

STAFF AND TRAINING WORKSHEET

DCD-0019

Facility Name:		Facility ID#:			
	Last Name, First Name (Use one column per person)				
1	Date of Birth				
2	Date of Criminal Records Qualifying Letter				
3	Criminal Records Check Date of Expiration				
4	Position				
5	Total Number of Hours Worked Weekly				
6	Group Assignment/Classroom				
7	Education				
8	Number of Years of Child Care Work Experience				
9	Date of CPR Training				
10	CPR Expiration Date				
11	Date of First Aid Training				
12	Expiration Date of First Aid Training Course				
13	Application				
14	Date of Employment				
15	Date of Medical Statement				
16	Date of Initial TB Test				
17	Date of Latest Medical or HQ (all staff)				
18	Emergency Information (all staff)				
19	Orientation Received				
20	Date of NCECC, NCECAC or Equivalent				
21	Number of Annual In-service Training Hours Required				
22	Number of Annual In-service Training Hours Brought Forward from the Previous Year				
23	Number of Annual In-service Training Hours Received				
24	Number of In-service Training Hours to Carry Over to the Next Year				
25	Date of Playground Safety Training				
26	Date of ITS-SIDS Training				
27	ITS-SIDS Training Expiration Date				
28	Date of BSAC Training				
29	Early Educator Certification/ Scale Level				
30	Early Educator Certification Expiration Date				
31	*Annual Staff Evaluation *Staff Development Plan				
32	*Job Description, Policy Review, and Enhanced Standards Review				

Consultant Comments/Notes:

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* for 2 or more points in Program Standards

I certify that the information contained in this report is accurate to the best of my knowledge.

Provider's Signature: _____

Title: _____ Date: _____

Child Care Consultant Verifying Information: _____

Date: _____