

Worksheet 1: Child Care Staff Data Sheet

| | | | | |
|------------------|----------------|----------------|----------------|----------------|
| Facility: | Name: | Name: | Name: | Name: |
| PCID: | Choose One | Choose One | Choose One | Choose One |
| Inspection Date: | Work Hours: | Work Hours: | Work Hours: | Work Hours: |
| Cert Rep: | Room/Location: | Room/Location: | Room/Location: | Room/Location: |

| Required Information §3270.33. §3270.35. §3270.36. §3270.37. | | | | | | | | |
|--|----------|-------------|----------|-------------|----------|-------------|----------|-------------|
| | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT |
| First day working in child care | | | | | | | | |
| Employees address in record §3270.192(1) | Y | N | Y | N | Y | N | Y | N |
| Date of birth §3270.192(2)(i) | | | | | | | | |
| Date of disclosure statement §3270.192(4) | | | | | | | | |
| Request Statement – State Police Clearance §3270.192(4)/3270.32(a) | | | | | | | | |
| Request date- Child Abuse Clearance | | | | | | | | |
| Date Employee fingerprinted | | | | | | | | |
| 90-day provisional hire and date | | | | | | | | |
| Suspend date | | | | | | | | |
| Return date | | | | | | | | |
| Date of State Police Clearance | | | | | | | | |
| Date of Child Abuse Clearance | | | | | | | | |
| Date of FBI Clearance | | | | | | | | |
| Date of mandated reporter training | | | | | | | | |
| Date of most recent physical exam §3270.192(3)/ §3270.151(c) (1) | | | | | | | | |
| Mantoux test read/results (check one) §3270.192(3)/§3270.151(c)(2) | POS | NEG | POS | NEG | POS | NEG | POS | NEG |
| Signature of physician/CRN/PA §3270.151(b) | Y | N | Y | N | Y | N | Y | N |
| Proof of qualifications on file §3270.192 (2)(ii) | Y | N | Y | N | Y | N | Y | N |
| Level ed. and yrs. of exp. §3270.192 (2)(ii)/(iv) | | | | | | | | |
| Two written non-family references §3270.192 (5) | Y | N | Y | N | Y | N | Y | N |
| *Date of pediatric first aid training | | | | | | | | |
| *Date of pediatric CPR | | | | | | | | |
| Required 6 hours of annual training §3270.31(e) | | | | | | | | |
| *Date of health and safety training | | | | | | | | |
| | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT | PREVIOUS | MOST RECENT |
| Date: staff evaluations §3270.34(a)(6) | | | | | | | | |
| Date: emergency plan training §3270. 27 (c) | | | | | | | | |
| Date: fire safety training §3270.31(e)(4)(ii) | | | | | | | | |
| Date: water safety training §3270.31(e)(4)(iv)/115(8) | | | | | | | | |