

CHILD CARE STAFF DATA

| | | | |
|--|---|---|---|
| FACILITY: | NAME: | NAME: | NAME: |
| PCID: | (CHECK ONE) <input type="checkbox"/> Director <input type="checkbox"/> GS <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | (CHECK ONE) <input type="checkbox"/> Director <input type="checkbox"/> GS <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | (CHECK ONE) <input type="checkbox"/> Director <input type="checkbox"/> GS <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| CHECK ONE: <input type="checkbox"/> CCC <input type="checkbox"/> GCCH <input type="checkbox"/> FCCH | | | |
| INSPECTION DATE: | WORK HOURS: | WORK HOURS: | WORK HOURS: |
| CERT REP: | ASSIGNED ROOM/LOCATION: | ASSIGNED ROOM/LOCATION: | ASSIGNED ROOM: LOCATION |

The following information must be maintained in the staff record:

| | | | |
|---------------------------------------|--|--|--|
| First day working in child care | | | |
| Employee address in record | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of birth | | | |
| Date of disclosure statement | | | |
| Request date – State Police Clearance | | | |
| Request date – Child Abuse Clearance | | | |
| Date employee fingerprinted | | | |
| 90-day provisional hire end date | | | |
| Suspended date Return date | | | |

| | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT |
|---------------------------------------|----------|-------------|----------|-------------|----------|-------------|
| Date of State Police clearance | | | | | | |
| Date of Child Abuse clearance | | | | | | |
| Date of FBI clearance | | | | | | |
| Date of NSOR verification certificate | | | | | | |
| Date of mandated reporter training | | | | | | |

| | | | |
|-------------------------------------|---|---|---|
| Date of most recent physical exam | | | |
| Date Mantoux test read | | | |
| Results of Mantoux test (check one) | <input type="checkbox"/> POS <input type="checkbox"/> NEG | <input type="checkbox"/> POS <input type="checkbox"/> NEG | <input type="checkbox"/> POS <input type="checkbox"/> NEG |
| Signature of physician/CRNP/PA | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|--|--|
| Proof of qualifications on file | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Qualifications: List the highest level of education obtained and the years of experience. | | | |
| Two written non-family references | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of pediatric first aid training | | | |
| Date of pediatric CPR | | | |
| Required six hours of annual training | | | |
| Date of health and safety training | | | |

| | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT |
|---------------------------------|----------|-------------|----------|-------------|----------|-------------|
| Date of staff evaluations | | | | | | |
| Date of emergency plan training | | | | | | |
| Date of fire safety training | | | | | | |
| Date of water safety training | | | | | | |