**RENEWAL Child Foster Care Provider and Caregiver Qualification Checklist**

**(Attach this completed form with the application packet in Aspen. Copies of documents do not need to be sent)**

**Provider Name:**        **Address:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Provider(s)** |  |  |  |  |  |  |  |
| **Initials**  |       |       |       |       |       |       |       |
| 10 hours annual training (***Tag 0040 and 0056)*** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Annual Mandatory Abuse Reporting (dates each yr) ***(Tag 0056)***  |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |
| Approved background check (date) ***(Tag 0040)*** |       |       |       |       |       |       |       |
| Nursing tasks delegated (date) ***(Tag 0090)*** |       |       |       |       |       |       |       |
| Safeguarding intervention/equipment (date) ***(Tag 0077)*** |       |       |       |       |       |       |       |
| Homes for Children with Significant Medical Needs: Additional requirements for providers |
| 6 hours ***annual*** medical training beyond CPR/First Aid ***(Tag 0040)*** |[ ] [ ] [ ] [ ] [ ] [ ] [ ]
| CPR certification (expiration date) ***(Tag 0040)*** |       |       |       |       |       |       |       |
| First Aid certification (expiration date) ***(Tag 0040)*** |       |       |       |       |       |       |       |
| **Alternate Caregivers/Consultants/Volunteers** |
| Names/Initials  |       |       |       |       |       |       |       |
| 18 years or older ***(Tag 0073)*** |       |       |       |       |       |       |       |
| Approved background check (date) ***(Tag 0073)*** |       |       |       |       |       |       |       |
| Annual Mandatory Abuse Reporting (date each yr) ***(Tag 0063)*** |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |
| Fire Safety/Emergency Proc. (training date) ***(Tag 0073)*** |       |       |       |       |       |       |       |
| ISP/Positive BSP/protocols (date) ***(Tag 0073)*** |       |       |       |       |       |       |       |
| Nursing tasks delegated (date) ***(Tag 0090)*** |       |       |       |       |       |       |       |
| Safeguarding intervention/equipment (date) ***(Tag 0077)*** |       |       |       |       |       |       |       |
| Vehicle Insurance (if using own vehicle) ***(Tag 0073)*** |       |       |       |       |       |       |       |
| Driver’s license expiration date (if transporting children)  ***(Tag 0073)*** |       |       |       |       |       |       |       |