

## Child Care Center Personnel Information Record

This form simplifies maintenance of personnel records by centralizing information required by Child Care Licensing for child care centers. Providers may use their own form.

**Directions:** Employees fill out this form upon hire and sign it after completing all requirements. This form meets the requirements of 26 Texas Administrative Code (TAC) §746.901. Supporting forms may be found at: [www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp#staff](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff).

### Section 1 – Employee Information

|  |   |                               |
|--|---|-------------------------------|
| Name:  | Area Code and Phone No.:                                      | Date of Birth:                |
| Address (Street or P.O. Box, City, State and ZIP Code):              |   |                               |
| Date of FBI Fingerprint Check Completed:                             | TB Test Date:   | Date of Employment:           |
| Name of High School or Home School:                                  | Graduated? <input type="radio"/> Yes <input type="radio"/> No | Graduation or GED Date:       |
| Child Care Career Program (for high school students) and Instructor: | First Aid Training Expiration Date:                           | CPR Training Expiration Date: |

### Section 2 – Pre-Service Training (for Caregivers)

Select all that apply:

- I have previous child care experience or training. **(Does not require 24 hours of pre-service.)** or
- I do not have previous child care experience or training. Before being counted in the child caregiver ratio, I received eight hours of pre-service training in the following areas:
- Developmental stages of children
  - Positive guidance and discipline of children
  - Supervision and safety practices in the care of children
  - Age-appropriate activities for children
  - Fostering children's self-esteem
  - Positive interaction with children
  - Preventing the spread of communicable disease
- I will not be working with children younger than 24 months. **(Does not require the training listed below.)** or
- I will be working with children younger than 24 months. Before being counted in the child caregiver ratio for a group of children younger than 24 months of age, I received one hour of pre-service 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); and
  - Understanding early childhood brain development.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Section 3 – Employee and Volunteer Orientation

I have been oriented in:

- An overview of the minimum standards for child care centers;
- The center's operational policies, including discipline, guidance, and the release of children;
- An overview of your policy on the prevention, recognition, and reporting of child maltreatment;
- An overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees;
- The location and use of fire extinguishers and first aid equipment;
- 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 26 TAC Section 746.3425; and
- Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.
- I have received a copy of the child care center's operational policies.
- I have received the child care center's personnel policies.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Trainer Signature**

\_\_\_\_\_  
**Date**

### Section 4 – Attached Documents

- Copy of photo identification
  - Copy of current driver's license for persons transporting children in care       N/A, if not transporting children
- Form 2985, Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home
- Form 7250, Staff Training Record
- Educational Documentation

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Child Care Regulation  
**Request for Background Check**

Use this form to request background checks required by 26 Texas Administrative Code (TAC) [Chapter 745 Subchapter F](#). You can also submit background check requests through your [Child Care Regulation Account](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

| Operation Type:  | Submit Background Check Requests:   |
|--|---|
| <ul style="list-style-type: none"> <li>Licensed child care center</li> <li>School-age program</li> <li>Before- or after-school program</li> <li>Licensed child care home</li> <li>Registered home</li> <li>Employer- based child care operation</li> <li>Shelter operation</li> <li>Residential care provider</li> </ul> | <p>through your online <a href="#">Child Care Regulation Account</a>.</p> <p><b>Exception:</b> use this form and submit it to CBCU if the person for whom you are submitting the background check does not have any of the following types of identification:</p> <ul style="list-style-type: none"> <li>Social Security number;</li> <li>driver's license number;</li> <li>state-issued identification number;</li> <li>Canadian social insurance number;</li> <li>military identification card number;</li> <li>passport number; or</li> <li>permanent resident card identification number.</li> </ul> <p><b>Note:</b> If you submit this form and the background check subject does not meet the exception above, CBCU staff will advise you to submit the background check through your online Child Care Regulation Account.</p> |
| Listed family home   | <ul style="list-style-type: none"> <li>through your online <a href="#">Child Care Regulation Account</a>; or</li> <li>submit this form to CBCU.</li> </ul>  |

**Submit this form to CBCU by:**

- emailing to [contactcbcu@hhs.texas.gov](mailto:contactcbcu@hhs.texas.gov);
- faxing to 512-339-5871; or
- mailing to:

Texas Health and Human Services Commission  
Centralized Background Check Unit  
Mail Code 121-7  
P.O. Box 149030  
Austin, TX 78714-9030

**Directions:** Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

**Operation Information**

|  |               |                                   |
|--|---------------|-----------------------------------|
| Operation Name   | Operation No. | Operation Area Code and Phone No. |
| Operation Address ( <i>Street, City, State, ZIP Code</i> )         |               |                                   |
| Operation Mailing Address ( <i>Street, City, State, ZIP Code</i> ) |               | County                            |

**Verification Signatures**

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

\_\_\_\_\_  
**Printed Name of Director, Owner or Operator**

\_\_\_\_\_  
**Signature of Director, Owner or Operator**

\_\_\_\_\_  
**Date Signed**

**Individual's Identifying Information**

|                                  |  |  |  |                                  |  |             |  |   |  |  |  |   |  |  |  |  |  |
|----------------------------------|--|--|--|----------------------------------|--|-------------|--|---|--|--|--|---|--|--|--|--|--|
| <input type="checkbox"/> Initial |  |  |  | <input type="checkbox"/> Renewal |  |             |  | <input type="checkbox"/> Fingerprint Check Required |  |  |  | <input type="checkbox"/> FBI Results in DPS Clearinghouse |  |  |  |  |  |
| First Name                       |  |  |  |                                  |  | Middle Name |  |   |  |  |  | Last Name   |  |  |  |  |  |

