

	Facility:	Name:		Name:		Name:		Name:		
	PCID:	General Requirements for Facility Persons §3270.33								
		(Circle One)		(Circle One)		(Circle One)		(Circle One)		
		Director Volunteer GS AGS Aide		Director Volunteer GS AGS Aide		Director Volunteer GS AGS Aide		Director Volunteer GS AGS Aide		
		Facility Person		Facility Person		Facility Person		Facility Person		
	Inspection Date:	Work Hours:		Work Hours:		Work Hours:		Work Hours:		
	Certification Rep:	Room/Location:		Room/Location:		Room/Location:		Room/Location:		
	Date of Hire / First day caring for children									
	Date of birth §3270.31(a)(b)(c)/ §3270.192(2)(i)									
	Employee address in record §3270.192(1)	Y	Ν	Y	Ν	Y	Ν	Y	Ν	
4)	Out of State Clearances Required? Required if resided outside of PA w/in past 60 months. If yes, see Out of State Addendum.	Y	Ν	Y	Ν	Y	Ν	Y	Ν	
	Requested Clearance Tracking, if applicable	*Compl	ete request	ed section of	only if staff w	as hired pro	visionally d	uring previou	s year	
	Date: fingerprinted for DHS FBI or State Police requested (whichever is incomplete)									
192(Date: NSOR Requested									
3270.32(a)/ § 3270.192(4)	45-day provisional hire end date									
/§3	Suspend date / Return date									
\$2(a)	Received PA Clearance Tracking	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	
270.3	Date: State Police Clearance									
§ 32	Date: Child Abuse Clearance									
	Date: DHS FBI Clearance									
	Date: NSOR Certificate									
	Date: Disclosure statement									
	Additional Required Paperwork			L				L		
	Date: Health assessment §3270.192(3)/§3270.151(c)(1)									
	Mantoux test read/results (circle one)	POS	NEG	POS	NEG	POS	NEG	POS	NEG	
	§3270.192(3)/§3270.151(c)(2)	Date:		Date:		Date:		Date:		
	Signature of MD/CRNP/PA §3270.151(b)	Y	N	Y	N	Y	Ν	Y	N	
	Education and Experience §3270.34/ §3270.34/ §3270.35/ §3270.36/ §3270.37/ §3270.192(2)(ii)/(iv)									
	Two written nonfamily references, §3270.192(5)	Y	N	Y	N	Y	N	Y	N	
	90 Day Pre-service Trainings: §3270.14/ §3270.21 completed prior to working alone with children	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	
	Date: Pediatric first-aid / CPR training §3270.31(e)(4)(i)/ §3270.31(f)(10) *Approved training and PQAS instructor									
	Date: Mandated reporter training §3270.32(a)									
	Date: Health and Safety (CCDBG) training §3270.31(f-g)									
	Date: Health and Safety (CCDBG) Update, if applicable §3270.14/ §3270.21									
	Annual requirements	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	PREVIOUS	CURRENT	
	Date: Staff evaluations §3270.34(a)(6)									
	Date: Emergency plan training §3270.27(c) volunteers only: §3270.14/ §3270.21 <i>at hire, annually, & time of update</i> Date: Fire safety training §3270.31(e)(4)(ii)									
	Date: Water safety training §3270.31(e)(4)(iv)/ §3270.115(8) <i>if applicable</i>									
	12 hours of annual PD §3270.31(e)	Y	N	Y	N	Y	N	Y	N	

Child Care Centers Certification Inspection Instrument Worksheet 1 Child Care Staff Data Sheet Out of State Addendum (Renewal)



	Name:		Name:		Name:		Name:		
Out of State Clearances									
Date of Hire / First day caring for children									
State(s) resided within past 60 months				•				•	
Requested Out of State Clearance Tracking, if applicable	*Complete this section only if staff was hired provisionally during previous year								
Date: Out of State Sex Offender Registry Request									
Date: Out of State Criminal History Request									
Date: Out of State Child Abuse & Neglect Registry Request									
Received Out of State Clearance Tracking									
Date: Out of State Sex Offender Registry									
Date: Out of State Criminal History									
Date: Out of State Child Abuse & Neglect Registry									
Note: Some states may not require a separate clearance for each requirement.									