STAFF RECORDS COVERSHEET

Last Name: _____

First Name: _____

Role in Center: _____ *(*Drivers Only - Annual History Report Date _____)*

Date of Birth: _____

Last 4 Digits of Social Security #:_____

Date of Hire or Re-Hired _____ *(On or after the date staff is added to KARES/NBCP)*

KARES – NBCP (National Background Check Portal)

_____ Final Registry Results Form on file for review

_____ Employee Authorization Form on file for review (Eligible for hire)

_____ DCC 500 on file for review

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Out-of-state Background Check Required? Yes No *Contact chfsdccnbcp@ky.gov for assistance with out of state background checks. Maintain a copy of all contacts, submitted forms, and final documents and upload into KARES/NBCP*

Underage Staff: **Parents sign Parent Authorization Form and then run applicant through KARES**

☐ **TB Skin Test/Risk Assessment/X-Ray** _____ (record date checked/completed)

☐ **CPR Certification** _____ (expiration date)

☐ **First Aid Certification** _____ (expiration date)

☐ **CPR/First Aid Training Completed on** _____ (for staff who are not certified in CPR and First Aid)

☐ **Work Schedule** _____; i.e., Monday – Friday 9am-5pm

☐ **ECE-TRIS Training Record** is available for review and contains the following information:

First Year in Industry (*Or staff re-entry/returning after 5 years away*)

Year #1 Training Calculated on First Year Start Date _____

Orientation completed within first 90 days date _____

Pediatric Abusive Head Trauma

Hours to complete 15 hours of training

First Year Start Date _____ - _____ = _____

Year #2 Transition Year 15 Hours between First Year Start Date End and 6/30

First Year Start Date End _____ - 6/30 = _____

Returning/Existing Child Care Staff

15 hours of training required annually 7/1 – 6/30.

Pediatric Head Trauma must be completed every five years.

Staff responsible for CCAP Billing must complete billing training annually.

7/1/24 – 6/30/25 = _____

7/1/25 – 6/30/26 = _____

7/1/26 – 6/30/27 = _____

☐ **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 Annual Evaluation Date** _____

☐ **Annual Professional Development Plan Date** _____

☐ **Job Description** (recommended to maintain copy in employee file)

Revised 8/2025