



**EDUCATION DIRECTOR
PERSONNEL FILE COVER SHEET***

Name: _____

Date of Employment: _____ Date of Termination: _____

Qualified as Preschool Education Director (2 years experience in a program for children under age 6)

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	Copy of Bachelor's degree in Early Childhood Education or related field of study (<i>and Master's degree, if applicable</i>)		
<input type="checkbox"/>	Copy of resume indicating at least one year on the teaching staff in a child care program for children less than 24 months of age; OR transcript indicating / study plan leading to 6 college credits in infant/toddler coursework		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	Medical clearance from a licensed health care provider including clearance for TDap, MMR, and Varicella (<i>immunization or lab test; renew every 2 years</i>)		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and evidence of PETS active and eligible status</i>)		
<input type="checkbox"/>	3 reference letters 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"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	SIDS/Safe Sleep/Shaken Baby Training		
<input type="checkbox"/>	Allergic Reaction Training		
<input type="checkbox"/>	Other (Pediatric CPR, 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 be required to maintain additional records beyond the items listed on this cover sheet as required by other funding sources (e.g. Head Start).



**LEAD TEACHER
PERSONNEL FILE COVER SHEET***

Name: _____

Date of Employment: _____ Date of Termination: _____

Eligible as Education Director Designee (*meets all Ed. Director qualifications*)

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	One of the following pieces of evidence (please note which): <ul style="list-style-type: none"> ○ Associate’s (AA or AS) degree in Early Childhood Ed. ○ CDA certification AND a study plan leading to an Associate’s degree in Early Childhood Ed. within 7 years ○ High school diploma / GED AND ONE of the following: <ul style="list-style-type: none"> ○ 5 years of supervised experience in an I/T classroom ○ 2 years experience caring for children and a study plan leading to an Associate’s degree in early childhood education within 7 years ○ Study plan leading to 9 credits in Early Childhood Ed. or Childhood Development within 2 years and an Associate’s degree in Early Childhood Ed. within 7 years 		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	Medical clearance from a licensed health care provider including clearance for TDap, MMR, and Varicella (<i>immunization or lab test; renew every 2 years</i>)		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and evidence of PETS active and eligible status</i>)		
<input type="checkbox"/>	3 reference letters 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"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	SIDS/Safe Sleep/Shaken Baby Training		
<input type="checkbox"/>	OSHA Blood-borne Pathogen Training		
<input type="checkbox"/>	Allergic Reaction 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 High School Diploma or GED		
<input type="checkbox"/>	Copy of Identification Card (<i>Note: paraprofessionals must be at least 18 years of age</i>)		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	Medical clearance from a licensed health care provider including clearance for TDap, MMR, and Varicella (<i>immunization or lab test; renew every 2 years</i>)		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and evidence of PETS active and eligible status</i>)		
<input type="checkbox"/>	3 reference letters from most recent employers (<i>or non-family members if less than 3 prior places of employment</i>)		
TRAININGS / CERTIFICATES		DATED	NOTES
<input type="checkbox"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	SIDS/Safe Sleep/Shaken Baby Training		
<input type="checkbox"/>	OSHA Blood-borne Pathogen Training		
<input type="checkbox"/>	Allergic Reaction 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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