

## **Instructions for the completion/submission of Indiana Request for a Child Protection Services (CPS) History Check State Form 52802 (R5 / 8-13) / CW 2128**

All child abuse and/or neglect searches submitted to Indiana must be submitted on the official Indiana Request for a Child Protection Service (CPS) History Check form per the instructions on this document. The request is not considered accepted until all information is completed and correct. Forms will be returned for corrections when any of the below instructions are not followed or the request is not on the appropriate form. Submit a copy of the request form to Indiana DCS and keep your original. If the request is returned for corrections, these corrections should be made on the original and a new copy resubmitted. There is no charge for this search and original forms are not required to complete the search. When completing the information should be printed in capital letters or typed

Child abuse/neglect searches can be submitted to any Indiana Department of Child Service, county local office or to the Central Office Background Check Unit (COBCU) for statewide search results for dates from January 1, 1998 until the present.

If the subject resided in Indiana **prior to 1998** and the dates prior to 1998 must be included in the search results then the request **MUST** be sent to each of the local DCS office in the county(ies) in which the subject lived or worked during those dates previous to 1998. Those local office(s) will also complete the statewide search from 1998 to the present at the same time. There is no need to send an additional form to COBCU or any other office to obtain 1998 to present results also

### Submitting to local county DCS office:

To locate the contact information for each DCS local office per county please go to <http://www.in.gov/dcs/#>. On the left hand side of the website click on *CONTACT US*. Then click on *Local DCS Offices*.

### Submitted to COBCU:

If submitting the search form to Central Office Background Check Unit (COBCU) it may be Faxed to 317-234-4633,

Scanned and e-mail to [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov) or

Mailed to Indiana Department of Child Services, COBCU

302 W Washington St

Room E306, MS08

Indianapolis, IN 46204

### The below applies only to requests submitted to COBCU-

Please allow 10 working days to receive completed results. In most cases the completed form will be e-mailed to the requestor at the e-mail address supplied in #8 of the form. Otherwise the completed form will be returned via fax, if supplied. The completed search will only be mailed back if indicated it is necessary by the requestor or no other way of returning the request is available.

Do not send duplicate request. E-mail COBCU at [background.checkunit@dcs.in.gov](mailto:background.checkunit@dcs.in.gov) if you have not received completed results or form for corrections after 10 working days after submission.

**NOTE: ALL PARTS OF THESE INSTRUCTIONS ARE ALSO APPLICABLE TO SEARCHES SENT TO A LOCAL DCS OFFICE OR COMPLETED AT THE LOCAL DCS OFFICE.**

## Section A-

This section is to be completed by the **Requesting Organization, including the local DCS office,** about the subject of the check. **Do not have the subject of the check complete section A.**

