

Personnel Record Checklist – Group Homes

Use of form: Use of this form is voluntary. However, use as a review document by group homes will help ensure compliance with DCF 57.16, 57.17(2), 57.17(3) and 57.37(4). Licensing specialists may also use this form during monitoring visits to document compliance with these rules. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions: A check mark indicates the required information is in the file. The name, start date and job title must be entered. If additional space is needed, attach separate sheet(s).

Relief help: The personnel record for relief help does not need to contain the physical examination or HealthCheck form. **Volunteers:** The personnel record for volunteers does not need to contain the physical examination or HealthCheck form, the background check results from the Department of Justice (DOJ), the Department of Health Services (DHS) Response to Caregiver Background Check (IBIS), (the DHS-64 BID form, **IS** required), the documentation of first aid training, the documentation of CPR training, the documentation of fire safety training, or the documentation of continuing education.

Name – Group Home			Facility ID Number	
Address – Group Home (Street, City, Zip Code)			Telephone Number – Group Home	
___ of ___ Records Reviewed (Total Number of Records Reviewed / Total Number of Records)	Name	Name	Name	Name
Completed Application Form 57.17(2)(a)				
Job title				
Date of hire				
Address				
Birthdate				
Training				
Education				
Work experience				
Current address 57.17(2)(b)				
Addresses and telephone numbers of references and reference check results 57.17(2)(c)				
Caregiver Background Check				
DHS-64 BID form, complete and current 57.17(2)(d)				
DOJ results 57.17(2)(e)				
Response to Caregiver Background Check (IBIS) 57.17(2)(e)				
Results of any subsequent investigation related to information obtained from each CBC 57.17(2)(e)				
A completed physical examination or HealthCheck form 57.17(2)(g)				
Tuberculosis test results 57.17(2)(g)				
The staff member's annual driver's record, if the staff member is assigned to transport children 57.12(3)				

Training Record				
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Document of orientation 57.17(2)(i)				
A job description that is signed and dated by the staff member 57.17(2)(f)				
Documentation of all first aid certifications 57.17(2)(j)				
Documentation of all CPR certifications 57.17(2)(j)				
Automatic external defibrillator training 57.14(4m)				
Documentation of fire safety and evacuation training 57.16(3)				
Documentation of continuing education (at least 24 hours annually) 57.16(5)				
Documentation of infant and toddler training if applicable 57.37(4)				
Any disciplinary actions issued to the employee 57.17(2)(k)				
Written authorization to administer medication to residents 57.25(2)(b)				

SIGNATURE – Licensing Specialist	Date Signed
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