

Center Staff Master List

Director Name: _____ **PV #** _____
Facility Name: _____ **Phone #** _____
Facility Address: _____

Where you have room fill in the required information, in its entirety, otherwise simply indicate with a check mark that you have on file, at the day care facility, the records indicated. (See codes at bottom of page for help.) Attach employee cover sheets.

Please Note: If someone is not listed below, they will be taken off of the approved caregiver list.

Staff Name	Date of Birth	Role Type	ROI	SOH	Td/Tdap	MMR	CPR	FA	Safe Sleep	Training	Date of Hire
Mailing Address	SS#										Termination Date
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

ROI - Release of Information **SOH** – Statement of Health **Safe Sleep**- Must be complete by all staff caring for infants age 2 & under
MMR - Measles Mumps Rubella **Td/ Tdap** - Tetanus Diphtheria (w/in 10 years)
CPR - CPR Certification (current) **FA** - First Aid Certification (current) **Training** –Annual training requirements completed