- **Question 1-**Provide the subject of check's full legal. Include first, middle and last name as it appears on an official document. **If no middle name or initial given at birth indicate "no middle" or "None"**. If left blank it is incomplete and will be returned unprocessed
- **Question 2-** Mark the appropriate box or boxes for the reason(s) the subject is having this CPS check completed at this time.
  - Foster Care-**Is the subject living in a home that is applying to be a licensed foster family home or is the home being relicensed as a foster family home?
  - Adoption-**Is the subject living in a home that is having a homestudy completed for the purpose of adoption or finalizing an adoption?
  - Employment-**Is the subject applying to work or working for an organization and the completion of a CPS search is required?
  - Volunteer-**Is the subject volunteering for an organization and the completion of a CPS search is required?
  - Unlicensed Relative Placement-**Is the subject living in a household that is being considered as an unlicensed out of home placement option for a child under DCS (or other state welfare agency) supervision?
  - Other-**If none of the above applies, mark "Other" **and** complete the blank to explain the purpose of the check.
- **Question 3-Mark one box and fill in corresponding blank.** The option marked should relate back to the subject of the check and not the requesting agency.
  - If **question 2 is foster home licensing or adoption** and this is done for Indiana the box marked will be "Agency licensed by Indiana Department of Child Services" or "other" if licensed by a local DCS office within the state.
  - If **question 2 is employment or volunteer** and the subject works at an agency licensed or contracted/subcontracted by DCS then mark box "Agency Licensed by Indiana Department of Child Service" **OR** "Agency contracted/subcontracted by Indiana Department of Child Services" **but not both**. Even if the agency is licensed and is contracted indicate the one in which the subject of the check is employed/volunteering.
  - If subject is not licensing, having placement or employed/volunteering with an agency licensed through DCS or contracting with DCS or subcontracting through a DCS contractor, then use "Other" and complete the corresponding blank. All Indiana local DCS offices should complete "Other"
- **Question 4-** Enter the contact person name within the requesting organization. This is the person that any returns, questions and/or completed results will be addressed.
- **Question 5-** Enter the phone number (include area code) of the person in question 4.
- **Question 6-**Enter the fax number (include area code) to return the completed request. This fax number provided should be available 24/7 as these requests may be returned at any time and not necessarily during the requestor's business hours.
- **Question 7-**Enter the complete mailing address of the requesting organization.
- **Question 8-**Enter the e-mail address of the person listed in question 4.

## **Section B-**

**This is to be completed by the subject of the check or the representative (parent/guardian) if the subject of the check is a minor. The requesting organization is not to complete this section.**

- **Question 9-** Legal signature of subject or the subject's legal representative, if minor.
- **Question 10-** Indicate the relationship of the person signing in #9 to the subject of the check listed in #1. Unless the subject is a minor or there is a POA signing this generally will be answered "SELF".
- **Question 11-** Enter the date #9 was signed. **Note:** Release is valid for 60 days only.
- **Question 12-** Mark the appropriate box for the subject's gender.
- **Question 13-** Type or print **EXACTLY** as signed in #9.
- **Question 14-** Enter the subject's date of birth
- **Question 15-** Enter the subject's race
- **Question 16-** Enter the subject's current residential address, include city, state and zip.
- **Question 17-** Enter the last four numbers of the subject's Social Security number. If the subject has applied for this number but has not yet received, enter "pending" in the blank. If the subject does not have a social security number for any other reason, provide an explanation of why in this space. In addition, if the subject has ever had a different social security number at any time or under any other name, also provide that number here.
- **Question 18-** Provide the **name of each Indiana county(ies)** that the subject lived beginning with the current or most recent county in 18a. If an Indiana address is in #16, the "year ended" should indicate "current" or "present". Continue to list in descending order to the oldest in 18b through 18e. For each county **provide a beginning and ending year** of residency within that individual county. If a subject has resided in the same Indiana county the entire period, provide the county name and the begin year and indicate the end as "current" or "present". Attach additional sheet of paper if more space is needed.

**NOTE:**

- If the subject of the check has never lived in Indiana, enter "never lived in Indiana" in the blank on 18a.
  - When the subject has a permanent residential address and a school address within two separate Indiana Counties during the same years, please indicate one as "home" and the second as "school". This type of explanation is also necessary when any other type of permanent and/or temporary addresses exist during the same time period.
- **Question 19-** Has the subject ever, at any time during his/her lifetime, used a different first, middle and/or last name than indicated in Question 1 at the top of the form. This will include names prior to an adoption, maiden names, previous married names, nick names, shortened first names or use of middle name as commonly used first name, or change in middle name due to using maiden name as middle name after marriage or a combination of any of the above. **If the answer is NO, please stop.** If the answer is YES, complete 19a – 19e. Attach additional page if necessary.

**The requesting organization shall retain the original for their file and submit a copy to the appropriate DCS location(s) for completion.**

## Section C-

**This section is to be completed by Indiana Department of Child Services personnel only.**

- **Question 20**-If question 2 is indicated employment, volunteer, or if the subject of the check is a minor, mark the N/A box and move to question 21 otherwise complete questions in # 20.

