***PROGRAM STAFF INFORMATION***

**Staff Education and Experience.** For each staff role listed below, please provide the names of staff members, indicate whether each member works full or part time, provide the ages of children in the staff member’s classroom, the highest level of education attained by the staff member (if received degree, put what it was obtained in – i.e. BS in Elementary Education), the total number of years of experience and the type of experiences he/she has had in early care and education, and his/her age (if under 21 years).
Make additional copies if needed.

**PLEASE PRINT.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Role:** Owner, Director, Asst. Director, Teacher, Asst. Teacher, Other | **Staff Name**First and Last | **CCCCD Student Number** | **DOB** | **Date of Employment** | **Yrs in child care** | **Full or Part Time(F/P)** | **Degree, Certificate, and/or Credential** | **Date Corporal Punishment signed** | **Date Code of Ethics signed** | **Expiration dates for: Infant/Child CPR** | **Date completed Pre-Service Health and Safety Certificate** | **Valid High School Diploma or GED** | **Health Assessment Expiration date** | **Date of cleared Central Registry** |
| **Pediatric First Aid** | **HS** | **GED** | **TB Test date** |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Role:** Owner, Director, Asst. Director, Teacher, Asst. Teacher, Other | **Staff Name**First and Last | **CCCCD Student Number** | **DOB** | **Date of Employment** | **Yrs in child care** | **Full or Part Time(F/P)** | **Degree, Certificate, and/or Credential** | **Date Corporal Punishment signed** | **Date Code of Ethics signed** | **Expiration dates for: Infant/Child CPR** | **Date completed Pre-Service Health and Safety Certificate** | **Valid High School Diploma or GED** | **Health Assessment Expiration date** | **Date of cleared Central Registry** |
| **Pediatric First Aid** | **HS** | **GED** | **TB Test date** |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |
|       |       |       |   |   |       |       |       |   |   |   |   | [ ]  | [ ]  |   |   |
|   |   |