

## Staff Records Checklist

### Small Group, Large Group, School Age

Program Name: \_\_\_\_\_ Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

		LARGE GROUP/SCHOOL AGE ONLY			SMALL GROUP, LARGE GROUP, SCHOOL AGE												
Name _____	Staff Form	App/Resume & Date of Interview	Verif. of References	Date of Birth/ Date of Hire	Cert. # or Doc. of Educ./Exper.	BRC CORI & DCF Date	Date of Physical	MMR	First Aid & CPR Exp. Date	EEC Orientation & EEC Registry	Date of Prog. Orientation	Staff Observations	Date of Staff Eval.	Prof. Dev. Hours	Med. Training & USDA Training	7-D/ Sch. Bus Lic. Exp. Date	
_____																	
_____																	
_____																	
_____																	
_____																	
_____																	
_____																	

**EEC Use Only:**  
**BRC Verification** EEC Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## **STAFF RECORDS INSTRUCTIONS**

These instructions are to assist you in completing the **required** staff records checklist. A copy of the current checklist must be submitted to the licenser on the day of the licensing study. (Please note: a blank space on the checklist will indicate that the information is not on file. In addition, the blank column to the left of **Name/Position** is for EEC staff use for BRC verification purposes.)

1. **Name:** List the names of all teaching staff, cooks, transportation staff and administrators.

2. **Position:** Indicate the position in which the individual is employed (a staff person's position may be different from their actual qualifications).

**Please note: Sections 3-5 are required for Large Group Child Care Programs ONLY.**

3. **Staff Form:** Indicate with a  that a staff information form is on file at the Center.

4. **Application or Resume and Documentation of Employment Interview:** Indicate with a  that an application or resume is on file and if staff person was hired after 1/21/10, indicate the date of the employment interview.

5. **Reference Checks:** Indicate with 's that two verbal reference checks have been documented in the file

6. **Date of Birth/Date of Hire:** Indicate the date of birth for all staff (this information is significant for MMR documentation). Indicate date of hire (this information is significant to determine training requirements).

7. **Qualifications/Certificate or Education/Verification of Experience:** Indicate **staff person's qualifications level** (including OFC/OCCS/EEC certificate number if on file at the Center). Indicate with a  that transcripts and verification of experience forms are on file to support the person's qualifications for the position. (Not required if OFC/OCCS/EEC Certificate is on file).

**Small group qualifications:** Qualifications determined by capacity of program. Reference form "Qualifications for Small Group and School Age Child Care" to determine what verification must be maintained in staff file.

8. **BRC CORI/DCF:** Indicate with the date(s) of the most recently completed CORI and DCF review.

9. **Physical Date:** Indicate the date of the most recent physical examination that is on file (update is required every two years).

10. **MMR:** Indicate with a  if required MMR immunizations or evidence of immunity to mumps, measles, and rubella are on file. (All staff born in or after 1957 and those born in countries other than the United States regardless of their date of birth must show documentation of two (2) MMR immunizations or present evidence of immunity to measles, mumps and rubella)

11. **First Aid Date/CPR Date:** Indicate the expiration date noted on the most recent first aid certificate. Indicate the expiration date of the most recent CPR certificate. (CPR must be renewed annually.)

12. **Date of EEC Orientation/EEC Registry:** Indicate the date EEC orientation was completed, if applicable. Indicate the date the staff person registered with EEC. (Staff person must register annually with EEC)

13. **Program Orientation:** Indicate the date the program orientation was completed.

14. **Staff Observations:** Indicate with a  that documentation of observations is on file.

15. **Staff Evaluations:** Indicate the date of most recent written evaluation.

16. **Professional Development Hours:** Indicate with a  that professional development hours are documented in the file.

17. **Date of Medication Training/USDA Training:** Indicate the date Medication Training was completed, if applicable. (This training must be done annually.) Indicate the date that training in USDA nutrition requirements and food choking hazards was completed.

18. **7-D/School Bus License:** Indicate the date of expiration of the license, if applicable.