List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

|                   |  |  |  |                    |  |  |  |                  |  |  |  |
|-------------------|--|--|--|--------------------|--|--|--|------------------|--|--|--|
| Other First Names |  |  |  | Other Middle Names |  |  |  | Other Last Names |  |  |  |
|-------------------|--|--|--|--------------------|--|--|--|------------------|--|--|--|

Address (Street, City, State, ZIP Code)

|        |  |  |                         |  |  |               |  |  |  |  |  |
|--------|--|--|-------------------------|--|--|---------------|--|--|--|--|--|
| County |  |  | Area Code and Phone No. |  |  | Date of Birth |  |  | Gender:<br><input type="radio"/> Male <input type="radio"/> Female |  |  |
|--------|--|--|-------------------------|--|--|---------------|--|--|--|--|--|

List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

|  |  |  |  |  |  |                     |  |
|--|--|--|--|--|--|---------------------|--|
| Ethnicity (must accompany race):<br><input type="radio"/> Hispanic<br><input type="radio"/> Non-Hispanic |  | Race<br><input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander<br><input type="radio"/> American Indian/Alaskan Native |  |  |  | Social Security No. |  |
|--|--|--|--|--|--|---------------------|--|

Photo ID Type:

|   |   |
|---|---|
| <input type="checkbox"/> Driver License No.: _____ State: _____ | <input type="checkbox"/> Canadian SIN: _____            |
| <input type="checkbox"/> State ID: _____                        | <input type="checkbox"/> Military ID: _____             |
| <input type="checkbox"/> Passport: _____                        | <input type="checkbox"/> Permanent Resident Card: _____ |

Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email: \_\_\_\_\_       Area Code and Phone No.: \_\_\_\_\_

Please enter the person's email address. Do **not** enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

|   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Adoptive Parent  | <input type="checkbox"/> Contracted Service Provider | <input type="checkbox"/> Director               | <input type="checkbox"/> Foster Parent       | <input type="checkbox"/> Foster/Adoptive Parent |
| <input type="checkbox"/> Household Member | <input type="checkbox"/> Frequent/Regular Visitor    | <input type="checkbox"/> Licensed Administrator | <input type="checkbox"/> Owner/Permit Holder |   |
| <input type="checkbox"/> Staff/Employee   | <input type="checkbox"/> Unverified Respite Provider | <input type="checkbox"/> Volunteer              |  |   |

Job Duties/Title:

**For Foster or Adoptive Homes Only:**

Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative    Fictive Kin    Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio? .....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months   
  18 months – 2 years   
  3 years – 4 years   
  5 years – 13 years   
  14 years – 17 years  
 Over 17 years   
  N/A



### Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home

**An applicant for temporary or permanent employment** with a licensed child care facility, licensed child placing agency or registered child care home whose employment or potential employment with the facility, agency, or home involves direct interaction with, or the opportunity to interact and associate with, children must execute and submit the following affidavit with the application for employment:

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:**

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

|   |
|---|
| <b>Except the following (list all incidents, locations, description, and date) [if none, write "None"]:</b> |
|   |



## Pre-Employment Affidavit for Applicants for Employment at Certain Child Care Operations

The following affidavit is offered to satisfy the requirement of Texas Human Resources Code Section 42.0563, in accordance with Texas Civil Practices and Remedies Code Section 132.001.

Texas Human Resources Code Section 42.0563 requires an applicant for a position of employment at a General Residential Operation, Licensed Child Care Center, School-Age Program, Before and After-School Program, Licensed Child Care Home, and Registered Child Care Home to complete and submit, to the employing entity, this pre-employment affidavit disclosing whether the applicant has ever been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.

This affidavit should be completed by the applicant during the application process and does not require notarization. The applicant may attach additional documentation to this form to support that a **charge** the applicant lists below was determined to be **false** (e.g., copy of the associated police report, certified copy of a court document, or extra pages which list all relevant facts), but this form must be completed in its entirety.

**I swear or affirm the following:**

- I **have never** been charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor.
- I **have been** charged with, adjudicated for, or convicted of having an inappropriate relationship with a minor. The following are all relevant facts pertaining to the charge, adjudication, or conviction:

List all relevant facts for each **charge**, including whether the charge was determined to be **true** or **false**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the charge. If you do not have any charges, write **none**.

**Charge:**

The charge was determined to be:  True  False

**Charge:**

The charge was determined to be:  True  False

List all relevant facts for each **adjudication**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the adjudication. If you do not have any adjudications, write **none**.

List all relevant facts for each **conviction**. Examples of facts include but are not limited to: details about the incident, responding law enforcement agency and date of the conviction. If you do not have any convictions, write **none**.

### Declaration of Applicant

I declare under penalty of perjury that the foregoing is true and correct. I understand that failure to disclose the information required by this affidavit is grounds for termination of employment.

Printed Name (First, Middle, Last):

Date of Birth:

Address (Street, City, State, Zip Code, Country):

Signature \_\_\_\_\_

Signed on \_\_\_\_\_, in state of \_\_\_\_\_, County of \_\_\_\_\_.