

C. Medical report for persons giving care to children**MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN**

Name:	Date of birth:
Address:	Position in child care facility:

To the examining medical doctor, physician's assistant, or certified nurse practitioner:

This examination is needed to determine my physical ability to care for children or to perform services in a child care facility (home or center) or to have contact with children in care. I hereby authorize you to furnish a report of my examination to:

Name of child care facility or Department of Human Resources

 Signature / Date

TESTS (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux): _____
 (Required for initial examination only)

Date and result of chest x-ray if Mantoux was positive: _____

HISTORY of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ☐; No ☐.

PHYSICAL LIMITATIONS that may affect his/her ability to care for children or perform services in a child care facility (home or center): Yes ☐; No ☐.

If "YES", to either question, please explain:

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility, or to have contact with children.

If not, please explain:

 Signature of medical doctor, physician's assistant, or certified nurse practitioner / Date

D. Application form for staff**DHR-CDC-1947****APPLICATION FORM FOR STAFF**

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date of Application _____

Position _____

Date Hired _____

Name:	_____ Last First Middle Maiden (if applicable)			
Address:	Street: _____ City: _____ State: _____ Zip Code _____			
Telephone Number: ()		Date of Birth:		
Driver's License Number:		Expiration Date of Driver's license:		

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/Workshop/conference	Sponsor	Location	Date(s)	Number of hours

EMPLOYMENT HISTORY:

List in order beginning with your most recent employment. Attach additional pages if necessary.

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

REFERENCES:

List at least three persons who are not related to you by blood, marriage, or adoption, to be contacted as references.

At least one must be a former employer. Addresses must be complete and accurate.

Name of Former Employer: _____

Last	First	Middle
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Address: _____
 Street **City**

State	Zip Code	() Area Code	Telephone Number
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Name: _____

Last	First	Middle
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Address: _____

Street City

State Zip Code () Area Code Telephone Number

Name: _____

Last	First	Middle
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Address: _____

Street	City
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State	Zip Code	Area Code	Telephone Number

Criminal History Background Information Checks:

In accordance with Alabama law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

Current Criminal Charges:

Are there any current criminal charges against you? _____ If yes, give details. _____

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

Signature

Date

E. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility (home or center)
(Name of applicant)

as a _____. He/she has given your name as a person to be
(Position)

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person:

Dependable? Yes ☐ No ☐

Honest? Yes ☐ No ☐

Even-tempered? Yes ☐ No ☐.

Comments: _____

4. To your knowledge, does this person:

Use drugs? Yes ☐ No ☐

Drink excessively? Yes ☐ No ☐

Use abusive language? Yes ☐ No ☐.

Comments: _____

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this person? Yes ☐ No ☐ If no, please explain.

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes ☐ No ☐ Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes ☐ No ☐ If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: _____

Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: () _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date

F. Verification that staff persons have read the Standards

**VERIFICATION THAT STAFF PERSONS HAVE READ THE
CHILD CARE LICENSING AND PERFORMANCE STANDARDS**

Written and signed verification stating that staff persons have read the Standards within one month of employment, must be in each staff person's file in the center.

I have read the Child Care Licensing and Performance Standards for Day Care Centers and Nighttime Centers. I understand that I must comply with these regulations while I am employed
at

(Name of center)

Failure to do so could result in immediate termination of employment.

Signature of staff person

Date

Signature of Licensee/Director

Date

ALABAMA DEPARTMENT OF HUMAN RESOURCES

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.

**** See instructions for the address to use when submitting this form. ****

Requesting Person or Agency/Organization		Check All That Apply
Mailing Address		☐ Child Placing Agency
		☐ Residential Child Care Facility
		☐ Child Day / Night Care Center
Telephone Number ()	Email:	☐ Family Day / Night Care Home
PRINT Requestor's Name		☐ Exempt Child Day Care Center
Requestor Signature	Date	☐ Medicaid Rehab. Provider DHR Vendor
Witness Signature	Date	☐ Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☐ employee ☐ volunteer ☐ other. This person's specific job/role is or will be:

Name _____ Sex ☐ Male ☐ Female Race _____ DOB ____/____/____
Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature	Date	Signature of Witness	Date
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To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

☐ Substantiated report (i.e., indicated) located. See attached information.

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

☐ No report located.☐ Request Denied _____☐ Other _____

Office of Child Protective Services

Date Completed