



Child Care Center Personnel Information Record

This form simplifies maintenance of personnel records by centralizing information required by Child Care Licensing for child care centers. Providers may use their own form.

Directions: Employees fill out this form upon hire and sign it after completing all requirements. This form meets the requirements of 26 Texas Administrative Code (TAC) §746.901. Supporting forms may be found at:
http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff

| Employee Information | | | | |
|--|--|---------------|--|----------------------|
| Name: | | Address: | | Phone: |
| Date of Birth: | Date of FBI Fingerprint Check Completed: | TB Test Date: | Date of Employment: | |
| Name of High School/Home School: | | | Graduated? <input type="radio"/> Yes <input type="radio"/> No | Graduation/GED Date: |
| Child Care Career Program (for high school students) and Instructor: | | | | |
| First Aid Training Expiration Date: | CPR Training Expiration Date: | | | |

| Pre-Service Training (for Caregivers) | |
|---|--|
| Select all that apply: | |
| <input type="radio"/> I have previous child care experience or training. (Does NOT require 24 hours of pre-service.) OR | |
| <input type="radio"/> I do not have previous child care experience or training. Before being counted in the child/caregiver ratio, I received eight hours of pre-service training in the following areas: | |
| <input type="checkbox"/> Developmental stages of children <input type="checkbox"/> Supervision and safety practices in the care of children <input type="checkbox"/> Fostering children's self-esteem <input type="checkbox"/> Preventing the spread of communicable disease | <input type="checkbox"/> Positive guidance and discipline of children <input type="checkbox"/> Age-appropriate activities for children <input type="checkbox"/> Positive interaction with children |
| <input type="radio"/> I will not be working with children younger than 24 months. (Does NOT require the training listed below.) OR | |
| <input type="radio"/> I will be working with children younger than 24 months. Before being counted in the child/caregiver ratio for a group of children younger than 24 months of age, I received one hour of pre-service training in: | |
| <input type="checkbox"/> Recognizing and preventing shaken baby syndrome and abusive head trauma; <input type="checkbox"/> Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and <input type="checkbox"/> Understanding early childhood brain development. | |
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date Signed |

Employee and Volunteer Orientation

I have been oriented in:

- An overview of the minimum standards for child care centers;
 - The center's operational policies, including discipline, guidance, and the release of children;
 - An overview of your policy on the prevention, recognition, and reporting of child maltreatment;
 - An overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees;
 - The location and use of fire extinguishers and first aid equipment;
 - Administering medication, if applicable;
 - Preventing and responding to emergencies due to food or an allergic reaction;
 - Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic;
 - Handling, storing, and disposing of hazardous materials including compliance with 26 TAC §746.3425; and
 - Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.
- I have received a copy of the child care center's operational policies.
 - I have received the child care center's personnel policies.

| | |
|--|---|
| _____ Employee Signature | _____ Date Signed |
| _____ Trainer Signature | _____ Date Signed |

Attached Documents

- Copy of photo identification
- Copy of current driver's license for persons transporting children in care N/A if not transporting children
- Form 2985, Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home
- Form 7250, Staff Training Record
- Educational Documentation

Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____
COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____

Please Sign below if you have received the
RISD XPlore
Instructional Assistant Handbook



Employee Printed Name _____

Employee Signature _____

Date _____

Assigned School _____

XPlore Staff Signature _____



Child Care Licensing Request for Background Check

Use this form to request background checks required by Texas Administrative Code (TAC) [§745.605](#). You can also submit background check requests through HHSC's [Child Care Provider](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

| If, | Then, |
|--|--|
| Your operation is a licensed child care center, school-age program, before- or after-school program, licensed child care home, registered home or residential care provider, | your operation must submit background check requests via HHSC's, Child Care Provider page. |
| Your operation is a listed family home, employer-based child care operation or shelter operation, | your operation may submit background check requests via HHSC's Child Care Provider page, email the form to CBCUbackgroundchecks@dfps.state.tx.us , fax the background check form to 512-339-5871, or mail the background check form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code 121-7, Austin, TX 78714-9030. |

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

Operation Information

| | | |
|---|---------------|---------------------------------------|
| Operation Name | Operation No. | Operation Area Code and Telephone No. |
| Operation Address (Street, City, State, ZIP Code) | | |
| Operation Mailing Address (Street, City, State, ZIP Code) | | County |

Verification Signatures

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner or Operator

Signature of Director, Owner or Operator

Date Signed

Individual's Identifying Information

Initial Renewal Fingerprint Check Required FBI Results in DPS Clearinghouse

| | | |
|-------------------|--------------------|------------------|
| First Name | Middle Name | Last Name |
|-------------------|--------------------|------------------|

List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

| | | |
|--------------------------|---------------------------|-------------------------|
| Other First Names | Other Middle Names | Other Last Names |
|--------------------------|---------------------------|-------------------------|

Address (Street, City, State, ZIP Code)

| | | | |
|---------------|------------------------------------|----------------------|---|
| County | Area Code and Telephone No. | Date of Birth | Gender: <input type="radio"/> Male <input type="radio"/> Female |
|---------------|------------------------------------|----------------------|---|

List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

| | |
|---|---|
| Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic | Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native |
|---|---|

| | | | |
|----------------------------|-----------------------|--|---|
| Social Security No. | Photo ID Type: | <input type="checkbox"/> Driver License: No. _____ State _____ | <input type="checkbox"/> Canadian SIN: _____ |
| | | <input type="checkbox"/> State ID: _____ | <input type="checkbox"/> Military ID: _____ |
| | | <input type="checkbox"/> Passport: _____ | <input type="checkbox"/> Permanent Resident Card: _____ |

Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email _____ **Area Code and Telephone No.** _____

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

| | | | | |
|--|---|--|---|--|
| <input type="radio"/> Adoptive Parent | <input type="radio"/> Contracted Service Provider | <input type="radio"/> Director | <input type="radio"/> Foster Parent | <input type="radio"/> Foster/Adoptive Parent |
| <input type="radio"/> Household Member | <input type="radio"/> Frequent/Regular Visitor | <input type="radio"/> Licensed Administrator | <input type="radio"/> Owner/Permit Holder | |
| <input type="radio"/> Staff/Employee | <input type="radio"/> Unverified Respite Provider | <input type="radio"/> Volunteer | | |

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative Fictive Kin Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... Yes No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months 18 months – 2 years 3 years – 4 years 5 years – 13 years 14 years – 17 years

Over 17 years N/A