**Section 115.321 Application for Waiver of the Prohibition Against Employment**

a) Hiring of direct care professionals

A CILA agency shall not *knowingly hire* or retain *any* person after January 1, 1998 in a full-time, part-time, volunteer or contractual direct care position if that person *has been convicted of committing or attempting to commit one or more of the* *offenses* outlined in Section 25 of the Health Care Worker Background Check Act [225 ILCS 46] *unless the applicant or employee obtains a waiver pursuant to* subsection (b).

b) Health Care Worker Registry request for waiver

1) *An applicant, employee, or nurse aide may request a waiver of the prohibition against employment.* [225 ILCS 46/40]

2) CILA agency employees may assist the applicant, employee, or nurse aide in completing the application.

3) The outcome of the waiver request shall be determined by the Illinois Department of Public Health pursuant to Section 40 of the Health Care Worker Background Check Act and 77 Ill. Adm. Code 955.

c) DCFS State Central Register/Child Abuse and Neglect Tracking System (CANTS)

1) The Community-Integrated Living Arrangements Licensure and Certification Act directs that the *Department of Human Services establish a waiver process from the prohibition of employment or termination of employment for any applicant or employee listed on the DCFS’ State Central Register seeking to be hired or maintain his or her employment with a community developmental services agency* [210 ILCS 135/13].

2) The CILA agency must comply with 59 Ill. Adm. Code 115.320(b)(3)(B).

3) Application for waiver

A) Waiver requests with all required and any supplemental materials should be submitted via email at DHS.CANTSDDWaiver@illinois.gov to the Department's Division of Developmental Disabilities (DDD). Waiver requests and supporting materials should be submitted via email; however, requests may be faxed to (217) 782-9444, or mailed to Division of Developmental Disabilities, Bureau of Quality Management, 600 East Ash, Building 400, Mail Stop 2 North, Springfield, IL 62703. Faxed and mailed waiver requests must be clearly marked as "DCFS CANTS Waiver Request." Waiver requests submitted by telephone will not be considered.

B) The CILA provider or the individual listed on the DCFS' State Central Register (or their authorized representative) may submit waiver requests to DDD.

C) If a CILA provider submits a waiver request for more than one employee or prospective employee at the same time, each request must be a separate submission.

D) Upon receipt, DDD will review submitted materials and advise the waiver applicant, authorized representative or CILA provider, in writing, if any additional information is required.

E) DDD will provide a response in writing to each waiver request within 30 calendar days after receipt and review of all applicable materials and responses from waiver applicant and/or CILA provider. DDD's review will include, but is not limited to, DCFS' investigative reports and DHS Office of the Inspector General's intake and investigative reports.

F) Delays in receiving requested materials from the waiver applicant or CILA provider that exceed 30 calendar days and are without good cause will result in DDD issuing a denial of the waiver request. Waiver requests denied for waiver applicant or CILA provider delays may be resubmitted for consideration.

G) If a waiver request is approved, it will be specific to a position and CILA provider.

H) If a waiver request is approved, it will be automatically revoked upon notice to CILA provider of another listing of the waivered individual on the DCFS' State Central Register.

I) All decisions by DDD regarding waiver requests will be final.

4) A waiver request must include the following information concerning the waiver applicant:

A) First, full middle, and last names;

B) Address (street and mailing, if different);

C) City, state, and zip code;

D) Maiden name, if applicable, and other names used;

E) Telephone number;

F) Date of birth;

G) Social Security Number;

H) CANTS finding from the DCFS' CANTS Background Check Information Form;

I) Name, address, phone, email and contact for CILA provider where position is sought or sought to be continued;

J) Position held or sought;

K) Work history, including current position;

L) Correspondence from CILA provider where position is sought or sought to be continued on CILA provider's letterhead which includes:

i) A signed statement of support for the waiver request from the CILA provider's chief executive officer;

ii) The length of time the individual has been employed by the CILA provider;

iii) Information regarding previous employment by the provider in residential and day programs for people with intellectual/developmental disabilities;

iv) Applicable information regarding the individual's work history with the CILA provider organization, e.g., evaluations, any past disciplinary action (or lack thereof), positive recognition for work well done, etc.; and

M) Any additional information the individual would like to provide regarding the waiver request.

(Source: Amended at 47 Ill. Reg. 8485, effective May 31, 2023)