

LEAD TEACHER – 4S PERSONNEL FILE COVER SHEET*

Name: _____

Date of Employment: _____ Date of Termination: _____

Serves as both Education Director AND Lead Teacher for program

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 teaching license or certificate valid for services in the early childhood grades (<i>If certificate is pending: copy of certification application from the TEACH system</i>)		
<input type="checkbox"/>	Evidence demonstrating at least two years of experience caring for children less than six years of age, or one year plus six hours of training or education in early childhood development		
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"/>	Evidence of PETS active and eligible status		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and copy of NYS Fingerprinting record</i>)		
<input type="checkbox"/>	Contact information of two references		
TRAININGS / CERTIFICATES		DATED	NOTES
<input type="checkbox"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	OSHA Blood borne Pathogen training		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	Pediatric CPR and First Aid Certificate		
<input type="checkbox"/>	OCFS-approved trainings (<i>30 hours required every 24 months</i>)		
<input type="checkbox"/>	Other (MAT Training, 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.

LEAD TEACHER – 3s PERSONNEL FILE COVER SHEET*

Name: _____

Date of Employment: _____ Date of Termination: _____

Serves as both Education Director AND Lead Teacher for program

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 teaching license or certificate valid for services in the early childhood grades, OR resume indicating two years of experience in an early childhood program		
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"/>	Evidence of PETS active and eligible status		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and copy of NYS Fingerprinting record</i>)		
<input type="checkbox"/>	Contact information of two references		
TRAININGS / CERTIFICATES (30 hours required every 24 months)		DATED	NOTES
<input type="checkbox"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	OSHA Blood borne Pathogen training		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	Pediatric CPR and First Aid Certificate		
	OCFS-approved trainings (<i>30 hours required every 24 months</i>)		
<input type="checkbox"/>	Other (MAT Training, 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>)		
<input type="checkbox"/>	Copy of evidence demonstrating at least two years of experience caring for children less than six years of age, or one year plus six hours of training or education in early childhood development		
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"/>	Evidence of PETS active and eligible status		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and copy of NYS Fingerprinting record</i>)		
<input type="checkbox"/>	Contact information of two references		
TRAININGS / CERTIFICATES		DATED	NOTES
<input type="checkbox"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	OSHA Blood borne Pathogen training		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	OCFS-approved trainings (<i>30 hours required every 24 months</i>)		
<input type="checkbox"/>	Other (MAT Training, Pediatric CPR, Food handling, etc.) _____		
OTHER		DATED	NOTES
<input type="checkbox"/>	Emergency Contact		

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NON-TEACHING EDUCATION DIRECTOR (ON-SITE ALL TIMES) PERSONNEL FILE COVER SHEET*

Name: _____

Date of Employment: _____ Date of Termination: _____

Eligible to serve as Lead Teacher of program (*certified in Early Childhood Education*)

QUALIFICATIONS		NOTES	
<input type="checkbox"/>	Copy of Bachelor's degree in Early Childhood Education or related field (<i>and Master's degree, if applicable</i>)		
<input type="checkbox"/>	Copy of teaching license or certificate valid for services in the early childhood or childhood grades		
<input type="checkbox"/>	Copy of evidence demonstrating at least two years of experience caring for children less than six years of age, or one year plus six hours of training or education in early childhood development		
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"/>	Evidence of PETS active and eligible status		
<input type="checkbox"/>	Comprehensive Background Clearance Letter from DOHMH (<i>If not yet required to complete CBC: SCR letter and copy of NYS Fingerprinting record</i>)		
<input type="checkbox"/>	Contact information of two references		
TRAININGS / CERTIFICATES		DATED	NOTES
<input type="checkbox"/>	Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	OSHA Blood borne Pathogen training		
<input type="checkbox"/>	Infectious Disease Training Certificate		
<input type="checkbox"/>	Safety Plan & Emergency Procedures Training		
<input type="checkbox"/>	OCFS-approved trainings (<i>30 hours required every 24 months</i>)		
<input type="checkbox"/>	Other (MAT Training, Pediatric CPR, 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.