

STAFF INFORMATION AUDIT FORM

(This is a model form recommended to assist programs in auditing staff records)

| | Staff Name | Staff Name | Staff Name | Staff Name | Staff Name | Staff Name | | | | | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Date of Employment | | | | | | | | | | | | |
| Job Title | | | | | | | | | | | | |
| Verification of Age | | | | | | | | | | | | |
| References Completed (licensed centers only) | | | | | | | | | | | | |
| Name, Address, Phone of ER Contact (licensed centers only) | | | | | | | | | | | | |
| Health Problems that may Interfere with Responsibilities (licensed centers only) | | | | | | | | | | | | |
| Background Checks | Date Completed | Date Expiring | Date Completed | Date Expiring | Date Completed | Date Expiring | Date Completed | Date Expiring | Date Completed | Date Expiring | Date Completed | Date Expiring |
| SWORN DISCLOSURE | | | | | | | | | | | | |
| Current CRIMINAL HISTORY check | | | | | | | | | | | | |
| Current CENTRAL REGISTRY search | | | | | | | | | | | | |
| Current CENTRAL REGISTRY CHECK in each state of residence in the past 5 years | | | | | | | | | | | | |
| Current CRIMINAL HISTORY NAME CHECK in each state of residence in the past 5 years | | | | | | | | | | | | |
| Current SEX OFFENDER REGISTRY CHECK in each state of residence in the past 5 years | | | | | | | | | | | | |
| Medical Documentation | | | | | | | | | | | | |
| Date of TB test or screening | | | | | | | | | | | | |
| Qualifications | | | | | | | | | | | | |
| Highest Level of Completed Education and Experience (licensed centers only) | | | | | | | | | | | | |
| Trainings | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training | Date of Training |
| Facility Orientation (as required by standards) | | | | | | | | | | | | |
| Preservice Training (as required by standards) | | | | | | | | | | | | |
| First Aid/CPR | | | | | | | | | | | | |
| Daily Health Observation | | | | | | | | | | | | |
| Medication Administration Training | | | | | | | | | | | | |