

# **Direct Support Person Coordinator Training Program (DSP)**

**2010**



**Division of Developmental Disabilities**

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## Introduction to Course Coordination

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For further information on any topics in this document visit the DHS web site [www.dhs.state.il.us](http://www.dhs.state.il.us) under Providers click on "Training" and click on "Training Requirements Manual."

**What is a Course Coordinator?** – Designated agency individual who is responsible for organization, management, and coordination of Direct Support Person (DSP) training. The course coordinator assures that training is in compliance with Department requirements, assures that required documentation is retained and maintains linkage with the Department. The course coordinator is not required to be an instructor.

This course is designed to prepare course coordinators and/or training staff to conduct 40-hours of classroom training and 80-hours of on-the-job training for Direct Support Persons (DSPs).

QSPs may apply this Course Coordinator training towards the twelve (12) hours annual continuing education units (CEUs) requirement.

Attendance at the Direct Support Person Course Coordinator Training is **required** for a person to coordinate the 120-hour DSP Training. This training is offered to assist persons in understanding the DSP Training requirements. **Attendance at this Coordinator training does not automatically qualify a person to be a DSP instructor (see Checklist I (IL462-1282) Guidelines)**

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## Course Competencies

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At the conclusion of the training, participants will know:

- the components of the DSP training program
- what on-the-job training activities (OJTs) and competency based training assessments (CBTAs) are
- what agency specific training to incorporate
- the Department of Human Services (DHS) requirements for DSP training and for DSPs to work alone to support people with developmental disabilities

Participants will be able to:

- submit appropriate documentation to DHS and to the Health Care Worker Registry
- design and conduct on-the-job training activities and competency evaluations
- identify and train qualified trainers
- adapt OJTs and CBTAs from Appendix 3 can be found on the DHS web site at [www.dhs.state.il.us](http://www.dhs.state.il.us) for use within their agencies

- implement their agency specific training program and comply with 2-year DSP review requirements
- effectively monitor the Health Care Worker Registry to assure that DSP training records are correctly reported

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## **The DSP Training Requirements**

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Direct Support Persons (DSPs) working in community residential and day program settings must successfully complete a Department approved Direct Support Person (DSP) Training Program. Respite workers, job coaches, secretaries, and other support staff are exempt from this DSP Training requirement.

Other staff, such as QSPs and Executive Directors that spend 20% or more of their time in a direct care role must complete the DSP Training Program. Certified Nurse Aides on the Health Care Worker Registry must only complete an abbreviated DSP Training Program.

DSPs must have an Illinois State Police Criminal Background Check result. It must be submitted to the Illinois Department of Public Health, on or before the first day of DSP training. The background check cannot be more than one year old.

DSPs must successfully complete DSP Training within 120 days from the hire date, but must not be completed in less than 21 calendar days.

DSPs must have their DSP training reported to the Illinois Department of Public Health, through Southern Illinois University-Carbondale within 30 days of successfully completing the DSP training program and to have their designation as a DSP (Developmental Disabilities Aide) added to the Health Care Worker Registry.

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## **DSP Training Program Approval Process**

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Agencies can either choose to adopt the Department's DSP training program or use an agency developed DSP training program. The information presented in this course will assist an agency with the approval process for both the Department's training curriculum or an agency developed training curriculum. An agency representative **must** attend the *DSP Course Coordinator Training* session.

Today's training will include information on the processes required for either adopting the Department's approved curriculum or developing your own agency's program.

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## **Classroom Training**

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Each program shall include a minimum of forty (40) hours of classroom instruction, excluding breaks and lunches.

Those hours must be allocated to each module in the following increments:

<b>Module Name</b>	<b>Allocated Hours</b>
Introduction to Developmental Disabilities	4
Human Rights	4
Abuse and Neglect Prevention, Recognition and Intervention	3
Human Interaction and Communication	4
Service Plan Development and Implementation	4
First Aid and CPR	6
Basic Health and Safety	15
<b>TOTAL ALLOCATED HOURS</b>	<b>40</b>

Agencies wishing to provide more than 40 hours of classroom instruction may allocate additional hours in a way that best fits their specific training needs.

Agencies that use their own curriculum or rewrite the Department's curriculum must have it reviewed and approved by the Department to ensure that it meets all content requirements.

The classroom curriculum used must cover all of the informational competencies listed on the DSP Core Competency Area Checklist (see next page for the DSP Core Competency Area Checklist IL462-1286).

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## **DSP Training Program Core Competency Area Checklist (IL462-1286)**

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This document identifies the required competencies for the DSP Core Training. Trainers should use the checklist to ensure that DSPs have the requisite knowledge and abilities to perform their duties. Each competency area should be initialed by both the DSP and reviewer upon the DSP successfully demonstrating competency. The entire checklist should be filed in the personnel/training file of each DSP that is trained and placed on the Health Care Worker Registry. All areas of the cover page should be completed.

### **\*\*IMPORTANT NOTE\*\***

Training completion date should match DSP Training Roster Form that is sent to Southern Illinois University-Carbondale (SIU-C).

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## What are OJT and CBTA?

