]
 Results: [25 per page]
 Find [] Clear []
 Download Options: [MS Excel]
 Download []
 Mapping: []
 Frequently Asked Questions (FAQ) []
 Other State SOR Sites []
 Transitional Housing []
 Contact Us []
 SOR Home []

Name	Address	City	Zip	Status	View
TUCKER, ANTOINE	931 COMMONWEALTH	WAUKEGAN	60095		Details
TUCKER, AUBREY D	Illinois Department of Corrections			Sexual Predator	Details
TUCKER, BRIAN W	Out of State				Details
TUCKER, CHRISTOPHER JAMES	A2 Department of Corrections				Details
TUCKER, CLINTON	2024 W FARGO AVE Apt. 1			Sexual Predator	Details
TUCKER, DARRELL	ADDRESS UNKNOWN				Details
TUCKER, DAVID L	5714 N TERRACE CT Apt. 4				Details
TUCKER, DENNIS D	807 ADAMS AVE	JUNCTION CITY	62882		Details
TUCKER, DENNIS E	503 C RAILROAD	SHIPMAN	62085		Details
TUCKER, EDWARD	Detained by the Illinois Department of Human Services				Details
TUCKER, JAMES B	2230 GROTH STREET	SPRINGFIELD	62703		Details
TUCKER, JERRY DEAN	105 S WALNUT	LUDLOW	60949		Details
TUCKER, JADONITA A	JAIL KANKAKEE CO	KANKAKEE	60901	NON-COMPLIANT	Details
TUCKER, LARRY	6336 S MAY ST	CHICAGO	60621		Details

This background check shows no sex offender convictions. This page should be printed and placed in the applicant's personnel file.

Done

Internet 85%

Start Search Desktop 1:57 PM


Illinois Adult Sex Offender DAVID TUCKER Page 1 of 1

Illinois Sex Offender Information Pat Quinn, Governor

Illinois Adult Sex Offenders Adult Sex Offender Information

Name: DAVID TUCKER
 Date of Birth: 1/21/1963
 Height: 6 ft. 01 in. Weight: 170 lbs. Sex: M Race: W
 Address: Illinois Department of Corrections
 Sexual Predator

VICTIM OVER THE AGE OF 18
 AGGRAVATED CRIMINAL SEXUAL ASSAULT
 AGGRAVATED CRIMINAL SEXUAL ASSAULT/VICTIM >40
 County of Conviction: MADISON



Back to List Print this Record

Criminal History Information
 Criminal history information may be available for sex offenders on parole or mandatory supervised release through the Illinois Department of Corrections. Click on the link, select 'inmate search' and type in the offender's name or other identifying information.
 Additional information about a sex offender's conviction can be obtained by contacting the circuit clerk's office of the county in which the offender was convicted to get a copy of the offender's court case information. Additionally, criminal history information on an offender may be obtained through the Uniform Conviction Information Act.

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http://www.isp.state.il.us/sor/offenderdetails.cfm?SORID=E01A1973&CFID=78852655&... 9/21/2012

If a job applicant has the same name as a sex offender, print the picture that shows it is not the same person and file it in the personnel file.

Illinois State Police Sex Offender Registration Information Website - Microsoft Internet Explorer provided by IDHS

http://www.isp.state.il.us/sor/offenderlist.cfm

Illinois Sex Offender Information

September 7, 2012

Illinois Sex Offender Registration Search Results

No records were found matching your search criteria.
Please broaden your search and try again.

This background check show no sex offender convictions. This page should be printed and placed in the applicant's personnel file.

Offender Search

Last Name
Valentino

City

Zip Code

County

Status

Offender Type

Results

Find Clear

Download Options

MS Excel

Search Help

Searching by Last Name
Enter the first few characters of the last name of the will return all results for offenders beginning with the

Searching by Zip Code
You can enter an exact zip code (3 digits) or a parti offenders in all zip codes that start with 626.

Searching by City
The spacing of your request can make a difference in your results. Searching on DeKalb will return records, but searching on De Kalb will return zero records.

Searching by County
In addition to Counties, choices are available for incarcerated and out of state in this list.