In MaGik complete a search by subject's name statewide of all out of home resource placements. Indicate whether the subject has ever applied for licensure or been licensed as a foster parent within Indiana. Record results in question 20. If no, proceed to question 21

If yes, proceed and answer the remainder of question 20 by doing a statewide search to determine if the foster care license has ever had a negative action (**answer yes only to license has been denied or revoked**). If yes, notate whether it was denied, or revoked, the date of the action, and the dates of licensure in the blank provided.

- **Question 21**- Complete a MaGik statewide search of this subject of the check, checking every alias and combinations of aliases given on the CPS request form. Complete an investigation of all parties with name matches, even those without DOB and SS#.

**NOTE:** For additional information on searching common names or MaGik perpetrators with no DOB or SS# see below information on how to investigate further.

Question 21 is answered yes only if the subject of the check has substantiation of abuse or neglect and a 311 is available that documents the substantiation.

- Do not answer yes to #21 when it is an older substantiation previous to ICWIS and/or MaGik and a 311 cannot be located.
- The red CPI indicator flag in MaGik indicates the subject is either a victim or perpetrator. Only perpetrators with substantiated abuse or neglect should be reported. Unsubstantiated assessments or victims should not be reported.
- Do not send the form back with a “maybe” or “please contact the county that completed the assessment” or similar for additional information.

**If a yes is marked in #21 the following items is the ONLY items to be written in the blank below #21.**

- After marking the box “yes” in #21 write the below information in the space provided for each assessment with substantiation discovered.
  - The type of abuse or neglect (sexual abuse, physical abuse or neglect);
  - The month & year the assessment was approved from the 311;
  - The local DCS office\* that completed the assessment findings, and
  - The local DCS office's phone number\* instructing the requestor to contact this office for additional information or a copy of the 311.
- \*When the assessment was approved through Central Office prior to October 2009, provide Central Office\* and to contact Kelly Moore at 317-232-4431\*. All assessments approved through Central Office after October 2009 indicate Central Office\* and to contact Monica Hanson at 317-234-5749\*.

**Additional information when investigating possible matches when subject has common name or there is no DOB or SS# in MaGik.**

*When searching and possible matches are found that might be who you are looking for, you will need to investigate further. You can eliminate matches by DOB and SS# if these are available in MaGik. If the MaGik search returns name matches that does not include a DOB and/or SS#, this still may be a match but you will need to investigate further.*

*When there is no DOB or SS# and the name does match, use the information on the Indiana Request for a Child Protection Service History Check State Form 52802 to determine if the person is a match or no match. One of the most helpful comparisons you can make is reviewing the counties of residency in question #18 of the form. You can use this to determine if this is the same person if the 311 has an address, county or town the prep lived at the time of the substantiation.*

*If this is still not enough information to determine if your subject is a match to the subject in MaGik, the DCS office should contact the requestor and ask open ended questions in relationship to the information in the 311 to determine if this is the same person as the prep. For example, you can ask if they were married and the spouse's name or their children's names and DOB. If substantiation was at a work place, ask about their work history such as the employer's name and the dates they worked at each place.*

*If the DCS staff person completing the check still cannot determine if the perpetrator in MaGik is the subject of the search and all avenues of investigation have not cleared the issue then the answer to #21 should be NO.*

- **Question 22**-If only a MaGik statewide search is completed that covers the years 1998 through the present date, do nothing. If paper records in a local office were searched in addition to the statewide MaGik search, mark the box indicating this and enter the county name that the local office records were located that were included in the search.
- **Question 23**-The Indiana DCS staff person completing Section C will sign their name
- **Question 24**-The person completing the search will enter their job title.
- **Question 25**-The person completing the search will enter the date completed.
- **Question 26**-The person who signed in question 23 will print their name exactly as signed.
- **Question 27**-Designate the assigned office location of the person signing in question 23 either by entering the county name in the appropriate blank or circling "Central Office Background Check Unit".