

Appendix D
Information Sheet for CANTS

Student Name: _____

Social Security Number: _____

1. The nature of the abuse or neglect with which the student was identified, including whether the abuse or neglect resulted in serious injury or death to a child or children.
2. The circumstances surrounding the commission of the abuse and/or neglect, including the age of the perpetrator and the child(ren), that would demonstrate the unlikelihood of repetition.
3. The period of time that has elapsed since the abuse and/or neglect occurred and whether prior incidents of child abuse or neglect have been indicated against the individual.
4. Whether the abuse or neglect involved a single or multiple child victims.
5. The relationship of the incident of child abuse or neglect to the individual's current lab responsibilities within the preschool.
6. Whether the individual has been convicted of a criminal offense that might have bearing on the evidence of the individual's ability to function in a child care facility as a student.
7. Evidence of the individual's rehabilitation such as employment, education, participation in therapy since the indicated incident(s) of abuse or neglect.

Student Release of Information, Early Childhood Education

I, _____, Social Security Number _____, do hereby give permission for Department of Children & Family Services to communicate any and all information in regards to Child Abuse and Neglect Tracking System (CANTS) and Child Sex Offender Registry Check and/or Fingerprint Check to the John A. Logan College associate dean for instruction.

Signature _____ Date _____