

	Facility:	Name:		Name:		Name:		Name:	
	POID	Description of Earling Description							
	PCID:	General Requirements for Facility Persons §3280.33 (Circle One) (Circle One) (Circle One) (Circle One)							One)
	Inspection Date:	Primar Seconda Household Volunteer Fa Work Hours	y Staff ary Staff I Member cility Person	Primary Staff Secondary Staff Household Member Volunteer Facility Person Work Hours:		Primary Staff Secondary Staff Household Member Volunteer Facility Person Work Hours:		(Circle One) Primary Staff Secondary Staff Household Member Volunteer Facility Person Work Hours:	
	Certification Rep:	Room/Location:		Room/Location:		Room/Location:		Room/Location:	
	Date of Hire / First day caring for children								
	Date of birth §3280.31(a-c)/ §3280.192(2)(i)						<u> </u>		
	Employee address in record §3280.192(1)	Υ	N	Υ	N	Υ	N	Υ	N
	Out of State Clearances Required? Required if resided outside of PA w/in past 60 months. If yes, see Out of State Addendum.	Y	N	Y	N	Υ	N	Y	N
	Requested Clearance Tracking, if applicable	*Compl	ete request	ed section	only if staff w	as hired pro	visionally d	uring previou	ıs year
3280.192(4)	Date: fingerprinted for DHS FBI or State Police requested (whichever is incomplete) Date: NSOR Requested								
3280.	45-day provisional hire end date								
8/	Suspend date / Return date								
32(a)	Received PA Clearance Tracking	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT
3280.32(a)/§	Date: State Police Clearance								
8 33	Date: Child Abuse Clearance								
	Date: DHS FBI Clearance								
	Date: NSOR Certificate								
	Date: Disclosure statement		I				l .		I
	Additional Required Paperwork								
	Date: Health assessment §3280.192(3)/ §3280.151(a)/ §3280.151(c)(1)(3-5)								
	Mantoux test read/results (circle one) §3280.192(3)/§3280.151(c)(2)	POS Date:	NEG	POS Date:	NEG	POS Date:	NEG	POS Date:	NEG
	Signature of MD/CRNP/PA §3280.151(b)	Y	N	Y	N	Y	N	Y	N
	Education and Experience §3280.34/ §3280.35/ §3280.192(2)(ii)/(iv)								
	Two written nonfamily references, §3280.192(5)	Υ	N	Y	N	Υ	N	Y	N
	90 Day Pre-service Trainings: §3280.14/ §3280.20 completed prior to working alone with children	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT
	Date: Pediatric first-aid / CPR training §3280.31(e)(4)(i)/ §3280.31(f)(10) *Approved training and PQAS instructor								
	Date: Mandated reporter training §3280.32(a)								
	Date: Health and Safety (CCDBG) training §3280.31(f)(g)								
	Date: Health and Safety (CCDBG) Update, if applicable §3280.14/ §3280.20								
	Annual requirements	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT
	Date: Emergency plan training §3280.26(c) volunteers: §3280.14/ §3280.20 at hire, annually, & time of update								
	Date: Water safety training if applicable §3280.31(e)(4)(iii)/ §3280.115(8)								
	12 hours of annual PD §3280.31(e)	Y	N	Y	N	Y	N	Y	N

Group Child Care Home Certification Inspection Instrument Worksheet 1 Child Care Staff Data Sheet Out of State Addendum (Renewal)



	Name:		Name:		Name:		Name:	
Out of State Clearances								
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							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.								