**CAREGIVER BACKGROUND CHECKS**

**SUBSTANTIALLY RELATED INVESTIGATION REPORT**

**FOR CHILD WELFARE AGENCIES**

**Use of form:** Use of this form is voluntary. However, this form can be used to document compliance with the DCF 12.06(3) requirement that an agency document its determination of whether a conviction or delinquency adjudication, for an offense that is not a serious crime, is substantially related to the care of a client or the activities of a program for purposes of s. 48.685(5m). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Check all crimes and adjudications identified during the background check against the barred crimes list under s. 48.685 to ensure nothing bars the person from being a caregiver or if it is for a foster parent that nothing bars them from foster home licensure. If the background check identifies crimes or adjudications which are not bars to caregiving or licensure then, complete this form to document that you reviewed the required factors under DCF 12.06(1) or (2) in reaching a determination regarding substantial relationship for each crime or adjudication identified. If you have questions about how to determine whether a crime or delinquency adjudication is substantially related for this purpose, contact your legal counsel. If, in your estimation, any crime or delinquency adjudication is substantially related, you may refuse to license, employ or contract with the individual for a caregiving role.

|  |  |
| --- | --- |
| Date Form Completed (mm/dd/yyyy)      | Name of Person Completing Form      |
| Employee Name      | Date Hired (mm/dd/yyyy)      | Date of Review (mm/dd/yyyy)      |
| Employee Role / Position      | Employment Decision[ ]  Employed [ ]  Employed with limitations / restrictions [ ]  Terminated |
| **REVIEW OF THE JOB** Consider all of the following in relation to the job or caregiving role.  |
| Describe: The nature and scope of the caregiver's client contact. |
|       |
| Describe: The scope of the discretionary authority and independent judgment the caregiver has to make decisions or take actions that affect the care of clients. |
|       |
| Describe: The opportunity caregiving presents for committing similar crimes.  |
|       |
| Describe: The extent to which acceptable caregiving performance requires the trust and confidence of clients and the parents or guardians of clients. |
|       |
| Describe: The amount and type of supervision this employee receives in this position. |
|       |
| **CONVICTION(S) OR DELINQUENCY ADJUDICATION(S) CONSIDERED** |
| Conviction(s) – Include date(s) for each item listed. |
|       |
| Delinquency adjudication(s) Include date(s) for each item listed. |
|       |
| **REVIEW OF EACH OFFENSE** Consider all of the following in relation to each criminal conviction or delinquency adjudication listed above. |
| Specify whether intent is an element of the offense. |
|       |
| Specify any elements or circumstances of the offense which might substantially relate to the job duties or circumstances of the job. |
|       |
| Specify any pattern of offenses. |
|       |
| Specify the extent to which the offense relates to children or other vulnerable persons. |
|       |
| Specify whether the crime involves violence or threat of harm. |
|       |
| Specify whether the crime is of a sexual nature. |
|       |
| **REVIEW OF THE INDIVIDUAL** Consider all of the following in relation to the person. |
| Specify the number and type of crimes for which the individual has been convicted or adjudicated delinquent. |
|       |
| Specify the length of time between the conviction or delinquency adjudication and the decision affecting regulatory approval, employment, or contract |
|       |
| List the person’s employment history including references, if available. |
|       |
| Specify whether the person participated in or completed any pertinent programs of a rehabilitative nature. |
|       |
| Specify the individual's probation, extended supervision or parole status. |
|       |
| Specify the individual's ability to perform or continue to perform the job or caregiving role consistent with the safe and efficient operation of the program and the confidence of clients and the parents or guardians of clients. |
|       |
| Specify the age of the individual on the date the crime(s) were committed. |
|       |
| **ADDITIONAL COMMENTS, IF APPLICABLE** |
|       |
| **CONCLUSION** |
| [ ]  Yes [ ]  No Does the crime substantially relate to the care of children? |
| Action taken - specify. |
|       |