

LIST OF CURRENT EMPLOYEES

(PLEASE PRINT LEGIBLY)

NAME OF FACILITY: _____

PERSON COMPLETING FORM: _____ DATE FORM COMPLETED: _____

Please include Directors and owners. Also, please include actual day of the month in the date fields below.

Employee	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	
	<input type="checkbox"/> Non-Caregiver	<input type="checkbox"/>	
Name:			
Social Security #:			
Date of Birth:			
Street Address:			
City, State, Zip			
Telephone			
Start Date:			
Is this person under 18?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Is this person a re-hire?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date person was rehired: / /		
Personal Data Sheet mailed to Human Services Agency	Date Mailed: / /		

MANDATORY INITIAL TRAINING (to be completed within 120 days unless noted)

Title	Hours	Renew / Re-Take:	Date: (mm/dd/yy)	Date: (mm/dd/yy)
Work Permit Card		5 years		Expires: / /
TB Test		2 years		Expires: / /
NV Registry		1 year		Expires: / /
CPR		2 years		Expires: / /
First Aid				Expires: / /
Child Abuse/Neglect (complete within 90 days)		5 years		Expires: / /
Signs of Illness: Bloodborne Pathogens		3 years		Expires: / /
Obesity / Nutrition / Physical Activity		1 year		Expires: / /
SIDS		N/A		
Shaken Baby		N/A		Taken: / /
Child Development – 3 hours		N/A		Taken: / /
Building Safety		N/A		Taken: / /
Emergency Preparedness		N/A		Taken: / /
Medication Administration		N/A		Taken: / /
Transportation Safety		N/A		Taken: / /

CONTINUING EDUCATION (24 hours per year) to include the following:

- 12 hours of Health, Safety, and Development of the ages that the center serves
- 2 hours of Obesity / Nutrition / Physical Activity

Title	Hours	Date: (mm/dd/yy)	
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