DCF-004, Universal Background Check Request Form Instructions

Purpose:

To address inconsistency and clarify appropriate use of state and national criminal history Information systems.

Authority:

The department is authorized to conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) through the State Police Record Check (SPRC) and the FBI National Crime Information Center (NCIC). The department is obligated to ensure the information is secure and protects the individual's privacy; it's accessed by authorized users and the access complies with the approved purposes; and it has policy and procedures adhering to the regulations.

References:

- Title 28, C.F.R., Parts 20 & 25, Section 50, and Chapter IX;
- FBI CJI Security Policy <u>2020 CJIS Security Policy version 5-9</u>
- Connecticut General Statute Criminal History Checks and Fingerprinting
 - CGS 17a-114 Licensure
 - CGS 17a-101g Investigations and Safety Assessments
 - CGS 17a-115a Emergency Placements
 - CGS_17a-6a Employment & Contractor -

Replaces:

All version of authorized and unauthorized forms of the DCF-005 Background Searches form, DPS-NCIC Request for Criminal Records Search/ NCIC Request Unofficial, DCF- 2113 Request for Criminal Records and Diligent Search Checklist.

Location:

Policy Forms - Numerical Index (ct.gov)

Note:

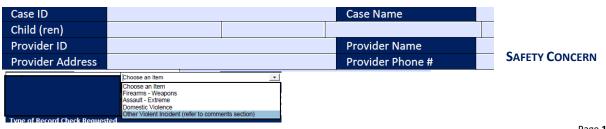
The form is formatted to hide certain "type of record check" fields to correspond with approved purpose.

The document is a multipurpose document; therefore, use the fields that apply.

Fields:

CASE OR PROVIDER INFORMATION

Enter applicable information



DCF-004, Universal Background Check Request Form Instructions

To be used for the safety of the investigation social worker during hostile and/or volatile incidents. Select category, and articulate safety concern in detail in the comment section.

PURPOSE

Who is making the request? Intake, Ongoing, or Foster Care

What is the purpose of the request? Under the corresponding division, select the purpose of the request

Intake

Categories are Alleged Perpetrator (select this option for all investigation types), Family Arrangement, Courtesy Visit, and 96 Hour Hold / OTC

What Not To Do

Family arrangements & Courtesy Visits- Cannot perform ANY National Check

Alleged Perpetrator- Cannot perform EMERGENCY PLACEMENT (Code X) National Check

Ongoing

Categories are Safety Assessment-SDM, Probate SPRC Check, Family Arrangement and 96 Hour Hold OTC

What Not To Do

Family arrangements, Probate Study, SDM Safety & Courtesy Visits-Cannot perform ANY National Check

Foster Care

Categories are Kinship/Fictive Kin Placement, Core-Adoptive, Caregiver Renewal, Subsided Guardianship, and ICPC

What Not To Do

Cannot perform ANY name-based National Check

Type of Record Check Requested

Intake

- Used during the 45-day investigation period
- Must include Case Id and Investigation Commencement Date
 - Yes, if the person is causing, leading, intervening or party to the abuse or neglect of the identified child or children
 - clearly articulate and document justification
 - ** Multiple queries can have adverse impact to an individual's potential future interactions with Law Enforcement

Family Arrangements

• For the IDENTIFIED Resource ONLY; not as a rule out for potential candidates

Ongoing

Safety Factor leading to removal

Probate

• For the probate study - result can only be summarized for courts

Foster Care

- Core/Adopt: With a signed application
- Renewal: With a **signed** Renewal Application
- Kinship/Fictive Kin: with Assessment 17a-114



Type of Record Check Requested

Criminal History- National Record

Criminal History- Connecticut State Police Check Criminal History- Local PD Record Check

DCF-004, Universal Background Check Request Form Instructions

NAMES AND **D**EMOGRAPHIC

Provide the name of the "subject" for whom a criminal check is needed, verify spelling, indicate gender and date of birth, race and select the relationship to the "Subject"



CHECK

The individual performing the check, records their results in this section. For the Foster Care Division, this section is divided into required and optional checks. Please refer to policy 24-1 and practice guide for more information.

Results options are "record found" or "no record found." Individual performing the check selects the appropriate response.

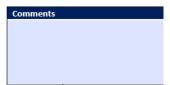
Initial of completer means the individual performing the check, i.e. clerical team *Region of completer* means the region of the individual performing the check *Date completed* means the date the individual completed the check

<u> </u>	Check Completed	Results	Initials of Completer	Region of Completer	Date completed	comments
LINK Case, Person, Provider, Perp, CMS	€ Choose an item.	Choose an item.		Choose an item.		
Police Dept. Local Record Check	Choose an item.	Choose an item.				
Connecticut State Police Check	Choose an item.	Choose an item.				
Department of Motor Vehicle	Choose an item.	Choose an item.				
Fingerprint Results	Choose an item.	Choose an item.				
Optional for Foster Care						
Protective Order Checks	Choose an item.					
Sex Offender	Choose an item.	Choose an item.				
Judicial Pending	Choose an item.	Choose an item.				
Dept of Public Health	Choose an item.	Choose an item.				

	During Family Search and Engagement	Kin Resource for the child is identified and has	Kin Resource for the child is identified and has agreed
	The process of establishing/exploring the pool of potential kin candidates	agreed to be a resource NON EMERGENCY	to be a resource <u>EMERGENCY</u>
	NO APPLICATION	APPLICATION REQUIRED	OTC approved or 96 HH approved
		To run collect check	To run Code X
			APPLICATION to be completed within 2 days
LINK Case, Person, Provider, Perp, CMS	YES run	YES run	YES run
Police Dept. Local Record Check	N⊖ If available, can run/request	YES run/request	YES run/request
Connecticut State Police Check	NO	YES run 16 and older (NOT CODE X)	YES run 16 and older
Department of Motor Vehicle	NO	YES run	YES run
Fingerprint Results	NO	As soon as placement happens	If emergency, code x used, Yes, for 16 and older, within
			5 days
			(Need 96HH or OTC approved)
Protective Order Checks	YES	Yes	Yes
Sex Offender	YES	Yes	Yes
Judicial Pending	YES	Yes	Yes
Dept of Public Health	YES	Yes	Yes

COMMENTS

This space is for individual performing the check to provide comment or additional detail, if needed



SIGNATURES

For documentation, signature is required.

STORING

Forms shall be saved in the P:Drive and/or edoc