Name of Center_____ Date of Survey_____

CHILD CARE CENTER
STAFF RECORDS 8.16.2.22

File F(1)	Name & Information F(1)(a)	Drivers License 28H	Position F(1)(b)/ Duties F(1)(c)	Signed Discipline Policy 24A(1)	DOH/DOT F(1)(d)	Emer # F(1)(i)	CRC/Empl. His & Current Child Abuse F(1)(e)(f)	Written Plan-7 Comp./ Prof. Dev. Plan F(1)(n)	Signed Personnel HB Acknmt F(1)(o)./Dis.Plan Acknmt. F(1)(p)	Confid-entiality F(1)(k)	Work Sched F(2)
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Reviewer's Name_____

File F(1)	Name F(1)(a)	Perf. Eval. F(1)(l)	Admin. Actions or Reprimands F(1)(m)	45-hour 23B(2)(b)	1st Aid/CPR F(1)(g) & 26B (1)	Training Log / Certificate F(1)(h)	Inf/Todd Training 23B(2)(i)	Univ. Prec. F(1)(j)	**NEO 23B(2)(a)	I-9 F(1)(q)
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Reviewer's Name_____

***New Employee Orientation*