

REVIEW OF STAFF/VOLUNTEER RECORDS

FACILITY NAME	LICENSE REPORT (LIC 809) DATE
FACILITY NUMBER	TYPE OF VISIT <input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP/POC <input type="checkbox"/> COMPLAINT <input type="checkbox"/> CASELOAD MANAGEMENT

ITEM NUMBER	NAME EMPLOYEE/VOLUNTEER	OFFICE REVIEW		CRIMINAL RECORD STATEMENT	DATE EMPLOYED	POSITION	PERSONNEL RECORD OR JOB APPLICATION	PHYSICIAN'S REPORT	T.B. TEST	FIRST AID CERTIFICATE	EDUCATION VERIFICATION	EMPLOYEE RIGHTS	MEDICAL TRAINING VERIFICATION*	COMMENTS
		FINGERPRINT CLEARANCES/ EXEMPTIONS	CHILD ABUSE INDEX											

LICENSING EVALUATOR SIGNATURE ▶	LICENSING EVALUATOR NAME (PRINT)	DATE
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