

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