

Worksheet 1: GCCH Staff Data Sheet

Facility:	Name:		Name:		Name:		Name:	
PCID:								
Provisional Hire Waiver:								
Date:								
Inspection Date:	Work Hours:		Work Hours:		Work Hours:		Work Hours:	
Certification Rep:	Room/Location:		Room/Location:		Room/Location:		Room/Location:	
Required Information: §3280.32; §3280.33; §3280.34; §3280.35								
Date of Hire / First day caring for children								
Employee address in record §3280.192(1)	Y	N	Y	N	Y	N	Y	N
Out-of-state clearances required	Y	N	Y	N	Y	N	Y	N
Date of birth §3280.192(2)(i)								
Date: Disclosure statement §3280.192(4)								
Provisional Hire Only								
Request Date – State Police Clearance §3280.192(4)/3280.32(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	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 §3280.192(3) §3280.151(c)(1)								
Mantoux test read/results §3280.192(3)/§3280.151(c)(2)	Date:		Date:		Date:		Date:	
Signature of MD/CRNP/PA §3280.151(b)	Y	N	Y	N	Y	N	Y	N
Proof of qualifications on file §3280.192(2)(ii)	Y	N	Y	N	Y	N	Y	N
Level of education and years of experience §3280.192(2)(ii)/(iv)								
Two written nonfamily references §3280.192(5)	Y	N	Y	N	Y	N	Y	N
*Date: Pediatric first-aid / CPR training §3280.31(e)(4)(i)/§3280.33(c)								
Req 6 hours annual training §3280.31(e)								
*Date: Health and safety training								
	PREVIOUS	MOST RECENT	PREVIOUS	MOST RECENT	PREVIOUS	MOST RECENT	PREVIOUS	MOST RECENT
Date: Emergency plan training §3280.26(c)								
Date: Water safety training §3280.31(e)(4)(iii)/§3280.115(8)								