

CHILD CARE PERSONNEL DEMOGRAPHIC FORM:

FACILITY ID: _____

FACILITY NAME: _____

Demographic Data	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Name (First and Last)										
Role in Facility										
SSN										
Driver License #										
Highest Educational Level										
Age Group										
Industry Start Date										
Date of Hire										
Affidavit Good Moral Character										
Retained Prints Exp. Date										
Screening Completion Date										
Abuse Neglect Reporting Date										
CAHRS (Dir. & Owner only)										
Screening Status										
Employee Attestation Date										
Volunteer Affidavit										
Employment History Check										
DCF Student ID										
DCF Training Completed										
SR Training Completed										
CPR Completed Date										
CPR Expiration Date										
First Aid Completed Date										
First Aid Expiration Date										
Annual In-service Completed										

KEY:

<p>Role in Facility</p> <ul style="list-style-type: none"> Corporate Designee Owner Director Household Member Driver 	<ul style="list-style-type: none"> Other Personnel- Background Screening Needed VPK Instructor Volunteer: 10 HM Volunteer: < 10 HM 	<ul style="list-style-type: none"> Volunteer: <10 HM- Under Direct Supervision Substitute: < 40 HM Substitute: 40+ HM Foster Grandparent 	<ul style="list-style-type: none"> Other Personnel- Background Screening Not Needed Child Care Personnel School Readiness Personnel 	<p>Educational Level</p> <ul style="list-style-type: none"> Bachelors CDA CDAE Associates Child Care Credential 	<ul style="list-style-type: none"> High School/GED No High School/GED Masters or Higher High School Student
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FACILITY ID: _____

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Demographic Data	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
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Role in Facility				Educational Level	
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