Summary of Personnel Information - Child Care

NON PUBLIC

Program name _____ **Visit Date**_____
Program license number _____ **Date** _____
Form completed by (name)_____

DHS use				List all staff persons in alphabetical order	Current working position *	Month, day & year employed	1st date of direct contact w/ children	Month, day and year training completed						Staff In-Service Training Requirements	
PIF	Direct Contact date	BGS	BGS submission date	Last First MI				Orientation	First Aid	CPR	Sudden Unexpected Infant Death	Abusive Head Trauma	Risk Reduction Plan	Training hours required	Training hours completed

* Must have documentation of education and experience on site.

Divided boxes should contain training dates from the previous two years.

11/1/2015