

STAFF AND TRAINING WORKSHEET

Facility Name & ID#:

1	Last Name, First Name (One column per person)										
2	Date of Birth / Last 4 digits of SS#	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	DOB: _____ SSN: _____	
3	Application Date										
4	Date of Employment										
5	Date of Orientation Received	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	1 st 2 weeks: _____ 1 st 6 weeks: _____	
6	Date of Current Criminal Qualifying Letter (Prior to employment & update every 3 years)	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	Letter Date: _____ Expiration Date: _____	
7	Date Change of Information submitted to CBC Unit Required w/in 5 days of hire (if submitted prior to January 4th, 2018)										
8	Staff Development Plan/Annual Staff Evaluation	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	SDP: _____ ASE: _____	
9	Date of Medical Statement- w/in 60 days										
10	Date of Initial TB Screening/Test – Prior to hire date										
11	Date of Latest Medical or HQ (update yearly): Date of Emergency Information (update yearly):	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	HQ Date: _____ EI Date: _____	
12	Position/Group (Classroom) Assignment	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	Position: _____ Group/Class: _____	
13	Hours Worked Weekly/Days Worked	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	Hours: _____ Days: _____	
14	Date of NCECC / NCECAC or Equivalent										
15	Education/Early Educator Certification Level/Expiration Date	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	Education: _____ EEC Level: _____ Expiration Date: _____	
16	Number of Years of Child Care Work Experience										
17	Health & Safety Training (within 1 st year of hire & every 5 yrs. thereafter)										
18	On-Going Training After 1 st Year.	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	# Req'd _____ # Rec'd _____ # Car'd _____	
19	CPR Training w/in 90 days of hire (expiration date): First Aid Training w/in 90 days of hire (expiration date):	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	CPR: _____ First Aid: _____	
20	Date of Playground Safety Training, if applicable										
21	Date of ITS-SIDS Training Certificate (w/in 2 mos, if applicable)	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	Training Date: _____ Expiration Date: _____	
22	Recognizing and Responding to Suspicions of Child Maltreatment .1102(g) (within 90 days of hire)										
23	Shaken Baby Head Trauma Policy (Prior to caring for children ages 0 to 5)										
24	BSAC Training date (w/in 3 mos. of hire) if applicable										
25	Date of EPR Training (at least 1 staff)/Date of Annual EPR Review	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	Training Date: _____ Review Date: _____	
26	Date of Annual Emergency Medical Care Plan Review										
27	Date of Aquatics/Operations/Personnel Policies	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	AQ: _____ OP: _____ PP: _____	

Consultant Comments: _____

I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.

Provider's Signature: _____ Title: _____ Date: _____

Consultant's Signature: _____ Date: _____