Data Entry Instructions for Documenting CLETS, CACI, and CWS/CMS search in the FCSS

1. Complete the following fields.

Emergency Pre-Placement Check	(5	
Primary Substitute Care Provider	Date Requested	Date Completed
CLETS	Date	Date
Emergency CACI	Date	Date
CWS/CMS Search	Date	Date
Secondary Substitute Care Provider	Date Requested	Date Completed
CLETS	Date	Date
Emergency CACI	Date	Date
CWS/CMS Search	Date	Date
Other Adults		
Other Adults Last Name DOB	Text Date	First Name Relationship to SCP Dri
Last Name	Date	Relationship to SCP
Last Name		
Last Name DOB	Date Date Requested	Relationship to SCP Dra
Last Name DOB CLETS	Date Date Requested Date	Relationship to SCP Dro Date Completed Date
Last Name DOB CLETS Emergency CACI CWS/CMS Search	Date Date Requested Date Date	Relationship to SCP Dra Date Completed Date Date
Last Name DOB CLETS Emergency CACI CWS/CMS Search Other Adults	Date Date Date Date Date Date	Relationship to SCP Dra Date Completed Date Date Date
Last Name DOB CLETS Emergency CACI CWS/CMS Search Other Adults Last Name	Date Date Date Date Date Date Date Date	Relationship to SCP Dra Date Completed Date Date Date
Last Name DOB CLETS Emergency CACI CWS/CMS Search Other Adults	Date Date Date Date Date Date Date Date	Relationship to SCP Dr Date Date Date Date Date Date Relationship to SCP Dr
Last Name DOB CLETS Emergency CACI CWS/CMS Search Other Adults Last Name DOB	Date Date Date Date Date Date Date Date	Relationship to SCP Dr Date Date Date Date
Last Name DOB CLETS Emergency CACI CWS/CMS Search Other Adults Last Name DOB	Date Date Date Date Date Date Date Date	Relationship to SCP Dr Date Date
Last Name DOB CLETS Emergency CACI CWS/CMS Search Other Adults Last Name DOB	Date Date Date Date Date Date Date Date	Relationship to SCP Dr Date Date Date Date