Searching by Status

Pat Quinn, Governor

Agency Features

National Sex Offender

Accountability Project

Save Our State! Stabilize Pensions Today

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Common Problems

- Misspelled name
- Adding zip or county
- Using National Sex Offender Search
- Not printing proof of conducting check
- No date on print out

Healthcare & Family Services Office of the Inspector General

- Purpose
- Address
- Search Tips
- Documenting Results
- Common Mistakes



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Purpose

- To confirm that employee is not barred from receiving Medicaid/Medicare funds by Department of Healthcare and Family Services
- Required as part of Community Services Agreement Attachment A

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Address for Online Check

- <http://www.state.il.us/agency/oig/sanctionlist.asp>
- Free
- Public access
- Immediate results



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HFS - Office of Inspector General - Microsoft Internet Explorer provided by IDHS

http://www.state.il.us/agency/oig/sanctionlist.asp

File Edit View Favorites Tools Help

McAfee

Favorites State of Illinois Department... DHS DHS Internet Travel Guide State of Illinois

HFS - Office of Inspector General

HEALTH CARE State of Illinois Healthcare and Family Services www.state.il.us/ag

Pat Quinn, Go

Use Search link that appears on right side of page

Agency Links

- Provider Sanctions
- Annual Reports
- Report Fraud
- Mission
- OIG Publications and Research
- Links
- Home

State Links

- Government
- Business
- Employment
- Education
- Health & Safety
- Family & Home
- Travel & Recreation
- About Illinois
- Illinois.gov

Search Illinois

Go

Provider Sanctions

On December 2, 2008 the Dept. Illinois Department of Healthca Inspector General confirmed a personally identifiable informat individuals barred from providing services under the Medicare program. The incident was immediately referred to appropriate law enforcement authorities who are continuing their investigation. Steps have been taken to ensure that the personal information can no longer be accessed, and other similar systems are being thoroughly checked for breaches of security.

Affected individuals are being notified and should call their local police or sheriff's office if they notice suspicious activity on credit reports. They can also file online complaints with the Illinois State Police Internet Crimes Unit at: <http://www.isp.state.il.us/icu>.

Disclaimer

The list was updated **Thursday, July 26, 2012**. All attempts are made to ensure the accuracy of the information. The Department is not liable for any errors or omissions. If a provider reviews the listing to avoid prohibited relationships, as set forth in 89 Illinois Administrative

Sanction Links

- Search
- New Additions
- Browse By Name
- Download
- Disclaimer
- Subscribe to Mailing List

Internet 85%

Start Search Desktop 2:53 PM


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Search Tips

- Enter only last name
- If first and last names are used, do not separate names with a comma
- Entering only a few letters will return all names containing that combination

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HFS - Office of Inspector General Page 1 of 1



State of Illinois
Healthcare and Family Services
Office of Inspector General

<p>Agency Links</p> <p>Provider Sanctions</p> <p>Annual Reports</p> <p>Report Fraud</p> <p>Mission</p> <p>OIG Publications and Research</p> <p>Links</p> <p>Home</p> <p>State Links</p> <p>Search Illinois</p> <p><input type="text"/></p> <p><input type="button" value="Go"/></p> <p>[Search Tips]</p>	<p>Detail Information</p> <p>We advise that you do not take any action on a provider until you have verified their status with the HFS/OIG. Inquiries should be directed to the OIG Webmaster</p> <p style="text-align: center;">SANCTION DETAIL</p> <p>Name: Name redacted</p> <p>Affiliation: Physician (MD)</p> <p>Action: Terminated</p> <p>Action Date: 12/7/2007</p> <p>Date of Birth:</p> <p>Address: 3214 BLACKBERRY STREET</p> <p style="text-align: right;">MT VERNON IL 62864-0000</p> <p>License Number: null</p>	<p>Sanction Links</p> <p>Search</p> <p>New Additions</p> <p>Browse By Name</p> <p>Download</p> <p>Disclaimer</p> <p>Subscribe to Mailing List</p>
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This screen shows someone who has been sanctioned. It is recommended that you contact HFS/OIG to verify the current status of this individual by e-mailing hfs.oigwebmaster@illinois.gov. This person cannot be hired until HFS/OIG verifies that the person on the sanctions list is no longer barred.

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Common Problems

- Misspelled name
- Punctuation when entering name
- Using national Department of Health and Human Services List of Excluded Individuals/Entities (link at the bottom of the page)
- Not printing proof of conducting check
- No date on print out

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Child Abuse & Neglect Tracking Systems (DCFS CANTS)

- Purpose
- Process
- Indications
- Waivers



56

Who Needs DCFS CANTS Check?

