

# 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 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						