



MASSACHUSETTS
**Department of
Early Education and Care**

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Funded Center-Based Program Staff Records Checklist

1. Staff Legal Full Name, Position, and Classroom								
Human Resources and Personnel								
2. Date of Birth								
3. Date of Hire								
4. BRC Status (provisional/suitable)								
5. BRC Suitability Expiration Date								
6. Physical (include date)								
7. MMR (needs two)								
8. Statement of Limitations, if applicable								
Certifications and Licenses								
9. EEC PQ Registry and Expiration Date								
10. First Aid (expiration date)								
11. CPR (expiration date)								
12. 7-D/School Bus Licenses, if applicable (expiration date)								
Professional Development								
13. EEC Essentials Trainings Certificate (include date)								
14. EEC Essentials Refresher (include date)								
15. Number of Professional Development Hours								

NOTES:

Program Name:

Completed By:

Date:

For Human Resource Personnel Only:

I understand that by signing below, I confirm that I am duly authorized to act as the official agent of _____
(School District/Program)

I confirm _____ maintains a complete, accurate, and confidential personnel record for each staff member.
(Program Name)

Each personnel record contains all documentation listed above in the Staff Record Checklist, unless otherwise prohibited by the school district.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

City/Town/School District: _____

Staff Records Checklist Instructions

These instructions are to assist you in completing the required staff records checklist. A copy of this checklist must be uploaded to LEAD along with your reopening package (a blank space on the checklist will indicate that the information is not on file).

HUMAN RESOURCES AND PERSONNEL

1. **Name and Position:** List the names of all teaching staff, cooks, transportation staff and administrators. Indicate the position in which the individual is employed (a staff person's position may be different from their actual qualifications).
2. **Date of Birth:** Indicate the date of birth for all staff (this information is significant for MMR documentation).
3. **Date of Hire:** Indicate date of hire (this information is significant to determine training requirements).
4. **BRC Status:** Indicate the status of the most recent FINGERPRINT review (Suitable or Provisional).
5. **BRC Date:** Indicate the date of the most recent BRC suitability determination.
6. **Physical Date:** Indicate the date of the most recent physical examination that is on file (update is required every two years).
7. **MMR:** Indicate with a ✓ if required MMR immunizations or evidence of immunity to mumps, measles, and rubella are on file. All educators born in or after 1957, regardless of country of birth must be able to document two doses of MMR or have serologic evidence (blood titer) of immunity to measles, mumps and rubella. Those born before 1957 in the U.S. are considered to be immune. Those born before 1957 in countries other than the U.S. must be able to document one dose of MMR or have serologic evidence (blood titer) of immunity to measles, mumps or rubella.
8. **Statement of Limitations (if applicable):** Indicate with a ✓ if there is a statement on file from a licensed health care practitioner regarding any limitations on the provider in working with children.

CERTIFICATIONS AND LICENSES

9. **EEC PQ Registry:** Indicate the expiration date noted on the staff person's registry account. Please mark as N/A if not applicable.
10. **First Aid Date:** Indicate the expiration date noted on the most recent first aid certificate. Please note that certificate expiration dates may have been extended by the training entity.
11. **CPR Date:** Indicate the expiration date of the most recent CPR certificate. Please note that certificate expiration dates may have been extended by the training entity. CPR certificates no longer have to be renewed annually, but on the expiration date.
12. **7-D/School Bus Licenses:** Indicate the expiration date of the D/School Bus Licenses. Please note the license expiration dates have been extended by the Registry of Motor Vehicles.

PROFESSIONAL DEVELOPMENT

13. **[EEC Essentials 2.0 Trainings](#):** Indicate EEC Essentials Trainings completed and the date(s) of completion. Please refer to the [EEC Essentials Trainings Policy for Funded Programs](#) to identify training requirements for specific staff populations.
14. **Required Refresher Trainings:** In addition, all applicable staff will be required to take an annual EEC Essentials Refresher package.
15. **Number of Professional Development Hours:** Indicate the date the training requirements below were completed.