- Community Services Agreement Attachment A:
 - All employees hired on or after 7/1/09
 - All employees working with children who were hired on or after 7/1/07
 - Not required at time of hire for anyone hired prior to 7/1/07

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Requesting CANTS Check

- Different form depending on whether or not provider is licensed by DCFS
- Must be initiated no later than first day in paid status
- Employee may continue to work while awaiting results



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CFS 689

For programs NOT licensed By DCFS

CFS 689
Rev. 7/2012

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt # _____
City State Zip Code _____

If you currently reside in Illinois, please list all previous addresses for the past five years.
OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.
(Street/Apt#/City/County/State) _____ Dates _____

List maiden name and/or all old _____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____

Please type, use bold letters or label:

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe - Station # 39
Springfield, IL 62701
FAX to: 217/763-3991
Scan/Email to: CFS689@background@illinois.gov

(Submitting Agency Fax Number)
(Submitting Email Address)

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

Print Name

[http://www.state.il.us/dcfs/docs/CFS_689_Authorization_for_Background_Check_for_Programs_NOT_Licensed_by_DCFS_\(Fillable\).pdf](http://www.state.il.us/dcfs/docs/CFS_689_Authorization_for_Background_Check_for_Programs_NOT_Licensed_by_DCFS_(Fillable).pdf)

Revised 7/2012 – Be sure to use the most current form

CFS 718-E

For DCFS licensed child care facilities

CFS 718-E
Rev. 11/2002

Illinois Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
READ INSTRUCTIONS ON REVERSE SIDE AND PRINT ALL INFORMATION

FOR EMPLOYEES/VOLUNTEERS OF CHILD CARE FACILITIES

1 Employee Day Care Center Day Care Agency
or Group Home Child Welfare Agency
 Volunteer Child Care Institution/Maternity Center Youth Emergency Shelter

PERSONAL INFORMATION

Last Name/First Name/Middle Initial _____ Social Security Number _____

Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____ Telephone (Including Area Code) _____

2 CURRENT ADDRESS _____
Street/Apt # _____
City _____ State _____ Zip Code _____
County _____
Date of Birth (Month/Day/Year) _____ Age _____ Place of Birth (City and State) _____

Have you lived outside of Illinois in the past 3 years? Yes No
List all previous addresses for the past five (5) years.
(Street/Apt#/City/County/State) _____ Dates From/To _____

3 AUTH: Have you ever been disciplined or other than minor traffic violation? Yes No
Have you ever been indicated as perpetrator in a child abuse/neglect investigation? Yes 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: Sex Offender Clearance _____ CANTS Clearance _____ Illinois State Police Clearance _____ FBI Clearance _____ Transfer Clearances: SOCANTS _____ ISP _____

FOR CENTRAL OFFICE OF LICENSING USE: SOW _____ Clear _____ Record _____ IC-03 Registered _____ FBI Sent Out _____

4 TO BE COMPLETED BY EMPLOYER
This authorization form will not be processed without completion of this section.

Date Fingerprinted _____ Full Name of Facility _____ Provider ID # _____ Street Address _____ City _____ IL ZIP _____

Name of Facility Contact _____ Phone Number of Facility Contact _____

<http://www.state.il.us/DCFS/docs/cfs718e.pdf>

Revised 11/2002

Indications

- o "Indication" is the term used by DCFS to describe substantiated abuse or neglect following an investigation
- o DCFS will document the length of time which an indication will remain in the employee's file
- o No person may be employed in any capacity in a DD funded program with an active indication unless a waiver is granted

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Report received from DCFS if employee has had indication in the past

If two codes are listed, the first corresponds to ABUSE and the second to NEGLECT

C.A.N.T.S. Background Check Information Form
ADNY - 010 Form - 06/2004

Relationship Code of Perpetrator: 1 (Youngster) | 1 (Victim)

