Name of Center_____ Date of Survey_____

OUT OF SCHOOL TIME CARE
STAFF RECORDS 8.16.2.41

File **E(1)**	Name & Address/Telephone # **E(1)(a)**	Position **E(1)(b)** Duties **E(1)(c)**	DOH/ DOT **E(1)(d)**	CRC/ Empl. History **E(1)(e)** Current Child Abuse **E(1)(f)**	1st Aid/CPR **E(1)(G) & 45B(1)**	Training Log & Certificate **E(1)(h) & 42C(2)**	Emer # **E(1)(i)**	Univ. Prec. **F(1)(i)**	Written Plan-7 Comp./ Prof. Dev. Plan **E(1)(k)**	Work Sched **E(2)**	Signed Guidance Policy **43A(1)**	**NEO **42C(1)**
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Reviewer's Name_____

Revised 12/2012