

CPS/APS CHECK FOR CHILD CARE PROVIDERS

Date: _____

To: _____, CPS/APS Unit Supervisor

From: _____, Child Care Social Worker

Re: CPS/APS Check On Child Care Provider

(Please Return Within Five (5) Working Days.)

Provider: _____ DOB: _____

Address: _____

List everyone in the household age fifteen (15) years or older.

Names	DOB

If anyone listed above has indicated involvement in an adult protective services case, give name of disabled adult victim:

_____ No information available regarding this provider or other individuals in the home.

_____ Information exists which indicates that this arrangement would not meet the needs of the child.

_____ No information exists which would indicate that this arrangement would not meet the needs of the child.

_____ Information exists which indicates further assessment is needed to determine the present ability of this individual to provide child care.

CPS/APS Social Worker _____

Date _____