

# CAREGIVER/HOUSEHOLD MEMBER AUDIT FORM

(This is a model form recommended to assist home-based programs in auditing caregiver and household member records)

	Name	Name	Name	Name	Name	Name						
Date of Employment or Residency												
Job Title (if Caregiver)												
Verification of Age												
References Completed (licensed homes only)												
Name, Address, Phone of ER Contact (licensed homes only)												
Substitute Provider Arrivals and Departures (licensed homes 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 homes 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 (subsidy vendors only)												
First Aid/CPR												
Medication Administration Training												