

Request for Child Protective Services Background Check for Certain Purposes

The purpose of this form is to gather information and authorization to complete a Child Protective Services (CPS) background check from Wisconsin's county administered child protective services data system. CPS information may be released as allowed by Wisconsin Statute Section 48.981(7).

A separate form must be completed for each individual background check request.

The completed form can be emailed as a scanned document to CWBckgrdRequests@wisconsin.gov or faxed to (608) 226-5521. Hand-written signatures are required.

You should receive a response from our staff within 10 working days of the date the request was received by our agency. Please do not send a duplicate request. If you have not received contact from our staff within 10 working days after the submission of the form, you may send an inquiry only email to CWBckgrdRequests@wisconsin.gov. Be sure to include the person's name for which you had initially submitted the background check request.

If you are not an entity listed below, or you are not requesting information based on the criteria listed below, you may be eligible to request other types of background check information and a criminal history report from the Wisconsin Department of Justice (DOJ) at: <http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information>.

*Provision of a Social Security Number (SSN) is voluntary. Not providing it could result in an information processing delay.

REQUESTING AGENCY INFORMATION

Information for individual for which the cps background check is being requested

Name (Last, First, Middle)	Social Security Number*	Bicthdate
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Provide other legal names (maiden, married, hyphenated names). Also include names used that were not legal changes, alternate spellings of names, and initials used as names, e.g. TJ.

PURPOSE OF REQUEST

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Public, tribal or private licensed child placing agency | <input type="checkbox"/> In State | <input type="checkbox"/> Out-Of-State |
| <input type="checkbox"/> Foster Home License | | |
| <input type="checkbox"/> Adoptive Home License / Approval | | |
| <input type="checkbox"/> Out of state child welfare-governmental entity, or licensed child welfare private agency under contract with an out of state child welfare governmental entity to perform the entity's public child welfare functions | | |
| <input type="checkbox"/> A Governmental Agency's Child Protective Service Intervention | | |
| <input type="checkbox"/> Employment or volunteer background check necessary for the child welfare governmental entity to carry out its responsibility to protect children from abuse or neglect | | |
| <input type="checkbox"/> Out-of-State Child Care-governmental entity to meet its responsibility to protect children from abuse or neglect | | |
| <input type="checkbox"/> Out of State Government Public Law Enforcement Agency for purposes of investigation or prosecution | | |
| <input type="checkbox"/> In State employment or contractors background check necessary for the Department of Corrections to carry out its responsibility to protect children from abuse or neglect | | |

AGENCY REQUESTING CONTACT INFORMATION

Name of Entity or Agency Requesting Information SD Department of Social Services	Name - Agency Contact Person Background Screening Specialist
Telephone Number - Entity or Agency Contact Person (605) 773-4766	Email - Agency Contact Person dsscscs@state.sd.us

SIGNATURE - Representative from entity or agency requesting information

Date Signed

PRINT NAME - Representative from entity or agency requesting information

AUTHORIZATION OF INDIVIDUAL

I give permission to the Wisconsin Department of Children and Families to share CPS report information with the agency listed for purposes of adoption or foster home licensing; employment; or volunteer work. I certify that the information provided in this form is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under criminal penalties per Statute Section 948.38.

SIGNATURE - Individual who is the subject of the CPS Background check

Date Signed

Print Name

SIGNATURE - Witness

Date Signed

Print Name

PLEASE NOTE: Wisconsin does not have a child abuse and neglect registry. The data system used by the State of Wisconsin has been fully implemented statewide since January 1, 2005, but there is limited CPS information available in this system. For a complete CPS history check, please contact the CPS agency directly in the county(ies) where the individual lived or worked. If the person lived or worked in Wisconsin prior to 2005 and the dates prior to 2005 must be included in the search results, then the request should be sent to each county CPS agency where the person lived or worked during those dates previous to 2005. Those local office(s) will also complete the statewide search from 2005 to the present time. *The following web address will provide you with the names and contact information for all CPS agencies in Wisconsin: <https://dcf.wisconsin.gov/reportabuse>

* A request via this form that is emailed to CWBckrdRequests@wisconsin.gov or faxed to 608- 226-5521 will include a search of all paper and electronic Milwaukee County-specific CPS background check history, including CPS history prior to the 2005, but will not include CPS history from a non-Milwaukee county prior to 2005. For CPS history in a non-Milwaukee Wisconsin county before January 1, 2005, the local county must be contacted directly as explained above.

FOR DCF OFFICE STAFF USE ONLY RESULTS OF BACKGROUND CHECK DATA SYSTEM FINDINGS

Based on the available information in our automated child welfare data information system, the following information was found.

- No relevant history after January 1, 2005 for this request was found in the Wisconsin data system.
- Possible relevant information was found. Please contact
county(ies) for verification. County agency contact information can be obtained at <https://dcf.wisconsin.gov/reportabuse>
- Agency requesting information is not authorized to obtain information via this request form. You may be eligible to request other types of background information via the Wisconsin Department of Justice at:
<http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information>.

If you have any questions concerning the results of this request, you should follow up with the Wisconsin county CPS agency(ies) associated with the individual.

Use of this information is limited and unauthorized disclosure is prohibited by federal and state law, including Wisconsin State Statute Section 48.981(7). Unauthorized disclosure may result in criminal penalties, including 6 months of jail/imprisonment and a \$1000 fine under Wisconsin Statute Section 48.981(6).

SIGNATURE - DCF Staff Person

Date Signed

Department of Children and Families
Division of Safety and Permanence
201 E Washington St.
Madison, WI 53703