North Carolina Department of Health and Human Services
Division of Child Development and Early Education

Pat McCrory
Governor

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Secretary DHHS

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Director

To: Child Care Center Provider

From: Division of Child Development and Early Education

Your center is due for an Annual Fire Inspection. The fire inspection form that is usually attached to this "Packet" will no longer be furnished by the Division of Child Development and Early Education. **Fire inspection** forms are posted on the Department of Insurance's website at www.ncdoi.com. The direct link is http://www.ncdoi.com/OSFM/Engineering_and_Codes/Default.aspx?field1=Code_Enforcement_-_Inspection_Forms&user=Code_Enforcement_Resources. This means that your local fire inspectors are responsible for retrieving these forms and bringing them to your facility to complete an inspection. Please verify the date of your last fire inspection and contact your local fire inspector. Ask your inspector for a fire inspection to be scheduled within one year of the prior inspection. If your center is on state property, you will need to contact the Department of Insurance at (919)661-5880 and request to have an inspector from the State Property Fire Fund come and inspect your center.

Also attached are three (3) staff and training worksheets with an instruction sheet to assist you with completion of the form. This form is also available on the Division's website at http://ncchildcare.nc.gov/pdf_forms/staff_training_worksheet2.pdf . If you have not submitted these forms for your child care consultant in the last 12 months; please complete and submit to your licensing consultant. Once both of the forms are complete, mail the forms to your child care licensing consultant.

DO NOT WAIT FOR CONTACT FROM YOUR CONSULTANT TO COMPLETE AND MAIL THESE FORMS.

We appreciate your cooperation and the service you are providing the children and families of your community. We are available to help you in any way that we can. Please do not hesitate to contact us for additional information or assistance. You may call the Division at (919)662-4499 or 1-800-859-0829. Or you may send an email to webmasterdcd@dhhs.nc.gov. Additional resources and updates are available on the website at www.ncchildcare.nc.gov. Click on the **What's New** tab for recent updates.

Staff and Training Worksheet Instructions
DCD-0019

PURPOSE/USE: The Staff and Training Worksheet is used to document the center's compliance with requirements for pre-service staff qualifications, staff records, orientation, and annual training.

GENERAL INSTRUCTIONS: The Staff and Training Worksheet is completed by the center director or his/her designee using staff files and training records as sources of information. It **must be signed** by the director or designee where indicated on the bottom of the form. It is supplied prior to the annual compliance review, and **must be completed prior** to the child care consultant's visit. The consultant will verify information on the worksheet during the visit.

- Complete all Items 1 through 32 for annual compliance visits.
- Enter dates numerically in month, day, and year order (for example: 8/18/46).
- Enter parts of hours as decimals (for example: 8 hours and 30 minutes as 8.5).
- Enter N/A for "not applicable."
- When a required item is present in a file, enter a check mark.
- When a required item is missing from a file, write "missing."
- Use a **black ball-point pen** and press down firmly.

SPECIFIC INSTRUCTIONS

Facility Name: Enter the name of the facility in the space provided at the top of the form.

Facility ID#: Enter the license number of the center in the space provided at the top of the form

Last Name, First Name: Enter the last name and first name of each person who works at the center. Use additional forms as needed.

1. **Date of Birth**: Enter the person's birth date.
2. **Date of Criminal Records Qualifying Letter**: Enter the date of the Qualifying Letter received from the Criminal Records Check Unit at the Division of Child Development.
3. **Criminal Records Check Date of Expiration:** Enter the date (month/date/year) that the 3 year Criminal Record Check expires.
4. **Position**: Indicate the person's position, i.e., administrator, lead teacher, teacher, aide/driver, cook, floater, substitute, etc.
5. **Total Number of Hours Worked Weekly:** Indicate the number of hours per week the employee works at the facility, i.e. 8 a.m – 3 p.m.
6. **Group Assignment/Classroom:** Indicate the age group of children whom the employee is assigned to provide care, i.e., infants, toddlers, twos, threes, fours, fives, school age.
7. **Education**: Indicate the employee's educational qualifications. Include the number of course hours in child care related subjects if the person has a degree in a different area. For example, indicate BA/12 SEM HRS CH DEV for someone who has a Bachelor's Degree with 12 semester hours in child development. Include in this entry any additional hours of training a director or teacher may have to receive to qualify for their positions. If training is in process at the time of review, note that the person is "enrolled".

Use the following abbreviations:

LIT	Literate	**C HRS**	Clock Hours	**SEM HRS**	Semester Hours
HS	High School Graduate	**CH C**	Child Care	**Q HRS**	Quarter Hours
GED	General Education Diploma	**CH C PROG ADMIN**	Child Care Program Administration	**CH PSY**	Child Psychology
AB, BA, BS, MA, MPA, Ph.D., M.S	etc. for applicable college degree	**CH DEV**	Child Development	**DPI**	Successful completion of the Dept. of Public Instruction's Child Care Services Occupational Home Economic Program
E CH ED	Early Childhood Education	**RN**	Registered Nurse	**LPN**	Licensed Practical Nurse
NCECAC	North Carolina Early Childhood Administration Credential	**NCECC**	North Carolina Early Childhood Credential	**CDA**	Child Development Associate Credential

8. **Number of Years of Child Care Work Experience**: Indicate the employee's work experience, using the following abbreviations:

   YRS/MO - years/months
   CH C - child care, child day care, or early childhood experience
   ADMIN - experience in performing administrative responsibilities

   For example: CH C – 2 YRS/2 MO indicates the employee has 2 years and 2 months work experience in child care

9. **Date of CPR Training**: Enter the date that the employee successfully completed CPR Training.
10. **CPR Expiration Date:** Enter the date that the employee's CPR certification expires.