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### **OJT - On-The-Job Training**

An OJT is a set of activities or observations that the DSPs engage in to prepare them for performing certain job duties or competencies. OJTs give the DSP an opportunity to practice what they have learned in class. With OJT the individual performs his/her duties under the supervision of someone else who is qualified to do the job. Instructors should look for opportunities to reinforce the interventional competencies through OJTs. Once an opportunity for OJT is identified the process of competency based task analysis is begun to breakdown the competency. Four steps usually included in the OJT process are:

- ✓ **SHOW** – the OJT trainer SHOWs the trainee the task to be completed
- ✓ **TELL** – the OJT trainer Tells the trainee what is to be done; breaking the task down into easily understood steps
- ✓ **DO** – the trainee DOES the task
- ✓ **CHECK** – the OJT trainer CHECKs the trainee performance

### **CBTA - Competency Based Task Analysis/Assessment**

During the *analysis* portion, the agency breaks down employee tasks into steps which are necessary to complete their duties. The *assessment* portion involves observing, monitoring and documenting the individual's performance in the execution of these steps.

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## Appendix 3

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The Appendix 3 was written to assist agencies in satisfying requirements for eighty hours of on-the-job training. The on-the-job training activities in the Appendix 3 cover all the interventional competencies listed on the DSP Core Competency Area Checklist (IL462-1286). Agencies may adopt the entire Appendix 3 for use in their agency. The Appendix 3 can be found on the DHS web site [www.dhs.state.il.us](http://www.dhs.state.il.us)

Modification of the OJTs/CBTAs is encouraged to fit the need of the individual agency and persons served by that agency. If an agency makes any changes (or deletions) to the on-the-job training activities in Appendix 3, they must submit the materials for review to the Bureau of Quality Management with a completed copy of the Interventional Competency Evaluation Form.

**All changes made to the Department's curriculum or any agency written curriculum materials must be submitted to the Bureau of Quality Management, along with a completed copy of the Informational Competency Evaluation Form. To obtain a copy of this form, please use the fillable PDF form on the DHS web site <http://www.dhs.state.il.us> under "for Provider", "Forms" "Numerical" and IL462-1285.**

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## Record Keeping

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Agencies must keep sufficient documentation to demonstrate an employee's successful completion of the entire DSP Training Program.

- The completed DSP Core Competency Area Checklist (IL462-1286) must be kept in the employee's training or personnel file.
- The sign-in sheets for each module of classroom training must be maintained and readily available for review by Department staff. All sign-in sheets must include the following components: module/class name; class date; class times; instructor signature; and trainee signature.
- The completed OJT/CBTA forms (or Appendix 3) must be maintained and readily available for review by Department staff.

Other required documentation to be kept in personnel file:

- ✓ Copy of **original & most recent** Health Care Worker Registry check (should be checked at least annually)
- ✓ Date of criminal background check (make sure to keep copy of original in personnel file)
- ✓ Proof of education
- ✓ **Original** Test of Adult Basic Education (TABE) test
- ✓ The Dates of Medication Administration class, test, CBTA
- ✓ First aid and CPR training certification dates
- ✓ Re-authorization dates for medication administration



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## Reimbursement

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Agencies will be reimbursed for each individual that successfully completes a DSP Training Program provided that:

- The agency has a Department approved DSP Training program;
- The individual successfully completed 40 hours of classroom training and 80 hours of on-the-job training; (OJT and classroom must be billed at one time)
- Training was completed within 120 days of hire
- **\*\*the individual is added to the Healthcare Workers Registry within 30 days after completion of training**

**\*\*IMPORTANT NOTE:** If not completed within 30 days, a DSP **Training Summary Form** must be requested from the Bureau of Quality Management before reimbursement can be issued by calling 217-782-9438 or emailing our office at [DHS.BQM@illinois.gov](mailto:DHS.BQM@illinois.gov)

- The individual has not been submitted for DSP Training reimbursement in the past five years (retraining is **not** required)
- The individual must be employed by the agency at the time the name is submitted for reimbursement.

Partial billings will not be accepted. While the minimum billing hours is 120, agencies that exceed the minimum training times may bill for up to ten additional hours of training reimbursement. DSPs must have verification of completion of at least eight years of grade school. If verification cannot be obtained, the TABE (Test of Adult Basic Education) or another DHS approved test can be used to demonstrate an education equivalent to 8<sup>th</sup> grade. Any DSP employee dispensing medication must have a completed TABE on file.

Additional information may be found in the "Staff Training Reimbursement and Billing Manual, can be viewed by visiting the DHS web site at: <http://www.dhs.state.il.us/page.aspx?item=44867> or by contacting the Bureau of Community Reimbursement if you have specific questions regarding reimbursement at 217/785-6235.

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## Documents and Checklists

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The checklists discussed in this section can be found under Numerical Listing of forms on the DHS web site direct link: <http://www.dhs.state.il.us/page.aspx?item=32690>

### **Checklist G-Direct Support Persons (DSP) Core Training Program Letter of Application (IL462-1280)** (required for new program submissions only):

This form is used when an organization is adopting the standardized DSP training program developed by the Division of Developmental Disabilities.

### **Checklist H-Direct Support Persons (DSP) Core Training Program Letter of Application (IL462-1281):**

This form is used when an organization is requesting approval of its own DSP training program materials.

### **Checklist I-Direct Support Person Training Program Instructor Qualifications (IL462-1282):**

This completed form and the accompanying information is used to obtain approval for an individual to teach all or a portion of the DSP training program classroom curriculum.

### **Checklist J-DSP Training Program Two Year Review (IL462-1283):**

This form is completed and returned along with requested material to maintain approval of the agency's DSP training program.

### **DSP Interventional Competencies Evaluation Form (IL462-1284):**

This form is to be completed by each organization that is not using the Department's entire Appendix 3 for on-the-job training.

