



# Staff Record Checklist

Palm Beach County Checklist

Campus: \_\_\_\_\_  
 Lastname, Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Schedule: \_\_\_\_\_

Start Date: \_\_\_\_\_

#	Reference	Description	Expiration Date	Notes
<b>Childcare personnel Records Summary Sheet (Staff Binder)</b>				
1	CS-FPS 5131	<input type="checkbox"/> BS Personnel File Requirements		
2	01-NGM-HR-00	<input type="checkbox"/> Employment Application/Emergency contacts		
3	HD-AHCA-WEB	<input type="checkbox"/> Clearing House Screening (Local, State, Federal)		
4	HD-FDLA-WEB	<input type="checkbox"/> Sexual Offenders <a href="https://offender.fdle.state.fl.us/">https://offender.fdle.state.fl.us/</a>		
5	EHE-DC-009	<input type="checkbox"/> Abuse/Neglect Statement (Yearly)		
6	EHE-DC-016	<input type="checkbox"/> Notarized Affidavit Statement for Applicant for employment		
7	CF-FSP 1649A	<input type="checkbox"/> Affidavit of Good Moral Character		
8		<input type="checkbox"/> Attestation of Good moral Character (not notarized)		
9	EHE-DC-017	<input type="checkbox"/> Employment History/References Check		
10	NGM-HR-07	<input type="checkbox"/> 3 References Letters		
11	EHE-DC-022	<input type="checkbox"/> Proof of Physical Examination:		
12		<input type="checkbox"/> Proof TB risk assessment		
<b>Proof of Education</b>				
13		<input type="checkbox"/> 40 Hours DCF Training Transcript with elc/safe Training		
14		<input type="checkbox"/> 5 hours ELC training		
15		<input type="checkbox"/> 5 hours safe sleep training		
16		<input type="checkbox"/> CCPO training (Medication Administration and Fire Ext)		
17		<input type="checkbox"/> Current First Aid & Infant Child CPR		
18		<input type="checkbox"/> High School/College Certificate/		
19		<input type="checkbox"/> 10 Hours Annual In-service Training (Fiscal Year. June-July)		
20		<input type="checkbox"/> Staff Credential/Director Credential		
21		<input type="checkbox"/> Resume		
<b>Policies</b>				
22		<input type="checkbox"/> Child Discipline Policy		
23		<input type="checkbox"/> Safe Sleep Policy		
24		<input type="checkbox"/> BP Exposure Control Plan		
25		<input type="checkbox"/> Work Assignments		
26		<input type="checkbox"/> Handbook Acknowledgment		
<b>Personal Documentation</b>				
27		<input type="checkbox"/> ID (Type: Passport, DL )		
28		<input type="checkbox"/> Copy Social Security Card		
29		<input type="checkbox"/> W4 (And I9 if required)		
30		<input type="checkbox"/> Direct Deposit form or Void Check		