

Licensed and Registered Home: Caregivers, Assistants, Substitutes and Household Members Information Record

This form simplifies maintenance of personnel records for caregivers, assistants, substitutes, and household members by centralizing information required by the Texas Health and Human Services Commission (HHSC) 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 an asterisk* are required for all household members. Supporting forms may be found on the HHSC <u>Forms and Documents for Child Care Providers</u> webpage.

Caregivers, Assistant	ts, Substitutes and	Household Members Inform	lauon
*Name:	Address:		Phone:
Date of Birth:	Date of Employment:		*TB Test Date:
*Date Central Registry Completed:	*Date DPS Check Completed:		*Date FBI Completed:
Name of High School/Home School:		Graduated? Yes No	Graduation/GED Date:
My role in the home:	d d		
Caregiver First Aid Training Expirat	tion Date: CPR Training Expiration D		Date:
Assistant Caregiver First Aid Training Expiration	ation Date: CPR Training Expiration D		Date:
Substitute First Aid Training Expirat	ation Date: CPR Training Expiration D		Date:
Household member counted in ratio	O Household memb	per not counted in ratio	
	Caregiver Qual	ifications	
Before caring for children all caregivers must have	completed training in:		
Recognizing and preventing shaken baby synd		trauma;	
Understanding and using safe sleep practices	and preventing sudden in	nfant death syndrome (SIDS);	
Understanding early childhood brain developm			
Emergency preparedness;			
Prevention, recognition and reporting of child m	naltreatment:		
Factors indicating a child is at risk for abu Warning signs indicating a child may be a Procedures for reporting child abuse or n Community, organizations that have train	use or neglect; a victim of abuse or negle neglect; and		
Understanding the developmental stages of ch	ildren;		
Preventing the spread of communicable diseas	se;		
Administering medication, if applicable;			
Preventing and responding to emergencies du	e to food or an allergic re	eaction;	
Understanding building and physical premises as electric hazards, bodies of water, and vehic	safety, including identific cular traffic;	cation and protection from hazards the	nat can cause bodily injury such
Handling, storing, and disposing of hazardous	materials including comp	pliance with §747.3221; and	
Precautions in transporting children if your child than 9 years old.	d care home plans to trar	nsport a child whose chronological o	r developmental age is younge

Substitute, Assistant and 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 center transports a child whose chronological or developmental age is younger than 9 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's license for persons transporting children in care N/A if not transporting				
Form 2985, Affidavit for Applicants for Employment with a Child Care Facility or Registered Child Care Home				
Form 7250, Staff Training Record				
Licensing pre-application course certificate				
Privacy Statement				
HHSC values your privacy. For more information, read the privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security .				