### **DSP Informational Competencies Evaluation Form (IL462-1285):**

This form is to be completed by each organization submitting its own classroom training curriculum for approval. Those organizations that choose to adopt the Department's standardized classroom training curriculum do not need to complete this form.

### **DSP Core Competency Area Checklist (IL462-1286):**

This document identifies the required competencies for the DSP Core Training. Trainers should use the checklist to ensure that the DSP's have the requisite knowledge and abilities to perform their duties. Supervisors can also use it as a tool for setting performance standards and expectations or to identify skill gap areas.

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## DSP Core Training Program Letter of Application

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The organization shall:

- Submit a letter of application for program approval, along with the requested documentation, to the Bureau of Quality Management Development. Retroactive approval of training programs will not be granted. Nor will the Department reimburse for training begun prior to issuing the written approval.

The letter of application shall include Checklists G or H and the requested items, as described below, related to the proposed training program:

1. When an organization is using the DHS standardized core training curriculum the Intent to Adopt Statement must be signed by the Executive Director. This statement is located at the bottom of Checklist G. Checklist H should be used if an organization chooses to develop its own course. It must include a statement indicating the organization is submitting its own course for review and approval to meet the basic DSP training requirement. A copy of the organization developed course materials (instructor guide, handouts, overheads, assessment tools, et.) containing methodology and content for the organization specific training program must accompany this statement.
2. A copy of the sponsor's certificate of approval issued by the State Board of Education or the Board of Higher Education, as appropriate, is required if the sponsor is a private business, vocational school or college.
3. A statement of the program rationale, including the philosophy and purpose of the program. The training program shall address each of the required basic DSP competency areas. (This statement is included in the DHS standardized training program and is required only when completing Checklist H),
4. A training plan and schedule which includes the following:
  - The location of the first training program.
  - Projected dates and times of training for each module.
  - The allocation of classroom and OJT hours for each module.
  - Name of course coordinator for the DSP training program.
5. A completed Checklist I and resume describing the education, experience and qualifications (including a copy of any valid Illinois professional licenses, as applicable) for each program instructor.

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**DSP Core Training Program Letter of Application (continued)**

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6. Copies of clinical on-the-job activities must be submitted with the application packet. Organizations may utilize one of the following options to meet this requirement; use the Department's entire Appendix 3; use a combination Department and Organization on-the-job activities; or develop Organization specific on-the-job activities. On-the-job activities developed by an organization are required to follow the Department's Appendix 3 format. A completed copy of the DSP On-the-Job Interventional Competencies Evaluation Form must be completed and submitted with the on-the-job activities unless an organization is using the entire Appendix 3.
7. A copy of the competency based assessment tool that will be used to evaluate the DSP's understanding of informational and interventional competencies at the conclusion of the training. The DSP Basic Competency Areas Checklist may be used to satisfy this requirement, but you must indicate your intention to use this document.
8. A statement that defines the Organization's performance standards for passing the basic DSP classroom training and the DSP on-the-job training. This statement should include the minimum acceptable percentage of 80% for classroom training. The performance standard statement for on-the-job training must be 100%.
9. A copy of the organization's attendance policy, including how attendance will be tracked and how missed sessions can be made up.

## **Acceptance of On-line DSP Training Program or Modules**

Effective October 1, 2008, the Division began accepting for review and potential approval on-line training programs or modules that meet the required DSP training competencies. The on-line option may be used in lieu of or as supplements to Division approved instructor-led DSP classroom training programs or modules. The option to use on-line training programs or modules applies to all requests whether requesting first-time approval of a DSP training program, seeking to change an approved DSP training program to include on-line curriculum before the two-year approval period expires, or modifying the training to include on-line curriculum at the two year review.

It is the expectation of the Division that on-line programs, even if used for the entire classroom training program, would still require some level of interaction with agency training personnel to prepare trainees for the on-line program and to gauge their level of competency at the completion of certain modules or at the end of the program even if the on-line program includes competence-based testing.

On-line training is accepted only for the classroom training component of a DSP training program. DSPs must still complete a minimum of 80 hours of Division-approved on-the-job training.

The Division will not reimburse providers or pay for any development or maintenance costs for on-line programs submitted for approval. Providers funded by the Division that have approved on-line programs will continue to receive reimbursement for staff training as allowed by the Division's Bureau of Community Reimbursement. Reimbursement rates for on-line training will be the same as those applied currently to DSP classroom room training.

Whether requesting first-time approval of a DSP training program, seeking to change an approved DSP training program to include on-line curriculum before the two-year approval period expires or modify the training program to include on-line curriculum at the scheduled two-year review when notified by the Division that their renewal is due, agencies should submit the request and supporting documentation to:

**Illinois Department of Human Services  
Division of Developmental Disabilities  
Bureau of Quality Management  
Attention: DSP Training Program Review  
319 E. Madison, Suite 4J  
Springfield, IL 62701  
Phone: 217-782-9438**

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## **Acceptance of On-line DSP Training Program or Modules (continued)**

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Agencies currently in the midst of their review cycle may request the Division to send Two-Year DSP Training Review packet to complete and re-submit. If approved, the Division will adjust the agency's two-year review cycle.

