

## BACKGROUND INFORMATION DISCLOSURE INFORMATION

**Overview:** The Wisconsin Caregiver Program responds to the potential for physical, emotional and financial abuse of vulnerable citizens by persons who are entrusted to provide care. The Caregiver Law is intended to protect persons from physical harm and misappropriation of property. The Lakeshore Technical College District is subject to the requirements of the Wisconsin Caregiver Program. In addition, the Lakeshore Technical College District has a public interest obligation to assure that all students, engaged in clinical practice and law enforcement tactical programs, may be safely permitted to have contact with patients and children in a caregiver role, as well as contact with tactical equipment.

Sections 48.685 and 50.065 of the Wisconsin Statutes require all students to complete a background check before participating in a clinical or practicum requirement that involves contact with patients or children in a caregiver role. A background check is also required for law enforcement employment certification, admission to the Law Enforcement Academy, and as a pre-condition to forms of tactical training. In conformance with applicable law, the Lakeshore College District will collaborate with local health care, child care and law enforcement agencies to closely examine the results of background information disclosures. Pending charges and convictions may disqualify students from specific course work and programs for the reasons set forth above.

**Section A.1. of the Background Information Disclosure form requires you to disclose all pending charges and convictions. This includes pending charges, as well as conviction of a felony, misdemeanor or municipal ordinance violation, in any court, including all military courts, or a tribal court.**

**If you are uncertain as to whether a pending charge or conviction is covered, disclose it. Convictions and pending charges are reviewed on an individual basis with respect to impact upon admission to particular programs. Failure to disclose a charge or conviction will prevent program admission or result in dismissal proceedings, as appropriate, subject to program requirements. All convictions and pending charges are examined, with final decisions based on the specific nature and circumstances of each charge or conviction, and the correlation to clinical, practicum, and tactical programs.**

- Procedure:**
1. Students are required to complete the Background Information Disclosure form. A Self-Reporting Requirement form is also completed with a copy retained by the student.
  2. **A processing fee of \$16, payable to Lakeshore Technical College must accompany the forms.** Processing will not be completed without the fee. Forms must be returned within ten calendar days. Social security number must be provided in order to process.
  3. The forms are transmitted and processed with the Department of Justice Crime Information Bureau and the Department of Health Services, as applicable, to identify or confirm the existence or absence of a record of previous conviction(s) or pending charges. In addition, the Wisconsin Circuit Court database <http://wcca.wicourts.gov> is accessed to identify or confirm the existence or absence of a record of previous conviction(s) or pending charges. A check with the Office of Inspector General and the Excluded Parties List System is done as well for anyone going into a health or EMS program area.
  4. If a record of convictions or pending charges exists, Lakeshore Technical College officials will conduct a review in conjunction with area health care facilities and law enforcement agencies, participating in College programs, to make a determination on whether the student may be placed in a clinical or tactical program. If placement is not immediately authorized, alternatives may be identified. Decisions will conform to applicable provisions of the Wisconsin Statutes and Wisconsin Administrative Code, Chapter HFS12.
  5. Students will be afforded an opportunity to respond to admission and placement decisions which are based upon the results of the Background Information Disclosure process.

The completed Background Information Disclosure forms and records may be duplicated and distributed to clinical, tactical and Lakeshore Technical College program officials for the purpose of evaluation and determination of student status.

Further information may be obtained by contacting Tanya Boettcher, Admissions Specialist at [tanya.boettcher@gotoltc.edu](mailto:tanya.boettcher@gotoltc.edu) or 920.693.1280.

**Please follow the directions below to ensure your Background Information Disclosure (BID) Form is able to be processed.**

- **PRINT and MAIL in the Background Information Disclosure Form (attached below)**
  - Complete the top section with your personal information
  - Answer questions 1-13 checked yes or no and or explanations
  - Sign and date BID form
- **PRINT and MAIL in the Self-Reporting Requirements Form (attached below)**
- **Submit processing fee of \$16 paid by cash or check (made payable to LTC)**
- **Mail in any discharge papers if applicable**

**Please send BID form, Self-Reporting form and the \$16 fee to:  
LTC**

**Attn: Tanya  
1290 North Ave  
Cleveland, WI 53015**

**Please note:** If you have resided outside the State of Wisconsin within the last 3 years, the Wisconsin Statutes require us to conduct an out-of-state background check. **Additional out of state processing fees and paperwork may be required to complete the out of state background check. We will notify you if additional information is needed.**

