

Licensed/Registered Home: Caregivers, assistants, substitutes, and household members Information Record

**Purpose:** This form simplifies maintenance of personnel records for caregivers, assistants, substitutes, and household members by centralizing information required by DFPS for child-care homes. Providers may use their own form.

**Directions:** This form should be completed for each caregiver, assistant caregiver, and substitute caregiver in the home. Items with a "\*\*" are required for all household members. Supporting forms may be found on the DFPS [*Forms and Documents for Child Care Providers*](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff) web page.

| **CAREGIVERS, ASSISTANTS, SUBSTITUTES, AND HOUSEHOLD MEMBERS**  INFORMATION | | | | |
| --- | --- | --- | --- | --- |
| \*\*Name: | Address: | | Phone: | |
| Date of Birth: | Date of Employment: | | \*\*T.B. Test Date: |
| \*\*Date Central Registry Completed: | \*\*Date DPS Check Completed: | | \*\*Date FBI Completed: | |
| Name of High School/Home School: | | Graduated?     Yes    No | Graduation Date/GED: | |
| **My role in the home:**    Caregiver       First Aid Training Expiration Date       CPR expiration date    Assistant Caregiver    Substitute       First Aid Training Expiration Date       CPR expiration date    Household member counted in ratio:    not counted in ratio | | | |

| **CAREGIVER QUALIFICATIONS** | |
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| ***Before*** caring for children all caregivers must have completed 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)     Understanding early childhood brain development     Emergency preparedness | |
| Preventing the spread of communicable disease     Administering medication, if applicable     Preventing and responding to emergencies due to food and 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 §747.3221     Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old | |
| Caregiver Signature: | Date Signed: |

| **SUBSTITUTE, ASSISTANT, HOUSEHOLD MEMBERS**  ORIENTATION | |
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| I affirm that I have been oriented in:     An overview of the minimum standards for homes;     \*\* 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 your home's Emergency Preparedness Plan;     \*\*The location and use of fire extinguishers and first-aid equipment;     Recognizing and preventing shaken baby syndrome and abusive head trauma;     Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS);     Understanding early childhood brain development;     Preventing and controlling the spread of communicable diseases, including immunizations;     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 §747.3221;     Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old; and     \*\*I have received a copy of the home’s operational policies. | |
| Caregiver Signature: | Date Signed: |
| \*\*Household Member, Substitute, Assistant Signature: | Date Signed: |

| **ATTACHED DOCUMENTS** |
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| Copy of photo identification     Copy of current driver license for persons transporting children in care:    NA if not transporting children     Affidavit for Applicants for Employment (Form:2985)     Staff Training Record (Form 7258)     Licensing pre-application course certificate |

| PRIVACY STATEMENT |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](http://www.dfps.state.tx.us/policies/privacy.asp). |