Agencies seeking to incorporate on-line training in their DSP training program must ensure:

- The submitted on-line curriculum is fully described.
- Informational and interventional competencies covered by the on-line curriculum are identified clearly as are the hours of training provided through the on-line program.
- The DSP training program must include temporary electronic access, through a web site, CD or other access mode to the on-line training program so the Division can understand the on-line program fully and ensure it works as it is intended.
- The submitted training program should include relevant screen prints and other information that describes how the on-line program and any instructor-led modules replaced by it interact that includes:
  - how the on-line program supports the related OJT components
  - how the on-line curriculum is supported on-site by instructors and
  - how the student's competency level for modules or program is assessed by the agency. See the Division's Training Requirements Manual available on line at: <http://www.dhs.state.il.us/page.aspx?item=48120>

On-line training lessons must meet the sub components of each of the six major competency areas addressed by DSP classroom training:

Introduction to Developmental Disabilities  
Human Rights  
Abuse and Neglect Prevention, Recognition and Intervention  
Human Interaction and Communication  
Service Plan Development and Implementation and  
Basic Health and Safety

A matrix of courses has been developed by the Bureau and this matrix serves as the guideline for agencies that seek to use all or parts of the College of Direct Support's On-line DSP curriculum in developing new DSP training programs or modifying currently approved training programs. The matrix can be obtained by contacting the Bureau of Quality Management, Quality Enhancement Section at (217)782-9438 or by email to [DHS.BQM@illinois.gov](mailto:DHS.BQM@illinois.gov)

If you have questions, please contact John Knight, Manager, Quality Enhancement Section at 217-782-8286 or [John.Knight@illinois.gov](mailto:John.Knight@illinois.gov)

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## **Illinois Criminal Background Check Application Guidelines**

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DSP training programs now have two options:

### **Option 1 - Electronic Fingerprint-based:**

Submit electronically through the IDPH web portal if you have been approved and access.

- The Department of Public Health (DPH) contracts with four Livescan vendors. Each vendor is connected to the DPH electronic process for fingerprint background checks.
- As agencies are enrolled in the electronic fingerprint process, they will be required to work with one of four contracted vendors. Vendors are allowed to set their own price and determine their service area. The vendors are:
  - Accurate Biometrics: 1-866-361-9944, x-230, [www.accuratebiometrics.com](http://www.accuratebiometrics.com)
  - FIRM Systems: 1-866-721-1203, [www.firmsystems.net](http://www.firmsystems.net);
  - L-1 Enrollment Services, 1-800-377-2080, [www.l1enrollment.com](http://www.l1enrollment.com); and
  - Metropolitan Chicago Healthcare Council, 1-877-746-0643, [www.mchc.com](http://www.mchc.com).
- Vendor must provide a means for agencies to prepay if they prefer that method of payment. Vendors are responsible for collecting their service fee and the fee that goes to the Illinois State Police.
- Vendors must provide fingerprinting within seven (7) calendar days after request. Fingerprints will be collected at a location within the county of the applicant's residence or within 35 miles of the agency that provided the Livescan Request Form. Vendors must have reasonable weekend and after 5 p.m. hours.
- Results of electronic fingerprint are sent directly to the Illinois Department of Public Health and the agency.
- Agencies should check the HCWR when notified of the results to verify that it was received and posted to the HCWR. This can be checked at: <https://hcwbc.idphnet.com/BgChecks.Public/Search.aspx>

### **Option 2 - Name-based:**

If not yet signed up to the DPH web portal you are still able to submit using the Uniform Conviction Information Act (UCIA) name-based background check results to the registry (until agency's geographic area is converted to the Illinois State Police electronic fingerprint process)

- Write student Social Security Number (SSN) on result.
- Before first day of DSP class, send result to Illinois Department of Public Health.
- Important: *Be sure the name submitted for a background check is spelled exactly the same as the name entered on the Scranton form later in this process.*

**Agencies should check the HCWR in 1-2 weeks after sending in background check result to verify that it was received and posted to the HCWR. This can be checked at: <https://hcwbc.idphnet.com/BgChecks.Public/Search.aspx>**

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**Illinois Criminal Background Check Application Guidelines (continued)**

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**DSP/DD Aides must have** had their name cleared on the Health Care Worker Registry before hiring with the results received by the hiring agency before beginning employment.

A Illinois State Police background check that was conducted by a previous health care employer may be used for the student **as long as the background check results are not over one year old.**

When the training class begins, the instructor/coordinator should verify that each student in the class has had a background check result. Each background check result must have the student's Social Security Number written on it and mailed on or before the first day of class to:

**Illinois Department of Public Health  
Health Care Worker Registry  
535 W. Jefferson St  
Springfield, IL 62761**

The results of the background check will be posted to the registry and displayed within a few days of receipt. When SIU-Carbondale receives the DSP training verification documentation, SIU-Carbondale will process the verification data and electronically transmit the verification data to IDPH. These results will be uploaded to the registry electronically and be added to the individual's record already displayed on the registry.

If a student's background check results are over a year old, the student does not have a background check, or the hiring facility has not initiated a background check when the training begins, a new UCIA name-based background check must be conducted. Facilities can request a name-based background check from the Illinois State Police using the same method it uses for its other employees and mail the results to the Health Care Worker Registry when received.



## **Overview Of Illinois Department Of Public Health's Health Care Worker Registry (HCWR)**

A provider must contact the Illinois Department of Public Health's Healthcare Workers Registry (henceforth called the Registry) to verify a prospective employee's registry status prior to employment. If the registry reflects the existence or contains information that substantiates a finding of abuse or neglect, the Provider shall not employ him or her in any capacity. Verifications can be made by phone, mail or internet web site by using the contact information listed below.

