



Identified Offenders Program Instructional Guide

To promote the safety of residents, visitors, and staff, facilities not exempted by 210 ILCS 45/201.5(b)¹ must screen potential residents for information relevant to determining each person's potential for placing others at risk of harm.

For those residents who meet the Illinois Nursing Home Care Act definition of an identified offender, facility administrators, or their assigned designee, must notify the Identified Offenders Program using our online submission application.

I. Requesting UCIA criminal history records

Within 24 hours of a resident's admission, facilities must request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP).

One of the following results are typically returned within 24 hours:

- **In Process**- The request is being processed.
- **No Record**- Based on the demographic information provided, conviction information is not available. The "no record" responses must be retained in the facility files.
- **Multiple Hit**- responses are inconclusive. A UCIA fingerprint-based must be requested through a licensed Livescan vendor (use the UCIA Fingerprint Request Form).
- **Hit** -responses are returned with a criminal history record which must be reviewed to determine if the resident is an identified offender.

A list of licensed Livescan vendors can be found by visiting the [Illinois Department of Financial & Professional Regulation](#) homepage and selecting Online Resources.

Additionally, all facilities must also review the Illinois State Police Sex Offender Registry and the Illinois Department of Corrections Parole Sex Offender Registry to determine if the resident is a registered sex offender. If the resident is found on one of these registries, notify IOP staff immediately. Registered sex offenders must be placed in private rooms.

¹ Nursing Home Care Act <http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1225&ChapterID=21>

II. Reviewing UCIA Criminal History Records

The criminal history data section of the criminal history record is divided into three parts:

1. Arrest Charges
2. States Attorney Section
3. Court Charges/Disposition

Review each "Court Charges/Disposition" section listed on the resident's criminal history record to determine whether the literal description of the conviction is a close match to one of the qualifying convictions.

In the example below, the literal description is listed as AGG BATT GOVN OFFICAL/EMPL.

This conviction is a class 2 felony offence and is reportable as Aggravated Battery.

| <u>Arrest Charges</u> | | | | |
|----------------------------------|-------------------------------|---------------------------------------|--------------------------|------------|
| Count | Statute Citation | Literal Description | Inchoate Code | Class |
| 1 | 720 ILCS 5.0/12-4-B-17 | AGG BATTERY/POLICE/SHERIFF/ DUTIES | O | 3 |
| Arrest Type: | | | Date of Offense: | 06/18/2007 |
| Domestic Violence: | | NO | | |
| <u>States Attorney Section</u> | | | | |
| Filing Decision: | | DIRECT FILED WITH COURT | Decision Date: | 06/18/2007 |
| Count | Statute Citation | Literal Description | Inchoate Code | Class |
| 1 | 720 ILCS 5.0/12-4-B-17 | AGG BATTERY/POLICE/SHERIFF/ DUTIES | O | 3 |
| Agency Name: | | COOK COUNTY STATE'S ATTORNEY | NCIC: | IL016013A |
| <u>Court Charges/Disposition</u> | | | | |
| Count | Statute Citation | Literal Description | Inchoate Code | Class |
| 1 | 720 ILCS 5.0/12-4-B-18 | AGG BATT GOVN OFFICAL/EMPL | O | 2 |
| Disposition: | | GUILTY | Disposition Date: | 01/28/2008 |
| Case Number: | | 2007CR136120 | | |
| Agency Name: | | COOK COUNTY CIRCUIT COURT | NCIC: | IL016025J |
| Status | Sentence | | Fine Amount | Date |
| SENTENCED TO | 3 YEAR(S) IMPRISONMENT-DOC | | | 10/17/2008 |
| CONCURRENT | 3 YEAR(S) IMPRISONMENT-DOC | | | 10/17/2008 |
| SENTENCED TO | 343 DAY(S) CREDIT TIME SERVED | | | 10/17/2008 |

III. Requesting Livescan Fee Applicant (FEAPP) criminal history records

If it is determined that the resident is an identified offender, the facility has 72 hours to arrange for a licensed Livescan vendor to visit the facility and conduct a livescan for the resident. Please note, the livescan must be conducted within the facility in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident. The Livescan vendor appointment should be scheduled within 5 days of scheduling the appointment.

