

Division of Child Development and Early Education
Staff and Training Worksheet
DCD-0019

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

GENERAL INSTRUCTIONS: The Staff and Training Worksheet is completed by the center administrator or his/her designee using staff files and training records as sources of information. It **must be signed** by the administrator or designee where indicated on the bottom of the form, 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 27 for annual compliance visits.
- Enter dates numerically in month, day, 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 or fill in electronically.

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

1. **Last Name, First Name:** Enter the last name and first name of each person who works at the center. Use additional forms as needed.
2. **Date of Birth:** Enter the person's birth date.
3. **Application:** Enter a check to indicate that the employee's application for employment is on file and complete.
4. **Date of Employment:** Enter the date that the employee began working at this facility.
5. **Orientation Received:** Enter the number of hours of training the employee received within the first two weeks of employment and the number of training hours received within the first six 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."
6. **Date of Current Criminal Background Check Qualifying Letter (Prior to employment and update every 3 years):** Enter the date on the Qualifying Letter which was received from the Criminal Background Check Unit from the Division of Child Development and Early Education. Enter the date (month/day/year) that the 3 year Criminal Background Check expires.
7. **Date Change of Information submitted to CBC Unit Required within 5 days of hire** (if submitted prior to January 4th, 2018)
8. ***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.**
9. **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).
10. **Date of Initial TB Test or signed Questionnaire:** 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).
11. **Date of Latest Medical or HQ; Date of Emergency Information (Both updated yearly):** Enter a check to indicate that the health questionnaire and emergency contact information are on file and complete for the employee. The completed form must be on file the first day of employment and updated annually.
12. **Position/Group Assignment/Classroom -** Indicate the person's position, eg. administrator, lead teacher, teacher, aide/driver, cook, floater, substitute, etc. and in the space for class enter the age group of children whom the employee is assigned to provide care (Eg. infants, toddlers, twos, threes, fours, fives, school age).
13. **Total Number of Hours Worked Weekly:** Indicate the days of the week the employee works at the facility and the hours. Include in the hours space, the total number of hours worked each week. Eg. Days M-F; Hours 8 a.m – 3 p.m, 7;
14. **Date of NCECC, NCECAC or Equivalent/Date it Expires:** Enter the date that the employee completed the applicable Credential and the date it expires.

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

- 15. Education/Early Educator Certification Level/Expiration Date:** 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".
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). Enter the date that the employee's ECE or SA certification expires.
- 16. 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
- 17. Health & Safety Training (within 1st year of hire & every 5 yrs. thereafter)** Enter the number of annual in-service training hours required for this employee.
- 18. On-Going Training After 1st Year.**
- 19. CPR Training w/in 90 days of hire (expiration date): First Aid Training w/in 90 days of hire (expiration date)**
- 20. Date of Playground Safety Training: Enter the date the employee required to have this training received it.**
- 21. Date of ITS-SIDS Training/Date It Expires: Enter the date the employee required to have this training received it and the date it expires.**
- 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. 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).
- 25. Date of EPR In Child Care Training:** Enter the date the employee designated to have this training received it.
- 26. Date of Annual Emergency Medical Care Plan Review**
- 27. Aquatics Verification Date (if applicable): Enter the date the center aquatics policy, any specific guidelines provided by aquatic facility and the aquatics section of the rule was reviewed with staff.**

Consultant Comments: _____

Provider's Signature: The provider or legal Designee must enter their written signature.

Title: Enter the name that describes the position or job of the individual who is responsible for the overall operation of the facility (including the legal Designee).

Date: The provider should enter the date he/she completed, reviewed and signed the Staff and Training Worksheet.

Child Care Consultant Verification Information: Signature of the child care consultant.

Date: The date the consultant verified information on the Staff and Training Worksheet.