11. **Date of First Aid Training:** Enter the date the employee successfully completed a course in basic first aid training.
12. **Expiration Date of First Aid Training Course:** Enter the date that the basic first aid training expires.
13. **Application**: Enter a check to indicate that the employee's application for employment is on file and complete.
14. **Date of Employment**: Enter the date that the employee began working at this facility.
15. **Date of Medical Statement**: Enter the date of the medical statement on file for the employee (should be on file within 60 days of the date of employment).
16. **Date of Initial TB Test**: Enter the date of the TB test result on file for the employee (should be on file the first day of employment and must be less than 12 months old).
17. **Date of Latest Medical/HQ**: Enter the date of the last medical or health questionnaire on file for the employee.
18. **Emergency Information**: Enter a check to indicate that emergency contact information is on file and complete for the employee.
19. **Orientation Received (for persons employed within the last year**): Enter a check to indicate that the employee received the required hours of orientation within the first 2 weeks of employment and the required hours of orientation within the first 6 weeks of employment. If orientation is in process at the time of review, enter the number of hours completed at that date. If the employee has been employed for more than one year, enter N/A for "not applicable."
20. **Date of NCECC, NCECAC or Equivalent**: Enter the date that the employee completed the applicable Credential.
21. **Number of Annual In-service Training Hours Required**: Enter the number of annual in-service training hours required for this employee.
22. **Number of Annual In-service Training Hours Brought Forward**: Enter the number of annual training hours the employee carried over as excess from the previous year.
23. **Number of Annual In-service Training Hours Received**: Enter the number of eligible in-service training hours the employee received during the past year.
24. **Number of Annual In-service Training Hours to Carry Over to the Next Year**: Enter the number of annual in-service training hours which the employee may carry over to the next year. Subtract the number in Item 21 from the total of Items 22 and 23.

Note: ***Only ½ of the employee's required annual training hours may be carried over to the next year.***

25. **Date of Playground Safety Training**: Enter the date the employee required to have this training received it.
26. **Date of ITS-SIDS Training**: Enter the date the employee required to have this training received it.
27. **ITS-SIDS Training Expiration Date:** Enter the date the employee's ITS-SIDS training expires.
28. **Date of BSAC Training**: Enter the date the employee required to have this training received it (applicable only for staff members working with school-age children).
29. **Early Educator Certification/Scale Level:** Enter the employee's verified level of educational achievement, based on a standardized scale awarded by the North Carolina Institute of Child Development Professionals. The Institute certifies individuals on two scales: the Early Care and Education Professional Scale (ECE Scale) or the School Age Professional Scale (SA Scale).
30. **Early Educator Certification Expiration Date:** Enter the date that the employee's ECE or SA certification expires.
31. ***Annual Staff Evaluation, and Staff Development Plan**: Enter the date of the last staff evaluation for this employee (must be completed annually). Enter the date the staff development plan for this employee was finalized.

    Use the following abbreviations: AE for Annual Staff Evaluation (enter completed date) and SDP for Staff Development Plan ((enter completed date). ***Note for Clarification: Annual evaluations of staff and staff development plans are only required for programs that receive two or more points in the Program Standards component of the star rated license.***

32. ***Job Description, Policy Review, and Enhanced Standards Review**: Enter a check to indicate that the person has signed an applicable job description. Enter a check to indicate that there is documentation that the person has reviewed the personnel and operational policies of the facility. Enter a check to indicate that there is documentation that information concerning the voluntary enhanced standards was included during the employee's orientation.

Use the following abbreviations:

JD	Job description (checkmark)
PR	Policy Review (checkmark)
ESR	Enhanced Standards Review (checkmark)

Note for Clarification: Signed job descriptions, documentation on policy review and documentation on enhanced standards review are only required for programs that receive two or more points in the program standards component of the rated license. These requirements are only applicable to employees hired after April 1, 1999.

Consultant Comments/Notes: *Enter any comments, notes or reminders that may need to be addressed.*

Rev 01/2011

STAFF AND TRAINING WORKSHEET
DCD-0019

	Facility Name:				Facility ID#:
	Last Name, First Name (Use one column per person)				
1	Date of Birth				
2	Date of Criminal Records Qualifying Letter				
3	Criminal Records Check Date of Expiration				
4	Position				
5	Total Number of Hours Worked Weekly				
6	Group Assignment/Classroom				
7	Education				
8	Number of Years of Child Care Work Experience				
9	Date of CPR Training				
10	CPR Expiration Date				
11	Date of First Aid Training				
12	Expiration Date of First Aid Training Course				
13	Application				
14	Date of Employment				
15	Date of Medical Statement				
16	Date of Initial TB Test				
17	Date of Latest Medical or HQ (all staff)				
18	Emergency Information (all staff)				
19	Orientation Received				
20	Date of NCECC, NCECAC or Equivalent				
21	Number of Annual In-service Training Hours Required				
22	Number of Annual In-service Training Hours Brought Forward from the Previous Year				
23	Number of Annual In-service Training Hours Received				
24	Number of In-service Training Hours to Carry Over to the Next Year				
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26	Date of ITS-SIDS Training				
27	ITS-SIDS Training Expiration Date				
28	Date of BSAC Training				
29	Early Educator Certification/ Scale Level				
30	Early Educator Certification Expiration Date				
31	*Annual Staff Evaluation *Staff Development Plan				
32	*Job Description, Policy Review, and Enhanced Standards Review				

Consultant Comments/Notes:

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* for 2 or more points in Program Standards

I certify that the information contained in this report is accurate to the best of my knowledge.

Provider's Signature: _____ Title: _____ Date_____

Child Care Consultant Verifying Information:_____ Date_____

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