

HUMAN SERVICES DEPARTMENT

Community Partnerships Division

Child Care Licensing and Enforcement Section

STAFF FILE CHECKLIST

NAME: _____ POSITION: _____

DATE of Employment: _____

- _____ #6 Personnel Record (With Date of Employment)
- _____ Affidavit of Good Moral Character
- _____ Clearance Letter from the County (FDLE / FBI)
- _____ Local Screening
- _____ 5-Year Re-Screening (if applicable)
- _____ Reference Letters
- _____ Employment History (2 years or last 3 jobs)
- _____ #8 Physician's Statement of Good Health for Child Care Personnel
- _____ Pediatric CPR / First Aid Certification
- _____ Child Abuse and Neglect Training Statement (Annual)
- _____ Aids and HIV Infection Training Statement
- _____ Discipline Policy Signed Statement
- _____ Education: _____ Proof of High School Diploma or G.E.D. Certificate
- _____ FCCPC (CDA) if applicable
- _____ State Training Transcript (www.myflorida.com/childcare)
- _____ 10 Hours Annual In-service education certificates (due each year)
- _____ 5 Hour Early Literacy Training
- _____ Director Credential
- _____ Driver Annual Physical
- _____ Fire Extinguisher Training