

**Division of Child Development and Early Education
Staff and Training Worksheet
DCD-0019**

PURPOSE/USE: The Staff and Training Worksheet is used to document the center's compliance with requirements for preservice staff qualifications, staff records, orientation, and annual training.

GENERAL INSTRUCTIONS: The Staff and Training Worksheet is completed by the center director or his/her designee using staff files and training records as sources of information. It **must be signed** by the director or designee where indicated on the bottom of the form. It is provided prior to the annual compliance review, and **must be completed prior** to the child care consultant's visit. The consultant will verify information on the worksheet during the visit.

- Complete all Items 1 through 32 for annual compliance visits.
- Enter dates numerically in month, day, year order (for example: 8/18/46).
- Enter parts of hours as decimals (for example: 8 hours and 30 minutes as 8.5).
- Enter N/A for "not applicable."
- When a required item is present in a file, enter a check mark.
- When a required item is missing from a file, write "missing."
- Use a **black ball-point pen** and press down firmly.

SPECIFIC INSTRUCTIONS

Facility Name: Enter the name of the facility in the space provided at the top of the form.

Facility ID#: Enter the license number of the center in the space provided at the top of the form

Last Name, First Name: Enter the last name and first name of each person who works at the center. Use additional forms as needed.

1. **Date of Birth:** Enter the person's birth date.
2. **Date of Criminal Records Qualifying Letter/ Criminal Records Check Date It Expires:** Enter the date of the Qualifying Letter received from the Criminal Records Check Unit at the Division of Child Development and Early Education. Enter the date (month/date/year) that the 3 year Criminal Record Check expires.
3. **Position, Total Number of Hours Worked Weekly, Group Assignment** Indicate the person's position, i.e., administrator, lead teacher, teacher, aide/driver, cook, floater, substitute, etc. Indicate the number of hours per week the employee works at the facility, i.e. 8 a.m – 3 p.m. Indicate the age group of children whom the employee is assigned to provide care, i.e., infants, toddlers, twos, threes, fours, fives, school age. **4. Education:** Indicate the employee's educational qualifications. Include the number of course hours in child care related subjects if the person has a degree in a different area. For example, indicate BA/12 SEM HRS CH DEV for someone who has a Bachelor's Degree with 12 semester hours in child development. Include in this entry any additional hours of training a director or teacher may have to receive to qualify for their positions. If training is in process at the time of review, note that the person is "enrolled".

Use the following abbreviations:

LIT	Literate	C HRS	Clock Hours	SEM HRS	Semester Hours
HS	High School Graduate	CH C	Child Care	Q HRS	Quarter Hours
GED	General Education Diploma	CH C PROG ADMIN	Child Care Program Administration	CH PSY	Child Psychology
AB, BA, BS, MA, MPA, Ph.D., M.S	etc. for applicable college degree	CH DEV	Child Development	DPI	Successful completion of the Dept. of Public Instruction's Child Care Services Occupational Home Economic Program
E CH ED	Early Childhood Education	RN	Registered Nurse	LPN	Licensed Practical Nurse
NCECAC	North Carolina Early Childhood Administration Credential	NCECC	North Carolina Early Childhood Credential	CDA	Child Development Associate Credential

5. **Child Care Work Experience:** Indicate the employee's work experience, using the following abbreviations:

YRS/MO - years/months

CH C - child care, child day care, or early childhood experience

ADMIN - experience in performing administrative responsibilities

For example: CH C – 2 YRS/2 MO indicates the employee has 2 years and 2 months work experience in child care

6. **Date of First Aid/Date it Expires:** Enter the date that the employee successfully completed First Aid Trainings and the date the First Aid certification expires
7. **Date of CPR and the Date it Expires:** Enter the date that the employee successfully completed CPR Enter the date that the employee's CPR certification expires.
8. **Application:** Enter a check to indicate that the employee's application for employment is on file and complete.

