

DCFS Staff or Substitute Checklist

Name: _____ Center: _____ Date: _____

Position: _____ Completed by: _____

NOTE: Substitutes cannot begin training until the Authorization for Background Check fingerprinting is completed and the person has been cleared.

√ CHECKLIST FOR ON-SITE RECORDS

_____ Information on Person Employed in a Child Care Facility - CFS 508-1. (Mail original form to Personnel Manager. Make copy for DCFS file at center.)

_____ Medical Report on an Adult In a Child Care Facility (green form - CFS 602), including TB test, or **Appt. Date** _____

_____ Proof of Education

_____ First Aid - CPR Certification

_____ Three written references which include name, address, phone of person providing reference. References verified by: _____

_____ Orientation checklist or Substitute Training checklist. Training Logs updated yearly.

_____ Authorization for Background Check. Original is given to Sub or employee to take for fingerprinting. If transferring clearance to PACT, send original form to DCFS and keep a copy at the facility.

_____ Acknowledgment of Mandated Reporter Status

_____ Standards of Conduct

_____ Change of Status Form

_____ Child Care Facility Driver Application (Bus Drivers only.) The original is mailed to DCFS Rep. with a copy of the Medical Exam, the yellow copy is filed on site.

_____ Substitute Contract is completed for each position the substitute is qualified to work. The original to Fiscal Officer, one copy to employee, and one copy for DCFS file at Center.

_____ I-9 form for contractual employees. (Original form is maintained at the facility in the substitute's confidential file.) Sub must provide proper documentation to verify eligibility for employment.

_____ W-4 State & Federal Tax Forms. (Send originals to Fiscal Officer at Central Office.)

S.S. - Attach this checklist to substitute file folder and check off completed information.

S.S. - Send the original copies of substitute's contract, 508-1, & W-4 Tax forms to Central Office.

Adm 9/21