

CHECKLIST FOR ADULT HOUSEHOLD MEMBERS

FULL NAME OF HOUSEHOLD MEMBER: _____

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 first 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)*
- 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)*
- OUT OF STATE CHILD ABUSE AND NEGLECT SEARCH RESULTS (If person has lived out of state in the past five years) (Request submitted within 30 days of employment and results in the record within 45 days of making the request)*
- REPORT OF TUBERCULOSIS SCREENING (Obtained every two years) _____*
Expiration Date