



## STAFF FILE CHECKLIST (Facility/FCCH)

Name \_\_\_\_\_

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

- \_\_\_\_\_ #6 - Personnel record
- \_\_\_\_\_ Child Abuse & Neglect Reporting Requirements, DCF Form 5337 (updated annually)
- \_\_\_\_\_ Employment Application
- \_\_\_\_\_ Attestation of Good Moral Character
- \_\_\_\_\_ Clearinghouse Eligibility (also required for ALL corporate officers)
- \_\_\_\_\_ Background Screening and Personnel File Requirements, DCF Form 5131 (complete page 1 and 2)
- \_\_\_\_\_ #8 - Physician’s Statement of Good Health for Child Care Personnel (updated every 2 years)
- \_\_\_\_\_ Safe Sleep Environment Training (updated every 2 years)
- \_\_\_\_\_ Proof of Education (High School Diploma/GED or Higher)
- \_\_\_\_\_ DCF Training Transcript/School Readiness Preservice (if applicable)
- \_\_\_\_\_ 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)
- \_\_\_\_\_ Copy of government issued photo identification