Background Stud	ly Log for	Child Care	Homes
------------------------	------------	------------	-------

Licenseholder:	Address:					License Class:			
Staff Name		Employment		SUID/AHT Training (Mandatory)	Orientation Training (if applicable)	Background Study			
Last	First	Date	Date	Date		Date	Date	Disq	
		Hired	Term.			Submit	Cleared	Y-N	

Whenever the licenseholder has an individual complete a background study form, the information above must be logged onto this form for each person. This form must be kept on file at the child care residence for review by the licensor at the time of initial licensure and at relicensing visits.

Background Study Log for Child Care Homes 10/15/14