**Illinois Department of Public Health (IDPH)  
535 West Jefferson Street  
Springfield, Illinois 62761  
Phone 217-785-5133  
TTY 800-547-0466**

<http://www.idph.state.il.us/nar/home.htm>

The registry contains information on Direct Support Persons or DSPs (formerly known as Developmental Disability Aides) and Certified Nursing Assistants or CNAs.

All employees spending 20% or more of their work time providing direct care to adults with developmental disabilities with the exception of respite workers and job coaches must be listed on the registry as a Direct Support Person.

Individuals are eligible for placement on the Registry after successfully completing 1 120-hour Direct Support Person Training Program administered by an agency that has received approval from the Illinois Department of Human Services.

An individual's training information must be received by SIU within 30 days of the program (training) completion date. The program completion date is also listed on the front page of the DSP Training Program Competency Area Checklist. These two dates must match. If a submission is received past the 30-day deadline, the entire packet will be rejected and returned to the submitting agency. If this should occur, contact the Bureau of Quality Management at 217-782-9438. You will then be sent a training summary form to complete. Once reviewed and approved by The Bureau, you will be given clearance to resubmit a new packet to SIU.

Once an individual is placed on the Registry, go to the Department of Public Health's web site and print a confirmation to be placed in the individual's personnel/training file. Please check that all information is correct. If errors are noted, please contact Bureau of Quality Management at 217-782-9438.

## Adding DSPs to the Health Care Worker Registry

### 1) Prior to a hiring decision

Agency must check the Health Care Worker Registry (HCWR) to ensure the person considered for employment does not have any founded incidents of abuse/neglect or disqualifying criminal convictions.

### 2) Obtain Conviction Background Check Information

**Name-based** (until agency's geographic area is converted to the Illinois State Police electronic fingerprint process)

- Write student Social Security Number (SSN) on result.
- Before first day of DSP class, send result to Illinois Department of Public Health.
- **Important:** *Be sure the name submitted for a background check is spelled exactly the same as the name entered on the Scranton form later in this process.*
- Agencies should check the HCWR in 1-2 weeks after sending in background check result to verify that it was received and posted to the HCWR. This can be checked at: <https://hcwbc.idphnet.com/BgChecks.Public/Search.aspx>

#### **Electronic Fingerprint-based**

- The Department of Public Health (DPH) contracts with four Livescan vendors. Each vendor is connected to the DPH electronic process for fingerprint background checks.
- As agencies are enrolled in the electronic fingerprint process, they will be required to work with one of four contracted vendors. Vendors are allowed to set their own price and determine their service area. The vendors are:
  - Accurate Biometrics: 1-866-361-9944, x-230, [www.accuratebiometrics.com](http://www.accuratebiometrics.com)
  - FIRM Systems: 1-866-721-1203, [www.firmsystems.net](http://www.firmsystems.net);
  - L-1 Enrollment Services, 1-800-377-2080, [www.l1enrollment.com](http://www.l1enrollment.com); and
  - Metropolitan Chicago Healthcare Council, 1-877-746-0643, [www.mchc.com](http://www.mchc.com).
- Vendor must provide a means for agencies to prepay if they prefer that method of payment. Vendors are responsible for collecting their service fee and the fee that goes to the Illinois State Police.
- Vendors must provide fingerprinting within seven (7) calendar days after request. Fingerprints will be collected at a location within the county of the applicant's residence or within 35 miles of the agency that provided the Livescan Request Form. Vendors must have reasonable weekend and after 5 p.m. hours.
- Results of electronic fingerprint are sent directly to the Illinois Department of Public Health and the agency.
- Agencies should check the HCWR when notified of the results to verify that it was received and posted to the HCWR. This can be checked at: <https://hcwbc.idphnet.com/BgChecks.Public/Search.aspx>

### 3) Complete DHS Approved Training-

- 40 hours classroom 80 hours on-the-job training within 120 days of hire.
- Certified Nurse Assistants (CNAs) may be placed on the registry as DD Aides (DSPs) by completing the entire DSP course or satisfactorily completing:
  - CPR/First Aid (6 hrs classroom; no OJT);

- Abuse Neglect Module (3 hours Classroom/5 hrs OJT);
- be observed demonstrating competencies in each of the remaining content areas in the DSP Core Competency Area Checklist. The agency must retain a copy of the completed DSP Core Competency Area Checklist.

#### 4) Complete DSP Training Reporting Requirements

- Submit to SIU completed DSP training roster forms and Illinois Health Care Worker Application Scantron Forms within 30 days of completing DSP training.

Illinois Nurse Assistant/Aide Training  
Competency Evaluation Program  
DSP Training Project  
Southern Illinois University  
Mail Code 4340  
Carbondale, IL 62903

- **Important:** *Be sure the name entered on the Scantron form is spelled exactly the same as the name submitted for a background check earlier in this process.*
- Check HCWR every two weeks to verify training results were received and posted to the HCWR.
- Ensure designation “DD Aide” is displayed on the person’s HCWR record under “Programs”. This designation on the HCWR is required **BEFORE** a person can work unsupervised to support people with developmental disabilities.
- Print the HCWR verification from the DPH web site and put in the employee’s personnel or training record.
- Check the HCWR at least annually for possible intervening disqualifying convictions or substantiated findings of abuse or neglect.