IV. Admitting Residents

Facility Submission: Entry

1 To promote the safety of residents, visitors, and staff, all long-term care facilities must screen potential residents for information relevant to determining each person's potential for placing others at risk of harm.

For each resident, within 24 hours of admission, facilities not exempted by 210 ILCS 45/201.5b must request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP).

If the results of the UCIA name-based criminal history record indicate that the request hit upon multiple records (Multi-Hit), the facility shall initiate a UCIA fingerprint-based request, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk.

If the results of a resident's UCIA criminal history background reveal that the resident is an identified offender, as defined in Section 1-114.01 of the Nursing Home Care Act, the facility shall, within 72 hours, arrange for a Fee Applicant (FEAPP) fingerprint-based criminal history record inquiry from a licensed livescan vendor.

The livescan must take place on the premises of the facility and shall be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident.

Within 2 hours of the Livescan appointment, the facility must notify the Identified Offenders Programs using this online application.

2 Facility

3 Facility Type
Address
Submission Type: Admission Discharge

Please note: The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.

Before clicking the NEXT button below, you must be ready to upload a pdf copy of the UCIA criminal history record, as well as either a FEAPP Fingerprint Consent form, or an approved fingerprint waiver.

For more information:
Links to instructions for requesting and reviewing UCIA and FEAPP criminal history records, as well as a number of other resources, can be found by visiting the [Identified Offenders Program website](#).

Contact Information:
Illinois Department of Public Health
Division of Patient Safety & Quality
Identified Offenders Program
122 S. Michigan Ave, Suite 700
Chicago, IL 60603
Phone: (312) 793-3913 or (312) 814-2149
Fax: (312) 814-2757
Email: dph.ios@illinois.gov

4

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1. Log onto:

<https://idph.illinois.gov/IOPFacilitySubmission/>

2. Read the entire page and then select the facility

3. Select the submission type

4. Click next

Facility Contact Information

Facility **ABBINGTON REHAB & NURSING CTR 6000020** Submission Type Admission Discharge

1 Administrative Role/Title

2 Email

3 First Name

3 Last Name

4 Phone Number

4 Fax Number

Resident Information

1. Administrative role/title of the contact person entering the Identified Offender Resident's Information
2. **General/Main Facility** email address, we highly recommend utilizing one central email address to maintain the IOP information within one mailbox
3. First and last name of the contact person
4. Phone and fax number of facility

<https://idph.illinois.gov/IOPFacilitySubmission/>

| Resident Information | |
|---|---|
| ① State Identification Number (SID) <input type="text"/> | ② Social Security Number (SSN) <input type="text"/> |
| ③ First Name <input type="text"/> | ③ Last Name <input type="text"/> |
| ④ Date Of Birth <input type="text"/> | ⑤ Race <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black <input type="radio"/> Native American <input type="radio"/> White |
| ⑥ Gender <input type="radio"/> Female <input type="radio"/> Male | ⑦ Sex Offender <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown |
| Check SOR: Illinois State Police Sex Offender Registry | ⑧ Resident is listed on SOR <input type="radio"/> No <input type="radio"/> Yes |
| Check PSOR: Illinois Dept. of Corrections Parolee Sex Offender Registry | ⑧ Resident is listed on PSOR <input type="radio"/> No <input type="radio"/> Yes |
| ⑨ Admission Date <input type="text"/> | ⑩ Admitted From <input type="text" value="** Please Select **"/> |

1. Resident's State Identification Number
2. Resident's Social Security Number, without dashes
3. Resident's name
4. Resident's date of birth
5. Resident's race
6. Resident's gender
7. Resident's sex offender status, select **yes** or **no**
8. Resident checked on the registries, select **yes** or **no**
9. Resident's admission date
10. Where the resident admitted from

| Criminal History Information | |
|--|--|
| ① Criminal History Record Request Date <input type="text"/> | ② Criminal History Record Received Date <input type="text"/> |
| ③ Most recent qualifying conviction <input type="text" value="-- PLEASE SELECT --"/> | ④ Disposition Date <input type="text"/> |
| ⑤ Conviction Class <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O <input type="radio"/> M <input type="radio"/> X <input type="radio"/> Z <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | |
| ⑥ Livescan Vendor <input type="text" value="-- PLEASE SELECT --"/> | |
| ⑦ Livescan Appointment Date <input type="text"/> | ⑧ Tracking Control Number (TCN) <input type="text"/> |