9. **Date of Employment:** Enter the date that the employee began working at this facility.
10. **Date of Medical Statement:** Enter the date of the medical statement on file for the employee (should be on file within 60 days of the date of employment).
11. **Date of Initial TB Test or signed Questionnaire:** Enter the date of the TB test result on file for the employee (should be on file the first day of employment and must be less than 12 months old).
12. **Date of Latest Medical/:** Enter the date of the last medical.
13. **Emergency Information/HQ:** Enter a check to indicate that emergency contact information and staff health questionnaire is on file and complete for the employee. The completed form must be on file the first day of employment. **14. Orientation Received (for persons employed within the last year):** Enter a check to indicate that the employee received the required hours of orientation within the first 2 weeks of employment and the required hours of orientation within the first 6 weeks of employment. If orientation is in process at the time of review, enter the number of hours completed at that date. If the employee has been employed for more than one year, enter N/A for "not applicable."
15. **Date of NCECC, NCECAC or Equivalent/Date it Expires:** Enter the date that the employee completed the applicable Credential and the date it expires
16. **Number of Annual In-service Training Hours Required:** Enter the number of annual in-service training hours required for this employee.
17. **Number of Annual In-service Training Hours Brought Forward:** Enter the number of annual training hours the employee carried over as excess from the previous year.
18. **Number of Annual In-service Training Hours Received:** Enter the number of eligible in-service training hours the employee received during the past year.
19. **Number of Annual In-service Training Hours to Carry Over to the Next Year:** Enter the number of annual in-service training hours which the employee may carry over to the next year. Subtract the number in Item 16 from the total of Items 17 and 180.

Note: Only ½ of the employee's required annual training hours may be carried over to the next year.

20. **Date of Playground Safety Training:** Enter the date the employee required to have this training received it..
21. **Date of ITS-SIDS Training/Date It Expires:** Enter the date the employee required to have this training received it and the date it expires.
22. **Date of BSAC Training:** Enter the date the employee required to have this training received it (applicable only for staff members working with school-age children).
23. **Date of EPR in Child Care Training:** Enter the date the employee designated to have this training received it.
24. **Early Educator Certification/Scale Level/Date It Expires:** Enter the employee's verified level of educational achievement, based on a standardized scale awarded by the North Carolina Institute of Child Development Professionals. The Institute certifies individuals on two scales: the Early Care and Education Professional Scale (ECE Scale) or the School Age Professional Scale (SA Scale). Enter the date that the employee's ECE or SA certification expires. :
25. ***Annual Staff Evaluation, and Staff Development Plan:** Enter the date of the last staff evaluation for this employee (must be completed annually). Enter the date the staff development plan for this employee was finalized.

Use the following abbreviations: AE for Annual Staff Evaluation (enter completed date) and SDP for Staff Development Plan ((enter completed date). **Note for Clarification: Annual evaluations of staff and staff development plans are only required for programs that receive two or more points in the Program Standards component of the star rated license.**

26. ***Job Description, Policy Review, and Enhanced Standards Review:** Enter a check to indicate that the person has signed an applicable job description. Enter a check to indicate that there is documentation that the person has reviewed the personnel and operational policies of the facility. Enter a check to indicate that there is documentation that information concerning the voluntary enhanced standards was included during the employee's orientation.

Use the following abbreviations:

JD	Job description (checkmark)
PR	Policy Review (checkmark)
ESR	Enhanced Standards Review (checkmark)

Note for Clarification: Signed job descriptions, documentation on policy review and documentation on enhanced standards review are only required for programs that receive two or more points in the program standards component of the rated license. These requirements are only applicable to employees hired after April 1, 1999.

Provider's Signature: The provider or legal designee must enter their written signature.

Title: Enter the name that describes the position or job of the individual who is responsible for the overall operation of the facility (including the legal designee).

Date: The provider should enter the date he/she completed, reviewed and signed the Staff and Training Worksheet.

Child Care Consultant Verification Information: Signature of the child care consultant.

Date: The date the consultant verified information on the Staff and Training Worksheet.