#### 5) Requirements for Untimely DSP Training Reporting

- *If an agency fails to submit student names to the HCWR within 30 days from the date DSP training was completed, a waiver to the 30-day requirement must be requested from BQM/QES and approved by BQM/QES.*
- BQM/QES approved Waivers typically require trainees to complete an additional, one or two-hour refresher training. **However**, depending on the reasons for delay, BQM/QES may require students to retake the entire 120-hour DSP curriculum.
- Agencies must submit documentation of this additional training to SIU within 30 days of its completion.

#### 6) Procedures if there is a Disqualifying Condition reported on a person’s Illinois State Police (ISP) Background check result.

- Agencies may request a waiver from DPH to allow the person to work as a DD Aide.
- Procedures and forms for requesting waivers are available on the Illinois Department of Public Health web site at: <http://www.idph.state.il.us/nar/>

## Health Care Worker Registry Entry-- Hypothetical Sample

Illinois Department of Public Health • Pat Quinn, Governor • Damon T. Arnold, M.D., M.P.H., Director

### health care worker registry

Home  
Search

<http://www.idph.state.il.us/nar/home.htm>

**John L. Doe**

**Administrative Findings:**

No administrative findings on record.

**Last Criminal Background Check:**

11/09/2008 No Disqualifying Offenses Found

**Last Employment Verification:**

**Waivers:**

No waivers on record.

**Programs:**

2/17/2009 DD AIDE-ABC CILA, INC-SPRINGFIELD

**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 ILCS 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](#)

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## Frequently Asked Question's (FAQ's)

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### Who can be an OJT Trainer?

- An OJT trainer is someone qualified to perform the specific task being evaluated
- Has received training on proper evaluation procedures
- Possible OJT trainers include: QSPs, supervisors or experienced DSPs

### Who is qualified to be a classroom instructor?

Refer to Checklist I. **All** classroom instructors must be approved by the Bureau of Quality Management.

### Who can be a special content instructor?

Refer to Checklist I. A special content instructor must have at least one year of experience in the field of expertise in which they will be teaching. For example, an RN could teach the medically related competencies or a safety inspector could teach the environmental health and safety competencies.

### How can a CNA be certified as a DSP?


CNAs are required to go through the abuse/neglect training (classroom and OJT) and be certified in either American Red Cross or American Heart Association CPR and First Aid. The DSP checklist must be completed to assure they are competent. Once they have completed these things, they must submit the individuals to the HCW Registry as if they had completed the entire training. Agencies should keep a copy to the CNA registry and maintain it in the personnel file for reviewers/surveyors.

### How long after being hired does the agency have to train DSPs?

Training must be completed within 120 days after hire.

### Will trainees be counted in the client/staff ratio during the 80 hours of OJT?

No. Staff is not allowed to work unsupervised until training is **completed and the person's is designated as a "DD Aide on the Health Care Worker Registry.**

 <b>Rules and Regulations and Where To Find Them</b> DHS web site <a href="http://www.dhs.state.il.us/page.aspx?item=48258">http://www.dhs.state.il.us/page.aspx?item=48258</a>		
<b>Rule Number</b>	<b>Title</b>	<b>Web site Address</b>
<b>50</b>	OIG Investigations of Alleged Abuse or Neglect in State-Operated Facilities and Community Agencies	<a href="http://www.ilga.gov/commission/jcar">www.ilga.gov/commission/jcar</a> ✓ click on 'Administrative Codes' ✓ click on Title 59 ✓ click on Part 50
<b>115</b>	Standards & Licensure Requirements for Community-Integrated Living Arrangements	<a href="http://www.ilga.gov/commission/jcar">www.ilga.gov/commission/jcar</a> ✓ click on 'Administrative Codes' ✓ click on Title 59 ✓ click on Part 115
<b>116</b>	Administration of Medication in Community Settings	<a href="http://www.ilga.gov/commission/jcar">www.ilga.gov/commission/jcar</a> ✓ click on 'Administrative Codes' ✓ click on Title 59 ✓ click on Part 116
<b>119</b>	Minimum Standards for Certification of Developmental Training Programs	<a href="http://www.ilga.gov/commission/jcar">www.ilga.gov/commission/jcar</a> ✓ click on 'Administrative Codes' ✓ click on Title 59 ✓ click on Part 119
<b>120</b>	Minimum Standards for Certification of Developmental Training Programs	<a href="http://www.ilga.gov/commission/jcar">www.ilga.gov/commission/jcar</a> ✓ click on 'Administrative Codes' ✓ click on Title 59 ✓ click on Part 120
<b>350</b>	Intermediate Care for the Developmentally disabled Facilities Code (ICFDD)	<a href="http://www.ilga.gov/commission/jcar">www.ilga.gov/commission/jcar</a> ✓ click on 'Administrative Codes' ✓ click on Title 77 ✓ click on Part 350
<b>210 ILCS 30</b>	Health Facilities Abused and Neglected Long Term Care Facility Residents Reporting Act	<a href="http://www.ilga.gov/legislation">www.ilga.gov/legislation</a> ✓ click on 'compiled statutes' ✓ REGULATION; Chapter 210; Health Facilities ✓ click on 210 ILCS 30
<b>740 ILCS 110</b>	Mental Health & Developmental Disabilities Confidentiality Act	<a href="http://www.ilga.gov/legislation">www.ilga.gov/legislation</a> ✓ click on 'compiled statutes' ✓ RIGHTS & REMEDIES; Chapter 740 Civil Liabilities ✓ click on 110
<b>405 ILCS 5</b>	Mental Health & Developmental Disabilities Code	<a href="http://www.ilga.gov/legislation">www.ilga.gov/legislation</a> ✓ click on 'compiled statutes' ✓ HEALTH & SAFETY; ✓ Chapter 405 Mental Health; ✓ click on 5

Agencies **not** licensed by DCFS, a DCFS Child Abuse and Neglect Tracking System (CANTS) background check can be requested by submitting a Authorization for Background Check Child Abuse and Neglect Tracking System (CANTS) [CFS 689](http://www.state.il.us/dcfs/docs/cfs689.pdf) form (<http://www.state.il.us/dcfs/docs/cfs689.pdf>).

