



## STAFF FILE CHECKLIST (Facility)

Name \_\_\_\_\_

Position \_\_\_\_\_ Date of Employment \_\_\_\_\_

\_\_\_\_\_ #6 - Personnel record

\_\_\_\_\_ Employment Application with required statement pursuant to 402.3055(1)(b), F.S.  
(The child care facility employer shall require that the application for a child care personnel position contain a question that specifically asks the applicant if he or she has ever worked in a facility that has had a license denied, revoked or suspended in any state of jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility)

\_\_\_\_\_ Attestation of Good Moral Character

\_\_\_\_\_ Clearinghouse Eligibility Letter (also required for ALL corporate officers)

\_\_\_\_\_ Background Screening and Personnel File Requirements, DCF Form 5131 (Complete page 1 and 2)  
(The employer/owner/operator must conduct employment history checks, including documented attempts to contact each employer that employed the individual within the proceeding five years and documentation of the findings. Documentation must include the applicant's job title and description his/her regular duties, confirmation of employment dates, and level of job performance)

\_\_\_\_\_ Child Abuse & Neglect Reporting Requirements, DCF Form 5337 (updated annually)

\_\_\_\_\_ #8 - Physician's Statement of Good Health for Child Care Personnel

\_\_\_\_\_ Safe Sleep Environment Training (updated every 2 years)

\_\_\_\_\_ Proof of Education (High School Diploma/GED or Higher)

\_\_\_\_\_ Staff Credential Verification, DCF form 5206

\_\_\_\_\_ DCF Training Transcript

\_\_\_\_\_ Child Care In-Service Training Record, DCF Form 5268

\_\_\_\_\_ Fire Extinguisher Training

\_\_\_\_\_ First Aid/CPR Certification

\_\_\_\_\_ Bus/Van Drivers-copy of driver's license (if applicable)

\_\_\_\_\_ Bus/Van Drivers-annual physical granting medical approval to drive (if applicable)

\_\_\_\_\_ Transportation Safety Training (if applicable)

\_\_\_\_\_ Blood Borne Pathogens/Universal Precautions Training (complete annually)

\_\_\_\_\_ Medication Administration Training (if administering medication)