



LICENSED/REGISTERED HOME: CAREGIVERS, ASSISTANTS, SUBSTITUTES, AND HOUSEHOLD MEMBERS INFORMATION RECORD

Purpose: This form simplifies maintenance of personnel records for caregivers, assistants, substitutes, and household members by centralizing information required by DFPS for child-care homes. Providers may use their own form.

Directions: This form should be completed for each caregiver, assistant caregiver, and substitute caregiver in the home. Items with a "***" are required for all household members. Supporting forms may be found on the DFPS [Forms and Documents for Child Care Providers](#) web page.

CAREGIVERS, ASSISTANTS, SUBSTITUTES, AND HOUSEHOLD MEMBERS INFORMATION		
**Name:	Address:	Phone:
Date of Birth:	Date of Employment:	**T.B. Test Date:
**Date Central Registry Completed:	**Date DPS Check Completed:	**Date FBI Completed:
Name of High School/Home School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date/GED:
My role in the home: <input type="checkbox"/> Caregiver First Aid Training Expiration Date CPR expiration date <input type="checkbox"/> Assistant Caregiver <input type="checkbox"/> Substitute First Aid Training Expiration Date CPR expiration date <input type="checkbox"/> Household member counted in ratio: <input type="checkbox"/> not counted in ratio		

CAREGIVER QUALIFICATIONS	
Before caring for children all caregivers must have completed training in:	
<input type="checkbox"/> Recognizing and preventing shaken baby syndrome and abusive head trauma <input type="checkbox"/> Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS) <input type="checkbox"/> Understanding early childhood brain development <input type="checkbox"/> Emergency preparedness	
<input type="checkbox"/> Preventing the spread of communicable disease <input type="checkbox"/> Administering medication, if applicable <input type="checkbox"/> Preventing and responding to emergencies due to food and allergic reaction	
<input type="checkbox"/> 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	
<input type="checkbox"/> Handling, storing, and disposing of hazardous materials including compliance with §747.3221 <input type="checkbox"/> Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old	
Caregiver Signature:	Date Signed:

**SUBSTITUTE, ASSISTANT, HOUSEHOLD MEMBERS
ORIENTATION**

I affirm that I have been oriented in:

- An overview of the minimum standards for homes;
- ** Operational policies, including discipline, guidance, and the release of children;
- **An overview of your policy on the prevention, recognition, and reporting of child abuse and neglect;
- **An overview of your home's Emergency Preparedness Plan;
- **The location and use of fire extinguishers and first-aid equipment;
- Recognizing and preventing shaken baby syndrome and abusive head trauma;
- Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS);
- Understanding early childhood brain development;
- Preventing and controlling the spread of communicable diseases, including immunizations;
- 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 §747.3221;
- Precautions in transporting children if your child-care home plans to transport a child whose chronological or developmental age is younger than nine years old; and
- **I have received a copy of the home's operational policies.

Caregiver Signature:

Date Signed:

**Household Member, Substitute, Assistant Signature:

Date Signed:

ATTACHED DOCUMENTS

- Copy of photo identification
- Copy of current driver license for persons transporting children in care: NA if not transporting children
- Affidavit for Applicants for Employment (Form:2985)
- Staff Training Record (Form 7258)
- Licensing pre-application course certificate

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).