

Worksheet 1: FCCH Staff Data Sheet

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|---|--------------------|--------------------|--------------------|--------------------|
| Facility Name: | Name: | Name: | Name: | Name: |
| PCID: | | | | |
| Provisional Hire Waiver: | | | | |
| Date: | | | | |
| Inspection Date: | Work Hours: | Work Hours: | Work Hours: | Work Hours: |
| Certification Representative: | | | | |
| Required Information: §3290.32 | | | | |
| Date of Hire / First day caring for children | | | | |
| Employee address in record §3290.192(1) | Y | N | Y | N |
| Out-of-state clearances required | Y | N | Y | N |
| Date of birth §3290.31(a)(1) operator §3290.31(b) staff | | | | |
| Date: Disclosure statement §3290.192(3) | | | | |
| Provisional Hire Only | | | | |
| Request date – State Police Clearance §3290.192(3)/3290.32(a) | | | | |
| Request date – Child Abuse Clearance | | | | |
| Date: Employee fingerprinted | | | | |
| Request date – NSOR | | | | |
| 45-day provisional hire end date | | | | |
| Suspend date / Return date | | | | |
| | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT |
| Date: State Police Clearance | | | | |
| Date: Child Abuse Clearance | | | | |
| Date: FBI Clearance | | | | |
| Date: NSOR Certificate | | | | |
| Date: Mandated reporter training | | | | |
| Date: Health assessment §3290.151(c)(1)/§3290.192(2) | | | | |
| Mantoux test read/results §3290.151(c)(2)/§3290.192(2) | Date: | Date: | Date: | Date: |
| Signature MD/CRNP/PA §3290.151(b) | Y | N | Y | N |
| Proof of HS Dip./GED §3290.31(a)(2) | Y | N | Y | N |
| Date: Pediatric first-aid / CPR training | | | | |
| Required min.12 hours of biennial training §3290.31(f)/3290.192(4) | | | | |
| Date: Health and safety training | | | | |
| | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT |
| Date: Emergency plan training §3290.24(c) | | | | |
| Date: Water safety training §3290.31(f)(4)(iii)/§3290.115(7)(8) | | | | |