

Center Staff Master List

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

Complete the following form, listing all current staff. Check mark that you have their records on file at your facility. For renewals, only list address changes. (See codes at bottom of the page.)

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

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