Overview of Required Registry Checks and Provide Responsibilities link can be found at (<http://www.dhs.state.il.us/page.aspx?item=48125>).

CFS 689  
Rev 2/2010

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 (circle): 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/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____

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 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

**Mail this request to:**  
 Department of Children and Family Services  
 406 E. Monroe – Station # 30  
 Springfield, IL 62701

Please type, use bold letters or label:

\_\_\_\_\_  
(Agency Name)  
 \_\_\_\_\_  
(Contact Person)  
 \_\_\_\_\_  
(Address)  
 \_\_\_\_\_  
(City/State/Zip)  
 \_\_\_\_\_  
(Submitting Agency Fax Number) \_\_\_\_\_



Agencies licensed by DCFS, a DCFS CANTS background check can be requested by submitting a Authorization for Background Check For Employees/Volunteers of Child Care Facilities form [CFS 718-E \(http://www.state.il.us/dcfs/docs/cfs718e.pdf\)](http://www.state.il.us/dcfs/docs/cfs718e.pdf), Overview of Required Registry Checks and Provide Responsibilities link can be found at <http://www.dhs.state.il.us/page.aspx?item=48125>.

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**

<b>1</b>	<input type="checkbox"/> <b>Employee</b> or <input type="checkbox"/> <b>Volunteer</b>	of:	<input type="checkbox"/> Day Care Center <input type="checkbox"/> Group Home <input type="checkbox"/> Child Care Institution/Maternity Center	<input type="checkbox"/> Day Care Agency <input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Youth Emergency Shelter
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**PERSONAL INFORMATION**

<b>2</b>	Last Name/First Name/Middle Initial _____				Social Security Number _____					
	Maiden and/or Any Names Formerly Used (Last/First/Middle Initial) _____				Telephone (Including Area Code) _____					
	CURRENT ADDRESS: Street/Apt.#: _____ City: _____ State: _____ Zip Code: _____ County: _____				Have you lived outside of Illinois in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No List all previous addresses for the past five (5) years. (Street/Apt.#/City/County/State/Zip Code) <span style="float: right;">Dates From/To</span>					
	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 _____

**AUTHORIZATION /CERTIFICATION**

<b>3</b>	Have you ever been convicted of other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been indicated as perpetrator in a child abuse/neglect investigation? <input type="checkbox"/> Yes <input type="checkbox"/> 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: SO/CANTS: _____ ISP: _____	FOR CENTRAL OFFICE OF LICENSING USE SID# _____ Clear _____ Record _____ BC-03 Registered: _____ FBI Sent Out: _____	

**TO BE COMPLETED BY EMPLOYER**

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

<b>4</b>	Date Fingerprinted: _____	Name of Facility Contact _____
	Full Name of Facility _____	_____
	Provider ID # _____	Phone Number of Facility Contact _____
	Street Address: _____	( _____ ) _____ - _____
	City _____ IL ZIP: _____	



**INSTRUCTIONS FOR COMPLETION OF  
CFS 718-E - AUTHORIZATION FOR BACKGROUND CHECK**

**WHO SHOULD USE THIS FORM:** This form must be completed by employees or volunteers who work in a day care center, day care agency, group home, child welfare agency, child care institution/maternity center or youth emergency shelter. Employees of day care homes, foster care homes and group day care homes are to use form CFS 718.

*Do not send a request for a Child Abuse/Neglect Tracking System (CANTS) check to Central Licensing until the person has been fingerprinted.*

**SECTIONS 1, 2 AND 3 - COMPLETION OF IDENTIFICATION INFORMATION**

Employer must instruct every person subject to a background check to complete the first three sections identifying the type of facility and what role they will have at the facility and 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 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
  - WHITE                                      White
  - AI/AN                                      American Indian or Alaskan Native
  - ASIAN                                      Asian
  - NH/PI                                      Native Hawaiian or Other Pacific Islander
  - UNDET                                      Undetermined
  - HISP ORG                                  Indicate whether the individual is of Hispanic origin

Each Person must answer the question "Have you ever been convicted of other than minor traffic violation?" If yes, an explanation must be provided --- complete with date of the incident(s).

The person completing the identification information must sign and date page 1 of the authorization form.

**SECTION 4 - EMPLOYER**

The Authorization for Background Check must be submitted to the employer for completion of Section 4 and to check the form and for completeness and accuracy before the employee is fingerprinted.

Employer must complete the following:

- Name of Facility                              Name of facility where employed.
- Street/City/Zip                              The site of licensed facility where person is employed.
- Provider ID #                                  The Provider ID # is required. (The number which appears on the license certificate for 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 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. The child abuse and neglect background check and the criminal history investigation may be used for considering an application for license, current or prospective employment, or service as a volunteer in a child care facility. Persons 13-17 years of age signing this form authorize a search of CANTS only and are not subject to fingerprinting.

