

## Caregiver Requirement Tracking Form

Provider \_\_\_\_\_

**YEARLY**, providers must review the below information with all caregivers/teenage helpers who assist with care. Please record name and date completed.

Name						
Date reviewed Emergency Preparedness plan						
Date reviewed Allergy Forms for children with allergies						

**NEW adult caregivers/teenage helpers** must complete/review the following **before** assisting with children. Please record name and date completed.

New adult caregiver or new teenage helper	Background Study	Emergency Preparedness Plan	Allergy Forms for children with allergies	Drug/Alcohol Policy	SUID/AHT Training (not videos)	CPR and First Aid Training *adult caregivers only	Basics of Licensed Family Child Care for Substitutes Training *adult caregivers only
Name	Date submitted	Date reviewed	Date reviewed	Date reviewed	Date completed	Date completed	Date completed