

**Child Care Centers Certification Inspection Instrument Worksheet 1
Child Care Staff Data Sheet (Renewal)**



Facility:	Name:	Name:	Name:	Name:
PCID:	General Requirements for Facility Persons §3270.33			
	(Check One) <input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> GS <input type="checkbox"/> Facility Person	(Check One) <input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> GS <input type="checkbox"/> Facility Person	(Check One) <input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> GS <input type="checkbox"/> Facility Person	(Check One) <input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> AGS <input type="checkbox"/> AIDE <input type="checkbox"/> GS <input type="checkbox"/> Facility Person
Inspection Date:	Work Hours:	Work Hours:	Work Hours:	Work Hours:
Certification Rep:	Room/Location:	Room/Location:	Room/Location:	Room/Location:
Date of Hire / First day caring for children				
Date of birth §3270.31(a)(b)(c)/ §3270.192(2)(i)				
Employee address in record §3270.192(1)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Out of State Clearances Required? <i>Required if resided outside of PA w/in past 60 months. If yes, see Out of State Addendum.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Requested Clearance Tracking, if applicable	*Complete requested section only if staff was hired provisionally during previous year			
Date: fingerprinted for DHS FBI or State Police requested (whichever is incomplete)				
Date: NSOR Requested				
45-day provisional hire end date				
Suspend date / Return date				
Received PA Clearance Tracking	PREVIOUS	CURRENT	PREVIOUS	CURRENT
Date: State Police Clearance				
Date: Child Abuse Clearance				
Date: DHS FBI Clearance				
Date: NSOR Certificate				
Date: Disclosure statement				
Additional Required Paperwork				
Date: Health assessment §3270.192(3)/§3270.151(c)(1)				
Mantoux test read/results (circle one) §3270.192(3)/§3270.151(c)(2)	<input type="checkbox"/> POS <input type="checkbox"/> NEG Date:	<input type="checkbox"/> POS <input type="checkbox"/> NEG Date:	<input type="checkbox"/> POS <input type="checkbox"/> NEG Date:	<input type="checkbox"/> POS <input type="checkbox"/> NEG Date:
Signature of MD/CRNP/PA §3270.151(b)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Education and Experience §3270.34/ §3270.34/ §3270.35/ §3270.36/ §3270.37/ §3270.192(2)(ii)/(iv)				
Two written nonfamily references, §3270.192(5)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
90 Day Pre-service Trainings: §3270.14/ §3270.21 completed prior to working alone with children	PREVIOUS	CURRENT	PREVIOUS	CURRENT
Date: Pediatric first-aid / CPR training §3270.31(e)(4)(i)/ §3270.31(f)(10) *Approved training and PQAS instructor				
Date: Mandated reporter training §3270.32(a)				
Date: Health and Safety (CCDBG) training §3270.31(f-g)				
Date: Health and Safety (CCDBG) Update, if applicable §3270.14/ §3270.21				
Annual requirements	PREVIOUS	CURRENT	PREVIOUS	CURRENT
Date: Staff evaluations §3270.34(a)(6)				
Date: Emergency plan training §3270.27(c) volunteers only: §3270.14/ §3270.21 at hire, annually, & time of update				
Date: Fire safety training §3270.31(e)(4)(ii)				
Date: Water safety training §3270.31(e)(4)(iv)/ §3270.115(8) if applicable				
12 hours of annual PD §3270.31(e)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

§3270.32(a)/ §3270.192(4)

Out of State Clearances	Name:		Name:		Name:		Name:	
Date of Hire / First day caring for children								
State(s) resided within past 60 months								
Requested Out of State Clearance Tracking, if applicable	*Complete this section only if staff was hired provisionally during previous year							
Date: Out of State Sex Offender Registry Request								
Date: Out of State Criminal History Request								
Date: Out of State Child Abuse & Neglect Registry Request								
Received Out of State Clearance Tracking								
Date: Out of State Sex Offender Registry								
Date: Out of State Criminal History								
Date: Out of State Child Abuse & Neglect Registry								
Note: Some states may not require a separate clearance for each requirement.								