

ASSISTANT/SUBSTITUTE PROVIDER RECORD

FULL NAME OF CAREGIVER: _____ ASSISTANT SUBSTITUTE

Street: _____ City: _____ State: _____ ZIP: _____

TELEPHONE NUMBER: _____ AGE: _____ (Attach Verification)

SPOUSE, PARENT, SIBLING OR CHILD OF THE PROVIDER YES 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)

_____ Expiration Date

* A new Criminal History Record (name search) must be obtained every 3 years. Once implemented, fingerprint background checks must be repeated every 5 years.

- SWORN DISCLOSURE STATEMENT INDICATING NO BARRIER CRIME (In caregiver record by the first day of employment)
- CRIMINAL HISTORY RECORD REPORT INDICATING NO BARRIER CRIME (In the caregiver record by the 30th day of employment)
- CHILD PROTECTIVE SERVICES REGISTRY REPORT INDICATING NO FOUNDED COMPLAINT (In the caregiver record by the 30th day of 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 30th day of 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)** _____ (or documentation of licensure to administer
Expiration Date prescription medications)

- Current MAT certification (Renewed every three years)** _____ (or documentation of licensure to administer
Expiration Date prescription medications)

- FOR SUBSTITUTES, DOCUMENTATION OF TIME OF ARRIVALS AND DEPARTURES**

- FOR CAREGIVERS PROVIDING TRANSPORTATION, VALID DRIVER'S LICENSE**