Abuse Codes

151	Death	19	Sexual Intoxication
152	Brain Damage/Seizure Fracture	20	Sexual Exploitation
153	Subdural Hematoma	21	Sexual Molestation
154	Skull Fracture	22	Substantial Risk of Sexual Abuse or Physical Harm
155	Internal Injuries	23	Sexual Abuse
156	External Injuries	24	Sexual Abuse - Neglect
157	Sexual Abuse	25	Sexual Abuse - Neglect
158	Sexual Abuse	26	Sexual Abuse - Neglect
159	Sexual Abuse	27	Sexual Abuse - Neglect
160	Sexual Abuse	28	Sexual Abuse - Neglect
161	Sexual Abuse	29	Sexual Abuse - Neglect
162	Sexual Abuse	30	Sexual Abuse - Neglect
163	Sexual Abuse	31	Sexual Abuse - Neglect
164	Sexual Abuse	32	Sexual Abuse - Neglect
165	Sexual Abuse	33	Sexual Abuse - Neglect
166	Sexual Abuse	34	Sexual Abuse - Neglect
167	Sexual Abuse	35	Sexual Abuse - Neglect
168	Sexual Abuse	36	Sexual Abuse - Neglect
169	Sexual Abuse	37	Sexual Abuse - Neglect
170	Sexual Abuse	38	Sexual Abuse - Neglect
171	Sexual Abuse	39	Sexual Abuse - Neglect
172	Sexual Abuse	40	Sexual Abuse - Neglect
173	Sexual Abuse	41	Sexual Abuse - Neglect
174	Sexual Abuse	42	Sexual Abuse - Neglect
175	Sexual Abuse	43	Sexual Abuse - Neglect
176	Sexual Abuse	44	Sexual Abuse - Neglect
177	Sexual Abuse	45	Sexual Abuse - Neglect
178	Sexual Abuse	46	Sexual Abuse - Neglect
179	Sexual Abuse	47	Sexual Abuse - Neglect
180	Sexual Abuse	48	Sexual Abuse - Neglect
181	Sexual Abuse	49	Sexual Abuse - Neglect
182	Sexual Abuse	50	Sexual Abuse - Neglect
183	Sexual Abuse	51	Sexual Abuse - Neglect
184	Sexual Abuse	52	Sexual Abuse - Neglect
185	Sexual Abuse	53	Sexual Abuse - Neglect
186	Sexual Abuse	54	Sexual Abuse - Neglect
187	Sexual Abuse	55	Sexual Abuse - Neglect
188	Sexual Abuse	56	Sexual Abuse - Neglect
189	Sexual Abuse	57	Sexual Abuse - Neglect
190	Sexual Abuse	58	Sexual Abuse - Neglect
191	Sexual Abuse	59	Sexual Abuse - Neglect
192	Sexual Abuse	60	Sexual Abuse - Neglect
193	Sexual Abuse	61	Sexual Abuse - Neglect
194	Sexual Abuse	62	Sexual Abuse - Neglect
195	Sexual Abuse	63	Sexual Abuse - Neglect
196	Sexual Abuse	64	Sexual Abuse - Neglect
197	Sexual Abuse	65	Sexual Abuse - Neglect
198	Sexual Abuse	66	Sexual Abuse - Neglect
199	Sexual Abuse	67	Sexual Abuse - Neglect
200	Sexual Abuse	68	Sexual Abuse - Neglect
201	Sexual Abuse	69	Sexual Abuse - Neglect
202	Sexual Abuse	70	Sexual Abuse - Neglect
203	Sexual Abuse	71	Sexual Abuse - Neglect
204	Sexual Abuse	72	Sexual Abuse - Neglect
205	Sexual Abuse	73	Sexual Abuse - Neglect
206	Sexual Abuse	74	Sexual Abuse - Neglect
207	Sexual Abuse	75	Sexual Abuse - Neglect
208	Sexual Abuse	76	Sexual Abuse - Neglect
209	Sexual Abuse	77	Sexual Abuse - Neglect
210	Sexual Abuse	78	Sexual Abuse - Neglect
211	Sexual Abuse	79	Sexual Abuse - Neglect
212	Sexual Abuse	80	Sexual Abuse - Neglect
213	Sexual Abuse	81	Sexual Abuse - Neglect
214	Sexual Abuse	82	Sexual Abuse - Neglect
215	Sexual Abuse	83	Sexual Abuse - Neglect
216	Sexual Abuse	84	Sexual Abuse - Neglect
217	Sexual Abuse	85	Sexual Abuse - Neglect
218	Sexual Abuse	86	Sexual Abuse - Neglect
219	Sexual Abuse	87	Sexual Abuse - Neglect
220	Sexual Abuse	88	Sexual Abuse - Neglect
221	Sexual Abuse	89	Sexual Abuse - Neglect
222	Sexual Abuse	90	Sexual Abuse - Neglect
223	Sexual Abuse	91	Sexual Abuse - Neglect
224	Sexual Abuse	92	Sexual Abuse - Neglect
225	Sexual Abuse	93	Sexual Abuse - Neglect
226	Sexual Abuse	94	Sexual Abuse - Neglect
227	Sexual Abuse	95	Sexual Abuse - Neglect
228	Sexual Abuse	96	Sexual Abuse - Neglect
229	Sexual Abuse	97	Sexual Abuse - Neglect
230	Sexual Abuse	98	Sexual Abuse - Neglect
231	Sexual Abuse	99	Sexual Abuse - Neglect
232	Sexual Abuse	00	Sexual Abuse - Neglect

