

**CHILD ABUSE AND NEGLECT TRACKING SYSTEM and  
LAW ENFORCEMENT AGENCY DATA SYSTEM BACKGROUND CHECK**

**PLEASE NOTE:** As part of the full day care services eligibility application packet, the child’s caseworker must complete this form when a **LICENSED-EXEMPT** or an **UNLICENSED** day care provider is used for care of the child or children.

If the child care is provided in the home of the parent, foster parent, relative caregiver, adoptive parent, guardian, or teen parent, a CANTS and LEADS background check (*CFS 718-B – Authorization for Background Check* form attached) needs to be completed on the day care provider, their assistants or substitutes. The caseworker is responsible for insuring that the day care provider, all household members, and any assistants or substitutes the day care provider may use age 13 and over do not have any indicated CANTS reports or allegations or any barrable criminal offence. The results must be documented on a **Case Note** and complete a **CFS 2003, On-Site Visit – License-Exempt Day Care** form. Attach the documents to this application and retain a copy in each child’s file.

The caseworker and parent, foster parent, relative caregiver, adoptive parent, guardian, or teen parent must insure that there are no health or safety hazards in the home or center prior to the child(ren) being placed in the care of the day care provider. The caseworker shall make semi-annual visits thereafter unless problems have been identified which require more frequent visits.

To document the CANTS and LEADS checks, this form should be completed for the day care provider, all household members, any assistants or substitutes the day care provider may use age 13 and over. Please Note: Must be 18 years old or older to provide day care services. The LEADS check must be on file before the 6 month eligibility redetermination is requested. Noncompliance with these instructions will result in the delay and/or denial of day care service approval.

**Day Care Caregivers and Members of the Household Information:**

Provider’s Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

The Day Care Provider understands and agrees that **NO FORM OF CORPORAL PUNISHMENT** may be used on any child in care and a violation of this policy may be reported as Child Abuse. If the child is to be cared for in the home of the Day Care Provider, the home must be visited and observed for health and safety compliance by the caseworker. The caseworker understands that he/she is responsible for monitoring of the child’s safety while in the care of this day care provider.

**CANTS/LEADS CHECK RESULTS**

CANTS CHECK APPROVED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

LEADS CHECK APPROVED DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_  
DCFS/POS caseworker’s or Supervisor’s Name/Title (print clearly)

\_\_\_\_\_  
DCFS/POS caseworker’s signature

\_\_\_\_\_  
DCFS/POS supervisor’s signature