1. Date the criminal history record was requested
2. Date the criminal history record was received
3. Select the most recent qualifying conviction
4. Disposition date
5. Select the conviction class
6. Select the Livescan vendor
7. Livescan appointment date
8. Tracking Control Number (TCN #) located on the criminal history record

<https://idph.illinois.gov/IOPFacilitySubmission/>

① Fingerprint Waived No Yes

② Fingerprint Waiver Request Date

③ Fingerprint Waiver Received Date

1. If you have received a fingerprint waiver, *select yes*
2. Enter the fingerprint waiver request date

File Attachment (PDF file only) 

① Criminal History Record File

② FEAPP Fingerprint Consent Form

③ Fingerprint Waiver

④ Other File

⑤ Additional Information

3. Enter the fingerprint waiver received date
1. Upload the criminal history record in pdf form
2. Upload the FEAPP Fingerprint consent form and livescan vendor fingerprint receipt in pdf form
3. If you have a fingerprint waiver, upload the fingerprint waiver in pdf form
4. If you have an additional document to add, upload the other file in pdf form
5. List additional information or details about the resident

<https://idph.illinois.gov/IOPFacilitySubmission/>

V. Discharging Residents

Facility Submission: Entry

① To promote the safety of residents, visitors, and staff, all long-term care facilities must screen potential residents for information relevant to determining each person's potential for placing others at risk of harm.

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The livescan must take place on the premises of the facility and shall be conducted in a manner that is respectful of the resident's dignity and that minimizes any emotional or physical hardship to the resident.

Within 24 hours of the Livescan appointment, the facility must notify the Identified Offenders Programs using this online application.

② Facility

③ Facility Type
Address

Submission Type Admission Discharge

Please note: The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending, while the results of a request for waiver of a fingerprint-based check are pending, and/or while the identified Offender Report and Recommendation is pending.

Before clicking the NEXT button below, you must be ready to upload a pdf copy of the UCIA criminal history record, as well as either a FEAPP Fingerprint Consent form, or an approved fingerprint waiver.

For more information:
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Contact Information:
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Chicago, IL 60603

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Email: dph.ios@illinois.gov

④

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1. Log onto:

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2. Read the entire page and then select the facility
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Facility Contact Information

Facility **ABBINGTON REHAB & NURSING CTR 6000020** Submission Type Admission Discharge

① Administrative Role/Title

② Email

③ First Name Last Name

④ Phone Number Fax Number

Resident Information

1. Administrative role/title of the contact person
2. **General/Main Facility** email address, we highly recommend utilizing one central email address to maintain the IOP information within one mailbox
3. First and last name of the contact person
4. Phone/Ext for the contact person and fax number of the facility

| | | | |
|--|---|------------------------------|---|
| State Identification Number (SID) | <input type="text"/> | Social Security Number (SSN) | <input type="text"/> |
| First Name | <input type="text"/> | Last Name | <input type="text"/> |
| Date Of Birth | <input type="text"/> | Gender | <input type="radio"/> Female <input type="radio"/> Male |
| Admission Date | <input type="text"/> | Admitted From | ** Please Select ** <input type="button" value="v"/> |
| Discharge Date | <input type="text"/> | Discharge To | ** Please Select ** <input type="button" value="v"/> |
| File Attachment (PDF file only)  | | | |
| Criminal History Record File | <input type="text"/> <input type="button" value="Browse..."/> | | |
| Additional Information | <input type="text"/> | | |

Enter the relevant information for resident and upload the criminal history record. List the additional information about the resident.

VI. Questions

If you need help obtaining name-based or fingerprint-based criminal history records, please contact the Illinois State Police Bureau of Identification at (815) 740-5160.

If you have questions regarding fingerprint waivers, please contact the Illinois Department of Public Health Division of Healthcare Regulations at 217-785-9178.

If you need an additional copy of the Identified Offenders Final Report and Recommendation, please contact the Illinois State Police Division of Internal Investigation at (217) 558-3737.

For all other questions, please contact the Illinois Department of Public Health Identified Offenders Program at (312) 793-3914 or (312) 814-2149 or visit our homepage located at <http://www.dph.illinois.gov/topics-services/prevention-wellness/patient-safety-quality/identified-offenders-program>

<https://idph.illinois.gov/IOPFacilitySubmission/>