*Child Development Department*

*Employee Site Licensing File for a Teacher Position*

Date Hired:

End Date:

Employee’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Personnel Record Form LIC 501 or SCUSD Application

❑ Health Screening Form LIC 503

* Immunization Verification PSL-F273 or immunization records
* TB Clearance Expires:
* Child Abuse Reporting Form LIC 9108
* Criminal Record Statement Form LIC 508
* Employee Rights Form LIC 9052
* Health & Safety Training Documentation
* CPR Certificate (front & back) Expires: \_\_\_\_
* First Aide Certificate (front & back) Expires:
* Credential:

List Type: Expires:

* Permit:

List Type: Expires:

* Transcripts
* Licensing Recordkeeping Component II Training – date \_\_\_\_

File Reviewed (may be review by Facilities Licensing Specialist, Coordinator, CDS – Melinda or RT)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date