



**EDUCATION DIRECTOR
PERSONNEL FILE COVER SHEET***

Name: _____

Date of Employment: _____ Date of Termination: _____

Qualified as Infant/Toddler Education Director (*1 year experience with children under 24 months*)

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 or childhood grades (<i>If certificate is pending: copy of certification application from the TEACH system</i>)		
<input type="checkbox"/>	Copy of resume indicating at least two years of lead teacher experience in a program for children less than six years of age		
CLEARANCES		DATED	NOTES
<input type="checkbox"/>	Medical clearances 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 (<i>5 hours every 12 months; 15 hours every 24 months</i>)		DATED	NOTES
<input type="checkbox"/>	Copy of a valid Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Copy of 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 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: _____

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

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 OR a written study plan 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"/>	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"/>	Copy of a valid Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Copy of 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"/>	OSHA Blood-borne Pathogen 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: _____

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"> ○ Bachelor's degree in Early Childhood or a related field AND current certification in the early childhood grades ○ Bachelor's degree in Early Childhood or a related field AND resume indicating 2 years of experience in an early childhood program ○ A written study plan approved by an accredited college or university for obtaining Early Childhood certification within 7 years of date of hire 		
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"/>	OSHA Blood-borne Pathogen 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"/>	Copy of a valid Child Abuse and Maltreatment Identification, Reporting, and Prevention Certificate		
<input type="checkbox"/>	Copy of 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"/>	OSHA Blood-borne Pathogen 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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