



STAFF RECORDS LIST

Last Name: _____
 First Name: _____
 Role in Center: _____
 Date of Birth: _____
 Date of Hire or date of Re-Hire: _____

For Public/Private School Employees Only:
 Original Date of Hire with the School System/Board of Ed: _____
 Date the School Employee started working at a licensed child care program owned by the School or its Board of Education: _____

Job Description in file Yes No

Background Checks

- **KARES**
 Registry Results _____ Date of Fingerprint Scan _____
 Note: A completed fingerprint scan, signed and dated by the Cabinet must be on file before the first day of work in the center.
 _____ Completed Employment Authorization Form on file
 _____ DCC 500 on file for review (*Maintain this form for review*)
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- **Name-Based Background Checks for underage staff only**
 _____ DCC 374 Central Registry Check (aka CAN Check)
 _____ Parent Authorization Form
- **Out-of-state Background Check** required? Yes No (*Maintain a copy and upload into NBCP*)

- TB Skin Test** _____ (record date checked/completed)
- CPR/First Aid Certification** _____ (expiration date)
- If not certified, **CPR/First Aid Training** _____ (date)
- Work Schedule** _____; i.e., Monday – Friday 9am-5pm
- ECE-TRIS Training Record** is available for review and contains the following information:

Note: For existing staff (hired into ECE field prior to July 1, 2020), training hours will be determined by completion dates between July 1 and June 30. For new staff or staff who have not been employed or inactive for 5+ years, training hours will be determined in the first year by hire date.

EXAMPLE: Hire date Oct. 15, 2020
 First Year window = Oct. 15, 2020 – Oct. 15, 2021 Second Year window = Oct. 15, 2021 – June 30, 2022

- 6-Hour Cabinet Approved Orientation Training date _____
- Pediatric Abusive Head Trauma Training expiration date _____

- Education Verification:** Check one: _____ High school diploma _____ College Degree
 _____ Transcript with date of graduation from college or high school
 _____ GED
 _____ Current Commonwealth Child Care Credential
 _____ Current High School Student with documentation verifying enrollment in school

- Staff Evaluation Date** _____
- Professional Development Plan Date** _____