Report received from DCFS if employee has had indication in the past depending on the type and severity of the finding

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Sec. 10, 2012 12-4794 No. 0977 3 5

609
9/20/12

State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTICE: Do not use this form if you are an applicant for licensure or an employer/visitor of a licensed child care facility. Please contact your licensing representative.

NAME: Last: _____ First: _____ Middle: _____
Date of Birth: -- Gender: Male Female Race: 604119
Current Address: _____
City: _____ State: _____ Zip Code: _____

If you currently reside in Illinois, please list all previous addresses for the past three years.
DOB: _____
If you currently reside out of state, please provide ALL Illinois addresses to which you did reside while living in Illinois.
City: _____ State: _____ Zip Code: _____
Street/Highway/County/State/Zip Code: _____
Phone: _____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System (CANTS) to determine whether I have been a perpetrator of or a victim of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed: _____ Date: _____
Please type your full name as it will appear on the form.
CANTS ID: _____
Submitting Agency Name: _____
Agency Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Fax: _____
E-mail: _____

Submit to: OIS Site OR email
Mail to: Department of Children and Family Services
Attn: E. Morrow - Statutes # 30
Springfield, IL 62761
FAX to: 317-762-2891
Scan/Email to: CFS@dcfs.illinois.gov
(Submitting Agency Fax Number)
Submitting Email Address: _____

NO PRIORS
64 SEP 08 2012

Submit to: OIS Site OR email
Mail to: Department of Children and Family Services
Attn: E. Morrow - Statutes # 30
Springfield, IL 62761
FAX to: 317-762-2891
Scan/Email to: CFS@dcfs.illinois.gov
(Submitting Agency Fax Number)
Submitting Email Address: _____

NO PRIORS
By DCFS CANTS-609 on 9/27/12 at 11:08 am, Aug 27, 2012
Agency Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Fax: _____
E-mail: _____

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When the employee has no findings in the CANTS system, the original form is returned with a NO PRIORS stamp and date from DCFS. The "NO PRIORS" information may be stamped or added electronically. Either is acceptable.

Waivers

- CANTS waivers for DD funded programs that are not licensed by DCFS may be requested from the Division of Developmental Disabilities
- Waiver process is still under development
- Interim process – submit request plus supporting documentation (including a copy of the CANTS report) to Reta.Hoskin@illinois.gov
- Employee may not work until a waiver is granted

Annual Checks

- Paul's Law (Public Act 097-0441) requires three checks to be repeated annually:
 - Health Care Worker Registry
 - Illinois Sex Offender Registry
 - CANTS
- Included as part of Community Service Agreement Attachment A

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Is an annual HCWR check required if we use fingerprint checks?

- Yes
- Automatic notification of disqualifying convictions goes to only 1 employer
- No notice of administrative findings

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ANNUAL CHECKS – 3 OPTIONS

- 1 ○ Repeat the check on the anniversary of the employee's date of hire
- 2 ○ Repeat the check at the time of the employee's annual performance evaluation
- 3 ○ Develop a schedule of checks that results in timely completion

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Annual Checks (continued)

- Effective FY13
- Need process now
- Begin Implementation
- Fully in place by June 30, 2013
- By June 30, 2013 – every employee should have a check during FY13. Thereafter, checks should be no more than 13 months since the previous check.



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When conducting annual check, employee must be terminated if:



- Subsequent disqualifying conviction (when there is no waiver)
- Administrative findings on HCWR
- New indications in CANTS
- New listing on Sex Offender Registry

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Electronic Record Keeping

- Web page "screen shots" can be saved as PDF files and filed electronically.
- Agencies must be able to access these in a timely manner for random file reviews.

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Questions?



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