I understand that information obtained as a result of my authorizing this investigation is confidential and may be shared with my employer, prospective employer or with licensing staff only 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. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny my application for licensure or may result in the termination of my employment.

To apply to become an Illinois CNA from out-of-state submit the Illinois Department of Public Health (IDPH) form below. IDPH link:  
[http://www.idph.state.il.us/nar/Out\\_of\\_State\\_Nurse\\_Application.pdf](http://www.idph.state.il.us/nar/Out_of_State_Nurse_Application.pdf)



State of Illinois  
 Illinois Department of Public Health

**Out-of-State Nurse Aide Application to Become an Illinois Certified Nurse Aide (CNA)**  
**Illinois Department of Public Health**

Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761  
 Phone 217-785-5133 Fax 217-524-0137 E-mail [DPH.HCWR@Illinois.gov](mailto:DPH.HCWR@Illinois.gov)

**All information requested on this application must be provided before you will be evaluated.** (Please type or print legibly)

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ (First, Full Middle and Last)

Address \_\_\_\_\_ (Street, Apartment #, P. O. Box)

\_\_\_\_\_ (City, State, ZIP Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 (required)

State(s) where you have been certified as a CNA \_\_\_\_\_

Name used when certified \_\_\_\_\_

If your current name is different from the name you used when you were certified, please attach a copy of the legal document(s) used to change your name (i.e. marriage certificate, divorce decree, etc.) and a copy of your driver's license or other picture identification.

Maiden name or other names you have been known by \_\_\_\_\_

Other states where you have lived or worked \_\_\_\_\_

I understand that the information requested regarding sex, race, height, eye color and date of birth is for the sole purpose of identification and gathering the background check information. This information will not be used to discriminate against me in violation of the law.

Male  Female Race \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Enter a letter from below)

- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander
- B** Black or African American (Not Hispanic or Latino)
- H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
- I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
- U** Of undetermined race or of untold mixture
- W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of abuse, neglect or theft?  Yes  No  
 If "yes," indicate in what state this finding was issued \_\_\_\_\_

Out-of-State Nurse Application  
Page 2

**Out-of-State Nurse Aide Application to Become an Illinois Certified Nurse Aide (CNA)  
Illinois Department of Public Health**

Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761  
Phone 217-785-5133 Fax 217-524-0137 E-mail [DPH.HCWR@Illinois.gov](mailto:DPH.HCWR@Illinois.gov)

I hereby authorize the Illinois Department of Public Health, the Department's designee that trains or tests health care workers, a staffing agency, or the health care employer to request a fingerprint-based criminal history records check submitted as a fee applicant inquiry requested by the Department. I further authorize the Illinois State Police (ISP) to release information relative to the existence or nonexistence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency that maintains records relating to me, including but not limited to the Federal Bureau of Investigation or a local unit of government, to provide same on request to the ISP or the Department. I certify that the ISP and any agency, including the Department, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25).

Have you ever been convicted of a criminal offense, other than a minor traffic violation?  Yes  No

If "yes," provide the circumstance surrounding each offense (what happened, how many years have passed since the offense, the individuals involved, your age at the time of the offense, and any other circumstances surrounding the offense) as well as the state in which you were convicted. If you have been convicted in another state, you must provide information concerning those convictions or attach the complete results of a criminal history records check from that state. If you have a federal conviction, you must provide information concerning that conviction or attach the complete results of a criminal history records check from the Federal Bureau of Investigation. If more space is needed, please attach additional pages. Do not include convictions that have been expunged, sealed or was a juvenile adjudication.

I certify that the above is true and correct and give my consent for my name to appear on the Department's Health Care Worker Registry with the results of my criminal history records check.

\_\_\_\_\_  
Signature Date

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

\_\_\_\_\_  
Signature Date

**Mail this completed form to Illinois Department of Public Health, Health Care Worker Registry, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761. The Department will send you a Livescan Request Form by return mail. You will use the Livescan Request Form to have your fingerprints collected from one of the contracted livescan vendors.**

A facsimile or photographic copy of this authorization will be as valid as the original.

If you meet Illinois' CNA requirements, you will be placed on the Health Care Worker Registry, which is the state's registry for CNAs. You may view the registry at <http://www.idoh.state.il.us/nar/home.htm>. Otherwise, you will be sent written notification stating that you do not meet the requirements. Illinois does not issue any credentials or certificates to CNAs. **Incomplete applications will be returned to the address provided.**



## Illinois Department of Human Services



**Do you or a loved one have a Developmental Disability?**

***We are here to help!***

- Visit [www.dd.illinois.gov](http://www.dd.illinois.gov) This web site provides information about Developmental Disability services and how to contact Local Coordination Agencies
- Call: **1-888-DDPLANS**, or 1-866-376-8446 (TTY) to get questions about Developmental Disability services answered and get connected directly to your Local Coordination Agency

**Division of Developmental Disabilities  
Bureau of Quality Management  
Quality Enhancement Section  
319 East Madison, Suite 4J  
Springfield, Illinois 62701  
217-782-9438 (Voice Main Line)  
217-782-9444 (Fax)  
217-782-2304 (TTY)  
Email: [DHS.BQM@illinois.gov](mailto:DHS.BQM@illinois.gov)**



**Website: [www.dhs.state.il.us](http://www.dhs.state.il.us)**