



CHILD CARE CENTER PERSONNEL INFORMATION RECORD

Purpose: This form simplifies maintenance of personnel records by centralizing information required by DFPS 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 40 TAC §746.901. Supporting forms may be found at:

http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff

Name:		Address:			Phone:	
Date of Birth:	Date of Employment:	Date FBI Fingerprint Check Completed:		TB Test Date:		
Name of High School/Home School:			Graduated? Yes No		Graduation/GED Date:	
Child Care Career Program (for high school students) and Instructor:						
CPR Training Expiration Date: First Aid Training Expiration Date:						

Select all that apply:	
I have previous child care experience or training. (DOES NOT REQUIRE 24 HRS OF PRE-SERVICE). OR I do not have previous child care experience or training. Before being counted in the child/caregiver ratio, I received 8 hours of pre-service training in the following areas:	
Developmental stages of children	Age-appropriate activities for children
Positive guidance and discipline of children	Fostering children's self-esteem
Supervision and safety practices in the care of children	Positive interaction with children
Preventing the spread of communicable disease	
I will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW). OR 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: Recognizing and preventing shaken baby syndrome and abusive head trauma; Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and Understanding early childhood brain development.	
Employee Signature:	Date Signed:

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 abuse and neglect;
- 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 40 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:

Copy of photo identification
Copy of current driver's license for persons transporting children in care NA if not transporting children
Affidavit for Applicants for Employment (Form 2985)
Staff Training Record (Form 7258)
Educational Documentation

DFPS values your privacy. For more information, read our privacy policy at:
<http://www.dfps.state.tx.us/policies/privacy.asp>.

PERSONAL HISTORY STATEMENT

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

Name (Last, First, Middle)	Soc. Sec. No.*	TX. Driver's License No.*	Date of Birth
Mailing Address	City	Zip Code	Home Telephone No. (A/C)
Name of Operation	Capacity	Your Title or Position at the Operation	
Operation Address	City	Zip Code	Telephone No. (A/C)

*Indicate if you do not have a Social Security number or a Texas driver's license.

1. EDUCATION:

Elementary or High School (check highest year completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate or receive a GED?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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NAME OF SCHOOL	LOCATION CITY AND STATE	DATES ATTENDED				GRAD- UATED		TYPE OF DIPLOMA OR DEGREE	MAJOR FIELD OF STUDY
		From		To		Yes	No		
		Mo.	Yr.	Mo.	Yr.				
College or University		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Describe any other special training you have had which you feel is pertinent. Including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold.

2. EMPLOYMENT AND EXPERIENCE – Show all positions held within the last 10 years beginning with current or last employer.

DATES EMPLOYED				POSITION	Full Time	Part Time	EMPLOYER	ADDRESS
From		To						
Mo.	Yr.	Mo.	Yr.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

Use additional sheets as necessary.

PERSONAL HISTORY STATEMENT

A. Describe the duties of each position listed above that were in the areas of child-care services, child-care personnel supervision, skill-based instruction, recreational or youth development program, and program management or administration.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

3. PREVIOUS LICENSES/REGISTRATIONS/LISTINGS

A. Has the Texas Department of Family and Protective Services or any other agency ever registered or listed you to care for children?

Yes No

If "Yes," when were you registered or listed? From: _____ To: _____		Address (Street, City, ZIP)
County and State		If you were registered under another name, what was the name?

B. Has the Texas Department of Family and Protective Services or any other agency ever licensed you to care for children? Yes No

If "Yes," what kind of license did you have?		When were you licensed? From: _____ To: _____	
Name of operation			
Operation Address (Street, City, State and ZIP)			County

PERSONAL HISTORY STATEMENT

C. Are you now a foster parent?..... Yes No

D. Have you ever been denied a permit to care for children? Yes No

If "Yes," when were you denied?	For what type of child care were you denied?
Operation's Address (Street, City, State and ZIP)	County
What was the reason for the denial?	

E. Have you ever had a child-care permit revoked or have you ever been barred/prohibited from operating? Yes No

If "Yes," when did the revocation or bar occur?	What was the reason for the revocation or bar?
Operation's Address (Street, City, State and ZIP)	County
If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar	
Indicate the type of child care permit that was revoked or the type of child care you were barred from operating?	

F. Has an operation that you owned or operated ever been placed on probation?..... Yes No

If "Yes," when was it placed on probation?	What was the reason it was placed on probation?
Operation's Address (Street, City, ZIP)	County

4. PEOPLE IN THE HOME: For Child Care Operations in Homes Only:

(Complete only if child care will be provided in the home where the caregiver and family reside.)

The following people 14 years old or older live in my home in addition to myself. Use additional sheets as necessary.

NAME (Last, First, Middle)	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.*	TX. DRIVER'S LIC. NO.*	RELATIONSHIP

5. HEALTH

A. Are you physically and/or emotionally fit to act as the director/administrator of a child care operation? Yes No

If "No," please explain.

B. Is any person listed in #4 physically and/or emotionally impaired? Yes No

If "yes", please explain.

6. CHILD ABUSE/NEGLECT

Have you or has any person listed in Item #4 ever been investigated for abusing or neglecting a child by any of the following agencies?

A. Child Protective Services of the Texas Department of Family and Protective Services..... Yes No

B. County child welfare agency Yes No

C. Law enforcement agency (police, sheriff, etc.) Yes No

D. Child welfare agency in another state Yes No

E. Other (specify)..... Yes No

If "Yes" to any of the above, what was the child's name?	How was the child related?
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PERSONAL HISTORY STATEMENT

When did this occur?	Where?
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7. CRIMINAL CHARGES/CONVICTIONS

A. Have you or has any person listed in Item #4 ever been convicted of a felony or misdemeanor?..... Yes No

If "Yes," give name of person(s)	Date of Conviction	Location
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Give details including type of conviction and disposition: _____

B. Do you or does any person listed in Item #4 have felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication? Yes No

If "Yes" give name of person(s)	Type of Charge	
County where charges are pending or length of deferred sentence.	Court No.	Location

Give details: _____

8. FOR DIRECTOR OF LICENSED CENTERS ONLY

Please attach all additional documentation relevant to your education, training, and job experience to this form (e.g.: an original DFPS child care director's certificate, college transcripts, original training course certificates, or C.D.A. credential). All original documentation will be returned to you after qualifications are evaluated.

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize the Texas Department of Family and Protective Services to contact the persons listed on this form. I understand that the Department may contact others and, at any time, seek verification of any and all information on this form., I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the license.

_____ Signature

_____ Date

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: _____