

## EDUCATION DIRECTOR PERSONNEL FILE COVER SHEET\*

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	Copy of <b>Bachelor's degree in Early Childhood Education</b> or related field of study ( <i>and Master's degree, if applicable</i> )		
<input type="checkbox"/>	Copy of <b>teaching license or certificate</b> valid for services in the early childhood or childhood grades ( <i>If certificate is pending: copy of certification application from the TEACH system</i> )		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	<b>Medical clearances</b> for TDap, MMR, and Varicella ( <i>immunization or lab test; renew every 2 years</i> )		
<input type="checkbox"/>	Evidence of <b>PETS active and eligible</b> status		
<input type="checkbox"/>	<b>3 reference letters</b> from most recent employers ( <i>or non-family members if less than 3 prior places of employment</i> )		
TRAININGS / CERTIFICATES (renew every 2 years)		DATED	NOTES
<input type="checkbox"/>	Copy of a valid <b>Child Abuse and Maltreatment</b> Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Copy of <b>Infectious Disease</b> Training Certificate		
<input type="checkbox"/>	<b>Safety Plan &amp; Emergency Procedures</b> Training		
<input type="checkbox"/>	<b>Shaken Baby &amp; SIDS</b> Training		
<input type="checkbox"/>	<b>CPR/First Aid</b> Certification (at least one person on site must be certified)		
<input type="checkbox"/>	Other (MAT Training, Epi-Pen, Food handling, etc.) _____		
OTHER		DATED	NOTES
<input type="checkbox"/>	Emergency Contact		

\*Please note that this is not a comprehensive list and reflects the minimum requirements of the DECE Policy Handbook and DOHMH Health Code as of Dec. 2019. Programs may need to maintain additional records beyond the items listed on this cover sheet as required by other funding sources (e.g. Head Start).

## LEAD TEACHER – 4s PERSONNEL FILE COVER SHEET\*

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Serves as Education Director (*meets all Ed. Director qualifications; program has less than 40 students*)

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	Copy of <b>Bachelor's degree in Early Childhood Education</b> ( <i>and Master's degree, if applicable</i> )		
<input type="checkbox"/>	Copy of <b>teaching license or certificate</b> valid for services in early childhood <b>OR</b> a written <b>study plan</b> approved by an accredited college or university for obtaining Early Childhood certification within 3 years of date of hire		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	<b>Medical clearances</b> for TDap, MMR, and Varicella ( <i>immunization or lab test; renew every 2 years</i> )		
<input type="checkbox"/>	Evidence of <b>PETS active and eligible</b> status		
<input type="checkbox"/>	<b>3 reference letters</b> from most recent employers ( <i>or non-family members if less than 3 prior places of employment</i> )		
TRAININGS / CERTIFICATES <i>(5 hours every 12 months; 15 hours every 24 months)</i>		DATED	NOTES
<input type="checkbox"/>	<b>Child Abuse and Maltreatment</b> Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	<b>Infectious Disease</b> Training Certificate		
<input type="checkbox"/>	<b>Safety Plan &amp; Emergency Procedures</b> Training		
<input type="checkbox"/>	<b>SIDS/Safe Sleep/Shaken Baby</b> Training		
<input type="checkbox"/>	<b>Allergic Reaction</b> Training		
<input type="checkbox"/>	<b>OSHA Blood-borne Pathogen</b> Training		
<input type="checkbox"/>	Other (Pediatric CPR, MAT Training, Epi-Pen, Food handling, etc.) _____		
OTHER		DATED	NOTES
<input type="checkbox"/>	Emergency Contact		

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**LEAD TEACHER – 3s**  
**PERSONNEL FILE COVER SHEET\***

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Serves as Education Director (*meets all Ed. Director qualifications; program has less than 40 students*)

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	One of the following pieces of evidence (please note which): <ul style="list-style-type: none"> <li>○ <b>Bachelor’s degree in Early Childhood or a related field AND current certification</b> in the early childhood grades</li> <li>○ <b>Bachelor’s degree in Early Childhood or a related field AND resume</b> indicating <b>2 years of experience</b> in an early childhood program</li> <li>○ A written <b>study plan</b> approved by an accredited college or university for obtaining Early Childhood certification within 7 years of date of hire</li> </ul>		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	<b>Medical clearances</b> for TDap, MMR, and Varicella ( <i>immunization or lab test; renew every 2 years</i> )		
<input type="checkbox"/>	Evidence of <b>PETS active and eligible</b> status		
<input type="checkbox"/>	<b>3 reference letters</b> from most recent employers ( <i>or non-family members if less than 3 prior places of employment</i> )		
TRAININGS / CERTIFICATES <i>(5 hours every 12 months; 15 hours every 24 months)</i>		DATED	NOTES
<input type="checkbox"/>	<b>Child Abuse and Maltreatment</b> Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	<b>Infectious Disease</b> Training Certificate		
<input type="checkbox"/>	<b>Safety Plan &amp; Emergency Procedures</b> Training		
<input type="checkbox"/>	<b>SIDS/Safe Sleep/Shaken Baby</b> Training		
<input type="checkbox"/>	<b>Allergic Reaction</b> Training		
<input type="checkbox"/>	<b>OSHA Blood-borne Pathogen</b> Training		
<input type="checkbox"/>	Other (Pediatric CPR, MAT Training, Epi-Pen, Food handling, etc.) _____		
OTHER		DATED	NOTES
<input type="checkbox"/>	Emergency Contact		

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## PARAPROFESSIONAL PERSONNEL FILE COVER SHEET\*

Name: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	Copy of <b>High School Diploma or GED</b>		
<input type="checkbox"/>	Copy of <b>Identification Card</b> ( <i>Note: paraprofessionals must be at least 18 years of age</i> )		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	<b>Medical clearances</b> for TDap, MMR, and Varicella ( <i>immunization or lab test; renew every 2 years</i> )		
<input type="checkbox"/>	Evidence of <b>PETS active and eligible</b> status		
<input type="checkbox"/>	<b>3 reference letters</b> from most recent employers ( <i>or non-family members if less than 3 prior places of employment</i> )		
TRAININGS / CERTIFICATES (5 hours every 12 months; 15 hours every 24 months)		DATED	NOTES
<input type="checkbox"/>	Copy of a valid <b>Child Abuse and Maltreatment</b> Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Copy of <b>Infectious Disease</b> Training Certificate		
<input type="checkbox"/>	<b>Safety Plan &amp; Emergency Procedures</b> Training		
<input type="checkbox"/>	<b>SIDS/Safe Sleep/Shaken Baby</b> Training		
<input type="checkbox"/>	<b>Allergic Reaction</b> Training		
<input type="checkbox"/>	<b>OSHA Blood-borne Pathogen</b> Training		
<input type="checkbox"/>	Other (Pediatric CPR, MAT Training, Epi-Pen, Food handling, etc.) _____		
OTHER		DATED	NOTES
<input type="checkbox"/>	Emergency Contact		

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