**ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES √ if item is complete**

 **OFFICE OF COMMUNITY SERVICES ─ if missing information**

 **Staff File Review (Use IMT notes to explain)**

**Program/Site: Date: ­­­­­­­­­­­­­­­­**

**Director: Monitor:** **IMT common area: Staff & Personnel**

\*F=Full-time, V=Volunteer, PT=Part-time

|  |  |  |  |  |  |  |  |  |  |
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| NAME | F/V/PT | DATE OF HIRE | Stafforientation | JobDescrip. | AgencyCode OfConductSigned by staff | VALID DRIVER’S LICENSE of anyone transporting children **€** | Yearly Disclosure statement about Act 33/34 **€** | CLEARANCES (Renewed every 5 yrs) | ProfessionalDevelopment |
| Child Abuse **€** | State Police **€** | FBI **€** | NSOR Clearance**€** | MandatedReporter (30 days of hire Renewed every 5yrs) **€** |  |
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| Total /5 |

**€** indicates safety related items that require an immediate response and action plan.

All staff are required to complete the mandated reporter training within 30 days of hire.

|  |  |  |
| --- | --- | --- |
| 4-5 green | 3 yellow | 1-2 red |

**Administration File Review**

**Program/Site: Date: ­­­­­­­­­­­­­­­­**

**Director: Monitor: IMT common area: Administration**

|  |  |  |
| --- | --- | --- |
| **Vehicle Check** |  | **Up to date Service profile** |
| Tires **€** | Seat belts **€** | Up to date inspection **€** | RegistrationCard **€** | InsuranceCard **€** | **Drop off/Pick up****Form** |
|  |  |  |  |  |  |  |  |

**€** indicates safety related items that require an immediate response and action plan.

|  |
| --- |
| Total /3 |

|  |  |  |
| --- | --- | --- |
| 3 green | 2 yellow | 1 red |

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| --- |
| **Program Monitor Name (Print)/date:**  |
| **Program Monitor Signature**  |
| **Supervisor Name (Print)/date:**  |
| **Supervisor Signature** |