

ASSISTANT/SUBSTITUTE PROVIDER RECORD CHECKLIST

DATE OF EMPLOYMENT/VOLUNTEERING: _____

TERMINATION DATE: _____

Please check one:

<input type="checkbox"/> ASSISTANT	<input type="checkbox"/> SUBSTITUTE PROVIDER
FULL NAME OF CAREGIVER:	
ADDRESS:	
TELEPHONE NUMBER:	
AGE VERIFICATION:	<input type="checkbox"/> Verification Attached
PERSON TO BE CONTACTED IN EVENT OF AN EMERGENCY:	
FULL NAME OF EMERGENCY CONTACT:	
ADDRESS:	
TELEPHONE NUMBER:	
EDUCATION:	<input type="checkbox"/> Verification Attached
PROGRAMMATIC EXPERIENCE:	<input type="checkbox"/> Verification Attached
ADDITIONAL REQUIREMENTS:	
<input type="checkbox"/> TWO WRITTEN REFERENCES (Obtained prior to employment). <input type="checkbox"/> ORIGINAL BACKGROUND CHECKS: <i>(Renewed every five years)</i> <input type="checkbox"/> SWORN DISCLOSURE STATEMENT <i>(Completed by the first day of employment)</i> <input type="checkbox"/> NATIONAL CRIMINAL BACKGROUND CHECK <i>(Prior to employment)</i> <input type="checkbox"/> CHILD PROTECTIVE SERVICE REGISTRY <i>(Completed by the 30th day of employment)</i> <input type="checkbox"/> OUT OF STATE CHILD ABUSE AND NEGLECT RESULTS <i>(If person has lived out of state in the past five years, completed by the 30th day of employment)</i> <input type="checkbox"/> REPORT OF TUBERCULOSIS SCREENING <i>(Completed prior to employment)</i> <input type="checkbox"/> MEDICAL CERTIFICATION <i>(Completed prior to employment)</i> <input type="checkbox"/> DOCUMENTATION OF ORIENTATION TRAINING <input type="checkbox"/> FIRST AID AND CPR CERTIFICATIONS <input type="checkbox"/> DOCUMENTATION OF ARRIVALS AND DEPARTURES (For substitute providers only) <input type="checkbox"/> VALID DRIVER'S LICENSE (For caregiver(s) providing transportation)	