

Personnel File Review Checklist

GENERAL INFORMATION

Contractor Name:	select	Service Area:	select
Sub Contractor Name:			

STAFF INFORMATION

Staff Name:	
Position:	
Degree Required based on Job Duties:	select
Date of Hire:	
Date of Initial Direct Contact:	

REVIEWER INFORMATION

1st Level Reviewer Name:		1st Review Date:	
2nd Level Reviewer Name:		2nd Review Date:	

REVIEW QUESTIONS

BACKGROUND CHECKS

1. National <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Out of State <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. In State <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Local <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Internet Search <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Ongoing Background Checks <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7. Exceptions <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8. Record Maintenance <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

TRANSPORTATION

9. Driver's License <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Automobile Liability & Medical Insurance Coverage <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
11. Points Assessed <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
12. Limitations <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13. Defensive Driving Course <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

DRUG SCREENING

14. Drug Tests <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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REFERENCES

15. Home Study Staff Only <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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EDUCATION

16. All Employees <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
17. Home Study Staff Only <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
18. Service Coordinator & Service Coordinator Supervisor <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

TRAINING

19. All Staff (Initial Training) <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
20. All Staff (Ongoing Training) <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
21. Multi-Ethnic Placement/Inter-Ethnic Adoption Provision <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
22. ICWA Training <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
23. Service Coordinator & Service Coordinator Supervisor (CFS Pre Service Training) <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
24. Service Coordinator & Service Coordinator Supervisor (Ongoing Training) <i>Reviewer Comments:</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A