

Employee/Substitute Information Record

Provider Name _____

License # _____

Employee/Substitute

Hire Date _____

Name _____

Birth Date _____

Address _____

Phone _____

Education _____

Work Experience _____

Previous Employment _____

If obtained, current Colorado Early Childhood Professional Credential level _____

Emergency Contact

Name _____

Relationship _____

Address _____

Phone _____

I verify that I have read, and am familiar with, The Rules Regulating Family Child Care Homes.

Signature

Date

I verify that I have read, and am familiar with, the written policies and procedures for this child care home and have been given a pre-service training of hazards and bio hazards (Building & Premises Safety).

Signature

Date

Perjury Statement

(Regulation 7.701.8 - Application forms for Employment with a Child Care Provider. Every application used in the State of Colorado for employment with a child care provider or facility, or for the certification of a foster home, must include the following notice to the applicant)

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

Signature

Date

Information Required for ALL substitutes (other than emergency)

Training

Prevention of SIDS/Safe Sleep *(if caring for infants <12 mos)*
Preventing Shaken Baby Syndrome & Abusive Head Trauma
Recognition & Reporting of Child Abuse/Neglect *(Mandatory Reporter)*
Standard Precautions
Disaster Preparedness & Emergency Response *(FEMA)*
Building & Premises Safety *(for this program)*

Date Completed & Expires

Other Forms/Information

Fingerprints submitted (CBI/FBI)
Background Inquiry Form submitted (TRAILS)

Information Required for substitutes used 14 days (112 hours) or more per year

Training

CPR
First Aid
Medication Administration
15 hours of training per year
(including 3 hours Social Emotional)

Date Completed & Expires

Other Forms/Information

Health Evaluation

A copy of all training certificates and information must be in Personnel File.

Other Information of Importance:

Per regulation 7.701.33.F8

Providers, substitutes, and employees must allow an investigation or inspection by the Colorado Department of Human Services or authorized representatives of the Department at any reasonable time for the purpose of an investigation or inspection.