

WORKSHEET 1: STAFF DATA

Facility: (Circle) CCC GCCH Insp. Date: _____ Cert. Rep: _____	Name:	Name:	Name:	Name:
	Title:	Title:	Title:	Title:
	Circle one: PS SS Director GS AGS Aide			
Work Hours				
Room Location				
The following information must be found in the staff record:				
Employment Date in Child Care				
Employee Address in File	YES NO	YES NO	YES NO	YES NO
Date of Birth				
Date – Disclosure Statement				
Date – State Police Clearance				
Date – Child Abuse Clearance				
Date – FBI Clearance (Cogent)				
Most Recent Physical Exam				
Date of Mantoux TB Applied				
Date of Mantoux TB Read				
Mantoux TB results	POS NEG	POS NEG	POS NEG	POS NEG
Physician/CRNP/PA Signature	YES NO	YES NO	YES NO	YES NO
Qualifications				
Proof of Qualifications				
Two Written References	YES NO	YES NO	YES NO	YES NO
Staff Evaluations	YES NO	YES NO	YES NO	YES NO
Date of First Aid Training				
Date of Firesafety Training				
Annual Six Hours Training				
Water Safety Training				
Emergency Plan Training				
<u>For DPW use ONLY:</u>				