

Funded Program Staff Records Checklist
 Massachusetts Department of Early Education and Care (EEC)

1. Staff Legal Name and Position						
2. Date of Birth						
3. BRC Status (Provisional/Suitable)						
4. BRC Renewal Date						
5. Physical Date						
6. MMR (need two)						
7. First Aid Expiration Date						
8. CPR Expiration Date*						
9. EEC Essentials 2.0 Certificate Date						
10. EEC Essentials 2.0 Refresher Date*						
11. Professional Development Hours						

*=If needed/required

Attestation		School District/ Program Name: _____
<i>For person in charge of reviewing staff BRCs only:</i>		
Name and Position:	Date:	
_____	_____	
Signature:		

<i>For Human Resources/Personnel Manager or other person in charge of maintaining staff files only:</i>		
I understand that by signing below, I confirm that I am authorized to act as the official agent of _____ (School District/Program Name)		
I confirm that _____ maintains a complete, accurate and confidential record for each staff member. (School District/Program Name)		
Each personnel record contains documentation listed above in the Staff Records Checklist along with all required documentation as outlined in EEC Regulations. The program must provide, upon request, the full staff file for EEC review.		
Name and Position:	Date:	
_____	_____	
Signature:		

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