



### Certified Family Child Care Assistant

Name \_\_\_\_\_

Role in Center Assistant

Date of Birth \_\_\_\_\_ (The Assistant must be at least 18 years of age.)

Social Security Number \_\_\_\_\_ (last 4 digits)

Date of Hire or date of Re-Hire \_\_\_\_\_

**Adding or removing assistant:** *When an assistant is hired you must notify DRCC by sending a copy of their TB Skin Test and completed background checks. Be sure to write your certification # on each document.*

Email notification and forms to: [chfsoigrccportal@ky.gov](mailto:chfsoigrccportal@ky.gov)

Fax notification and forms to: (502) 564-9350

Or, mail copies of the notification and forms to:

Division of Regulated Child Care

275 East Main Street E-F

Frankfort, KY 40621

When an assistant leaves your employment, send notification through email to [chfsoigrccportal@ky.gov](mailto:chfsoigrccportal@ky.gov)

Results Registry _____	Date of Fingerprint Scan _____	First Day of Work/Residing in Home _____
<b>Note: The fingerprint scan for the assistant must be completed before the first day of work in the center.</b> For new adults who move into the home, the background checks must be submitted within the first 30 days of residence.		
_____	Completed Employer Authorization Form on file <i>(Maintain a copy of this form for review)</i>	
_____	DCC 500 on file <i>(Maintain a copy of this form for review and upload into NBCP)</i>	
_____	DCC 501 on file <i>(Maintain a copy of this form for review and upload into NBCP)</i>	
Out of state background check needed Yes No <i>(Maintain a copy of these checks and upload into NBCP)</i>		
For staff under the age of 18: Central Registry Check completed on _____		
If applicable, temporary name-based documentation on file through 2022: 1) Central Registry Check Completed on _____		
2) Administrative Office of the Courts or KSP Check Completed on _____		

TB Skin Test Date Completed \_\_\_\_\_ Date to Be Renewed \_\_\_\_\_

First Aid Certification\* Date Completed \_\_\_\_\_ Date to Be Renewed \_\_\_\_\_

CPR\* Date Completed \_\_\_\_\_ Date to Be Renewed \_\_\_\_\_

\*Required if the assistant will work in the home alone or transport the children without the provider present.

**ECE Training Record for Assistant** (condensed version) printed and maintained on file for review includes:

*Second year: 9 hours total to be completed between July 1 – June 30 includes:*

6 Hour Cabinet Approved Orientation Training Date Completed \_\_\_\_\_

Pediatric Abusive Head Trauma Training Date Completed \_\_\_\_\_

Additional Early Care and Education Training Hours Date Completed \_\_\_\_\_

**Plan for Annual Cabinet Approved Training:** *Each assistant who works in excess of fourteen (14) days in a year will be required to complete nine (9) hours of Cabinet approved early care and education training starting on July 1 of the 2<sup>nd</sup> year. This includes Orientation Training completed the 2<sup>nd</sup> year. Also, Pediatric Abusive Head Trauma Training to be completed in the 2<sup>nd</sup> year and every 5 years after. Training can be taken in-person, online, or via videoconference and will be posted on ECE TRIS for review.*

Date of annual driver’s history report (if you transport children): <https://secure.kentucky.gov/dhronline> \_\_\_\_\_