

ASSISTANT/SUBSTITUTE PROVIDER RECORD

FULL NAME OF CAREGIVER: _____ <input type="checkbox"/> ASSISTANT <input type="checkbox"/> SUBSTITUTE	
Street: _____	City: _____ State: _____ ZIP: _____
TELEPHONE NUMBER: _____	AGE: _____ (Attach Verification)
SPOUSE, PARENT, SIBLING OR CHILD OF THE PROVIDER <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSON TO BE CONTACTED IN CASE OF EMERGENCY:	
Name: _____	Telephone Number: _____
Street: _____	City: _____ State: _____ ZIP: _____
EDUCATION (For substitute provider):	
(Attach Verification)	
PROGRAMMATIC EXPERIENCE (For substitute provider):	
(Attach Verification)	
DATE OF EMPLOYMENT/VOLUNTEERING: _____	
TERMINATION DATE: _____	

ADDITIONAL REQUIREMENTS:

- TWO WRITTEN REFERENCES OR NOTATIONS OF VERBAL REFERENCES. (Obtained prior to employment for an assistant or substitute provider who is not the spouse, parent, sibling or child of the provider)

ORIGINAL BACKGROUND CHECKS

Renewed every five years

- SWORN DISCLOSURE STATEMENT INDICATING NO BARRIER CRIME (In caregiver record by the first day of employment)
- FINGERPRINT ELIGIBILITY LETTER (In the caregiver record by the first day of employment)
- CHILD PROTECTIVE SERVICES REGISTRY REPORT INDICATING NO FOUNDED COMPLAINT (In the caregiver record by the first day of employment unless provisional hire allowance is being used, which requires proof of submitting the request prior to employment)
- OUT OF STATE CRIMINAL HISTORY RECORD CHECK RESULTS (If person has lived out of state in the past five years) (In the caregiver record by the first day of employment unless provisional hire allowance is being used, which requires proof of submitting the request prior to employment)
- OUT OF STATE SEX OFFENDER SEARCH RESULTS (If person has lived out of state in the past five years) (In the caregiver record by the first day of employment unless provisional hire allowance is being used, which requires proof of submitting the request prior to employment)
- OUT OF STATE CHILD ABUSE AND NEGLECT SEARCH RESULTS (If person has lived out of state in the past five years) (In the caregiver record by the first day of employment unless provisional hire allowance is being used, which requires proof of submitting the request prior to employment)

REPORT OF TUBERCULOSIS SCREENING (Obtained every two years)

Expiration Date

DOCUMENTATION OF ORIENTATION TRAINING

DOCUMENTATION OF ANNUAL TRAINING (including annual emergency response training)

Current CPR certification (Renewed every two-three years)

Expiration Date

Current First Aid certification (Renewed every three years)

Expiration Date

(or documentation of licensure to administer
prescription medications)

Current MAT certification (Renewed every three years)

Expiration Date

(or documentation of licensure to administer
prescription medications)

FOR SUBSTITUTES, DOCUMENTATION OF TIME OF ARRIVALS AND DEPARTURES

FOR CAREGIVERS PROVIDING TRANSPORTATION, VALID DRIVER'S LICENSE