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency. **NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

### CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

The list of offenses affecting caregiver eligibility that require rehabilitation review is available from the regulatory agencies or through the Internet at <http://DHS.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Programs Regulated under Chapter 48, Wis. Stats.               | Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.                                                                                                                                                                                                             |
| Programs Regulated under Chapters 50, 51, and 146, Wis. Stats. | Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services. |
| Others                                                         | Child Care Providers contracted through Local School Boards                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

### PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

## BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

### PLEASE PRINT YOUR ANSWERS.

#### Check the box that applies to you.

- ☐ Employee / Contractor (including new applicant) ☐ Household member / lives on premises - but not a client  
☐ Applicant for a license or certification or registration (including continuation or renewal) ☐ Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

|                                                                      |               |                                                                                                                      |                                  |
|----------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Name – (First and Middle)                                            | Name – (Last) | Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.) |                                  |
| Any Other Names By Which You Have Been Known (Including Maiden Name) |               | Birth Date                                                                                                           | Gender (M / F)                   |
| Race                                                                 |               |                                                                                                                      |                                  |
| <input type="checkbox"/> American Indian or Alaskan Native           |               | <input type="checkbox"/> Black                                                                                       | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian or Pacific Islander                   |               | <input type="checkbox"/> White                                                                                       |                                  |
| Address                                                              |               | Social Security Number(s)                                                                                            |                                  |
| Business Name and Address - Employer or Care Provider (Entity)       |               |                                                                                                                      |                                  |

### SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES                      | NO                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?<br>➤ If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)<br>➤ If <b>Yes</b> , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked:<br><input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)<br>➤ If <b>Yes</b> , explain, including when and where it happened.                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?<br>➤ If <b>Yes</b> , explain, including when and where it happened.                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |

(continued on next page)

| SECTION A (continued)                                                                                                                                                                                                                        | YES                      | NO                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br>➤ If <b>Yes</b> , explain, including when and where it happened.     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ?<br>➤ If <b>Yes</b> , explain, including when and where it happened.                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?<br>➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period. | <input type="checkbox"/> | <input type="checkbox"/> |

| SECTION B – OTHER REQUIRED INFORMATION                                                                                                                                                                                                                                                                                       | YES                      | NO                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br>➤ If <b>Yes</b> , explain, including when and where it happened.                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?<br>➤ If <b>Yes</b> , explain, including when and where it happened and the reason.                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br>➤ If yes, indicate the year of discharge: _____<br>➤ Attach a copy of your DD214 if you were discharged within the last 3 years.                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you resided outside of Wisconsin in the last 3 years?<br>➤ If <b>Yes</b> , list each state and the dates you lived there.                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had a caregiver background check done within the last 4 years?<br>➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe?<br>➤ If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision. | <input type="checkbox"/> | <input type="checkbox"/> |

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

|                                         |                |
|-----------------------------------------|----------------|
| <b>PRINT NAME</b> – Required Individual | Date Submitted |
|-----------------------------------------|----------------|

## Self-Reporting Requirements

I understand that my enrollment in required practicum/clinical/tactical programs, is conditioned upon a clearance following review of my background disclosure information and confirmation of the accuracy of the information through the Wisconsin Department of Justice.

I understand that from the time I complete the Background Information Disclosure form until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state or federal law, I must report this to my **Lakeshore Technical College Program Dean within one (1) school day.** I understand and acknowledge that the result of the background check and any subsequent investigation, charge or conviction may cause me to be barred or suspended from practicum, clinical and tactical programs. I also understand and acknowledge that this may delay or prevent my graduation from the program, as well as delay or prevent my receiving applicable certification or licensure. **I am further informed and understand that my failure to report any required information will prevent enrollment in practicum/clinical/tactical programs and result in dismissal proceedings.**

I understand that a further background check will be conducted prior to my enrollment in any clinical or tactical program. I also understand that after the initial background check, Lakeshore Technical College may conduct a new background inquiry at any time the Program Dean has reason to believe that a further background check should be conducted. I am finally informed and understand that all background checks are obtained at the expense of the student.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

(Must be provided in order to process the BID)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_