

State of Illinois
Department of Children and Family Services
Child Care Facility Driver Application

I. Driver Information

_____ Driver's License Number	_____ Sex (M – Male / F – Female)
_____ Last Name	_____ Date of Birth
_____ First Name	_____ Social Security Number
_____ MI	_____ License Expiration Date
_____ Previous / Maiden Name	_____ Issuing State
_____ Street Address	
_____ City / State / Zip Code	
_____ County	

II. Facility Information

_____ Facility Name	_____ Facility License Number
_____ Street Address	_____ Telephone Number
_____ City / State / Zip Code	

III. Driver's Statement Regarding the Operation of a Motor Vehicle

The Child Care Act of 1969 [225 ILCS 10/5.1] requires that each child care facility driver review and certify the accuracy of the following statement:

I have not, through the unlawful operation of a motor vehicle, caused an accident, which resulted in the death of any person within the 5 years immediately prior to this date.

_____ Driver's Signature	_____ Date
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IV. Release of Information

I hereby authorize the Secretary of State to release information regarding my driving record and history to authorized representatives of the Department of Children and Family Services.

_____ Driver's Signature	_____ Date
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V. Certification Statement

I hereby certify that the information contained in I. above is true and accurate to the best of my knowledge.

_____ Driver's Signature	_____ Date
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_____ Facility Representative Signature	_____ Date
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NOTE: A CURRENT (not more than 2 months) **CFS 602, Medical Report On An Adult In A Child Care Facility**, MUST BE ATTACHED

DISTRIBUTION:

Original White Copy – Forward to your Licensing Representative
Yellow Copy – To be retained by facility

Instructions on reverse side.

CHILD CARE FACILITY DRIVER ELIGIBILITY CRITERIA

Pursuant to the Child Care Act [225 ILCS 10/5.1(a)], the Department shall assure that no day care center, group home or child care institution as defined in the Act shall on a regular basis transport a child or children with any motor vehicle unless such a vehicle is operated by a person that complies with the following requirements:

1. is 21 years of age or older; and
2. currently holds a valid driver's license, which has not been revoked or suspended for one or more traffic violations during the 3 years immediately prior to the date of application; and
3. demonstrates physical fitness to operate vehicles by submitting the results of a medical examination conducted by a licensed physician; and
4. has not been convicted of more than 2 offenses against traffic regulations governing the movement of vehicles within a twelve month period; and
5. has not been convicted of reckless driving or driving under the influence or manslaughter or reckless homicide resulting from the operation of a motor vehicle within the past 3 years; and
6. has signed and submitted a statement certifying that s/he has not, through the unlawful operation of a motor vehicle, caused an accident which resulted in the death of any person within the 5 years immediately prior to the date of application.

A copy of a current Medical Report On An Adult In a Child Care Facility (CFS 602) along with the completed Child Care Facility Driver Application (CFS 671) should be forwarded to your Licensing Representative at least two (2) weeks prior to the date the individual is expected to provide transportation.