



Department of

Children's Services

Waiver of Criminal Convictions, Pre- and In-Service Training Requirements, Non-Safety Issues, CPS Substantiations, and Education Requirements

Requesting Agency/DCS Region: _____ Telephone No.: _____

Employee/Foster Home Name: _____

Household Member Requiring Waiver: _____

Household Member
Address: _____

Household Member
Phone Number: _____

Email Address

(Training Only): _____

Type of Foster Home:

Traditional

Kinship

Type of Waiver:

Education

Misdemeanor Conviction

Felony Convictions

Non-Safety Issue

Excess of 5 Convictions

Training

CPS Substantiation

Training/Education

Type of Training:

Pre-Service Training

In-Service Training

Extension

Equivalent

Individual

ICPC Condensed (Relative/Kin Only)

Deferred

Exemption

Deferred

Modified Schedule

Medical Resources and Information Modification (Medical Professional Only)

CPR/First Aid

Expiration Date for CPR/First Aid Equivalent: _____ (to be entered by Central Office staff at time of approval)



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Criminal History

(NOTE: All criminal convictions or pending charges are to be documented below, *in addition to* the charge that requires a waiver. If more space is needed, please add to the justification section)

Employee/Foster Home/Household Member Name:					
Date of Arrest/ Charge	State/ County of Incident	Charge	Date of Conviction	Type of Conviction	Comments
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	



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				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	
				Misd Felony	

Child Protective Services Substantiation

Employee/Foster Home/Household Member Name: _____

Date of Substantiation	Allegation Substantiated	Severe (Y/N)	County/State

Justification for Waiver

Provide details regarding the circumstances and justification of the waiver request. Describe how the matters have been resolved or are no longer a safety issue. (Attach supporting documentation such as criminal history, juvenile court orders, DCS hearing orders, CPS notices, or supporting training documentation which could further support the request). List additional criminal history that would not fit above in this section, if needed:



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For Non-Custodial Placements, Foster Homes, and Employees:

By signing below, I have reviewed the waiver information and confirm my agreement that the circumstances detailed in this waiver meet DCS safety requirements.

<hr/>	Approved	<hr/>
<i>DCS Regional/Program Director/Designee Signature</i>	Denied	<i>Date</i>
<hr/>	Approved	<hr/>
<i>Contract Agency Executive Director/Designee Signature</i>	Denied	<i>Date</i>

By signing below, I have reviewed the information detailed in this waiver and assessed for compliance.

<hr/>	In Compliance	<hr/>
<i>Resource Home Eligibility Director/Designee Signature</i>	Not in Compliance	<i>Date</i>
<hr/>	In Compliance	<hr/>
<i>Director of Licensure/Designee Signature</i>	Not in Compliance	<i>Date</i>

For Training/Education Exceptions:

<hr/>	Approved	<hr/>
<i>DCS Executive Director of Training /Designee Signature</i>	Denied	<i>Date</i>
<hr/>	Approved	<hr/>
<i>DCS Director of Health and Education/Designee Signature</i>	Denied	<i>Date</i>

For DCS Employees Only:

<hr/>	Approved	<hr/>
<i>Executive Director of Human Resources/Designee Signature</i>	Denied	<i>Date</i>
<hr/>	Approved	<hr/>
<i>Commissioner/Assistant or Deputy Commissioner/Designee</i>	Denied	<i>Date</i>

For CPS Substantiations:

<hr/>	Approved	<hr/>
<i>Regional Director of Child Safety/Designee Signature</i>	Denied	<i>Date</i>



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