

## CHILD CARE CENTER PERSONNEL INFORMATION RECORD

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

NAME:		ADDRESS:		PHONE #: - -	
DATE OF BIRTH: - -		DATE OF EMPLOYMENT: - -		DATE CHC SENT TO DFPS: - -	
DATE OF BIRTH: - -		DATE OF EMPLOYMENT: - -		T.B. TEST DATE: - -	
NAME OF HIGH SCHOOL:				GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATION DATE / GED - -
COLLEGE:			DEGREE:		
CAREER PROGRAM (if applicable.):			INSTRUCTOR:		
WORK SCHEDULE:		ATTENDANCE MAINTAINED		PREVIOUS EXP/TRAINING	WHERE AND HOW LONG
HOURS:                      DAYS:		<input type="checkbox"/> Sign in log <input type="checkbox"/> Time sheet			
CPR		First Aid Training			
Exp.Date: - -		Exp.Date: - -			

### PRE-SERVICE TRAINING For Caregivers only

Check all that apply:

- Staff with previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRE-SERVICE), **OR**
- Staff without previous child care experience or training. Before being counted in the child/caregiver ratio, I received 8 hours of pre-service training in the following areas:
 

<input type="checkbox"/> Developmental stages of children.	<input type="checkbox"/> Age-appropriate activities for children.
<input type="checkbox"/> Positive guidance and discipline of children.	<input type="checkbox"/> Fostering children’s self-esteem.
<input type="checkbox"/> Supervision and Safety practices in the care of children.	<input type="checkbox"/> Positive interaction with children.
	<input type="checkbox"/> Preventing the spread of communicable diseases.
- Staff will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW), **OR**
- Staff will be working with children younger than 24 months. Before being given 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 sudden infant death syndrome; and
  - Understanding early childhood brain development.

Employee Signature	Date
Trainer Signature	Date

### EMPLOYEE AND VOLUNTEER ORIENTATION

In addition to being oriented in the understanding of children and in job expectations, 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.
- The use and location of fire extinguishers and first aid equipment.
- The procedures to follow in handling emergencies, including fire, explosion, tornado, toxic fumes, volatile persons, and severe injury or illness of a child or adult.
- An overview of symptoms of child abuse, neglect, and sexual abuse and the responsibility for reporting these.
  - I have received a copy of the child-care center’s operational policies.
  - I have received a copy of the child-care center’s written personnel policies including my job, job responsibilities, and requirements.

Employee Signature	Date
Trainer Signature	Date

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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### Who is required to have a Named-Based Background Check for Criminal History and History of Abuse or Neglect?

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child-care operation to provide identifying information to the Texas Department of Family and Protective Services (DFPS) on the director, owner, and operator of the operation; each current and prospective employee; each current or prospective foster parent providing foster care through a child-placing agency; each prospective adoptive parent seeking to adopt through a child-placing agency; and each person 14 years of age, other than a client in care who: is counted in child-to-caregiver ratios, will reside in a prospective adoptive home if the adoption is through a child-placing agency, has unsupervised access to children in care at the operation or resides in the operation, or will regularly or frequently be staying or working at an operation or prospective adoptive home while children are in care. The information provided below will be used to run a name-based background check for any criminal history and history of abuse or neglect (central registry check).

### Who is required to have a Fingerprint-Based Criminal History Check?

As part of the background check process, it may be necessary for you or your staff to be fingerprinted through the applicant fingerprinting service center for the Texas Department of Public Safety (DPS). The following must request a fingerprint-based criminal history check:

- Any person required to have a name-based background check that has lived outside of Texas within the past five (5) years or you have reason to believe has a criminal history in another state is required to have a fingerprint-based criminal history check.
- Child-placing agencies and independent foster homes that will accept the placement of children for whom DFPS is the managing conservator must request a fingerprint check for any foster or adoptive parent applicant, including a person who has adopted in the past and who applies to adopt again unless the person is also verified as a foster/adopt home; and any adults 18 years or older living in the home of a foster or adoptive parent applicant.
- Child-care centers must request a fingerprint-based criminal history check for the directors, owners, operators, or administrators of the center; current and prospective employees; any person(s), including volunteers, who are counted in the child/caregiver ratio; and any person who has unsupervised access to children in care.

If a person has a DPS clearinghouse record from a fingerprint check conducted by another entity that is available for review by DFPS, then the person is not required to submit his/her fingerprints again. You must check the "FBI Results in DPS Clearinghouse" check box on form 2971 and notify the Centralized Background Check Unit Support Line at 800-645-7549 or send an email to [RCCLFBIRERESULTS@dfps.state.tx.us](mailto:RCCLFBIRERESULTS@dfps.state.tx.us) so that the clearinghouse record may be verified.

### When must I complete the background check request?

Each person at your operation who is required to have a background check must complete all required background checks prior to having direct access or providing direct care to the children in care and once every 24 months thereafter.

### How do I submit a background check request?

If	then
You are applying for a permit	you must send your background check request form along with your application to your local licensing office.
You are a Licensed Child-Care Center or Residential Care permit holder	you must submit your background check requests via the Internet.
You are a Licensed Child-Care Home or Registered Home	you may submit your background check requests via the Internet or the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are a Listed Home permit holder	you may submit your background check requests via the Internet or the background - check form to: DFPS, Listed Home Unit, P.O. Box 149030, Mail Code: 121-8, Austin, TX 78714-9030.

Background check requests may be submitted at the following address:

[www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/ppFacilityLogin.asp](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp).

**NOTE:** If you are submitting your request via the Internet please DO NOT submit this form to your licensing office.

### Is there a fee for processing background check requests?

Background check processing fees are included in the annual fee for Listed Homes. All other operation types, you must pay a **\$2 fee** for each person listed on this form or submitted via the Internet. Submit Form 2988-A, Child Care Fee Schedule, along with the fee(s), to: **DFPS, Accounting Division MC: E-672, P.O. Box 149030, Austin, TX, 78714-9030.** Failure to submit fee payments can result in **adverse action including suspension or revocation.**

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A fee of **\$44.20** must be paid to the DPS Fingerprinting Service Center for each person obtaining fingerprint checks at the time the fingerprint check is run. See [http://www.dfps.state.tx.us/Documents/Child\\_Care/Forms/2965.doc](http://www.dfps.state.tx.us/Documents/Child_Care/Forms/2965.doc) for additional information and an application for fingerprint-based checks.

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

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Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified **(by reviewing the person's social security card and/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 the Department 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.

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Printed Name of Director, Owner, or Operator      Signature of Director, Owner, or Operator      Date

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor							
<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Director		<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other:	
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

<b>DFPS Use Only</b>	Worker Name--Last, first	Mail Code
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# Discipline and Guidance Policy for \_\_\_\_\_

Name of Operation

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

parent       employee/caregiver       household member of child-care home



**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.

**Except the following (list all incidents, locations, description, and date) (if none, write NONE)**

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

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of notary officer: \_\_\_\_\_  
(seal, if any, of notarial officer)

My commission expires: \_\_\_\_\_