

New Personnel Information for ChildPlus Database

Submit form by uploading to the Head Start Data Team SharePoint, HR Folder, Upload, 8021a

TO BE COMPLETED BY EMPLOYER: Complete New Hire Paperwork on New Employee

Section 1 – Complete within 5 days of Start Date

Program Name: _____

Contact Person: _____ Date Submitted to MARC Head Start: _____

Employee Name: _____ MOPID: _____

Title: _____ Hire Date or Rehire Date: _____

Site: _____ Supervisor: _____

Work Email: _____

Employment Type:

Choose one: ___ Full Time ___ Part Time Choose one: ___ Permanent ___ Temporary

Position (check only one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Assistant Principal |
| <input type="checkbox"/> Center Secretary | <input type="checkbox"/> Director | <input type="checkbox"/> Education Coordinator |
| <input type="checkbox"/> Education Manager | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Family Advocate |
| <input type="checkbox"/> Floater | <input type="checkbox"/> Home Based Specialist | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nutrition Worker - Cook | <input type="checkbox"/> Other Staff | <input type="checkbox"/> Principal |
| <input type="checkbox"/> School Nurse | <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> HS Teacher |
| <input type="checkbox"/> HS Teacher Assistant | <input type="checkbox"/> EHS Teacher | <input type="checkbox"/> Therapist |

Is this a newly created position? Yes or No **(Circle one)** If yes, date created: _____

Works with families? Yes or No **(Circle one)**

Primary Assignment: (Check one Primary Funding Source)

Head Start Early Head Start Early Head Start Expansion

Program Assignments: (Check all programs the staff member will work with)

Head Start Early Head Start Early Head Start Expansion

Primary Service Area:

Administration Disability Education Family Mental Health Nutrition

New Personnel Information for ChildPlus Database (continued)

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Section 1 (continued) – Complete within 5 days of Start Date

PIR Position (if applicable): Mark only one

- HS Teacher HS Teacher Assistant EHS Teacher
- Home Visitor Family Service Worker ECD Manager/Coordinator **(Tier 2 Only)**
- Home-Based Supervisor FCP Supervisor

Is this staff member replacing someone? Yes or No **(Circle one)**

Person staff member replaced: _____ (Form 8021b should be submitted on staff member who had a change in position/employment status/termination to the Head Start Data Team SharePoint HR Folder under 8021b)

Criminal Background Check Clearance Statement
(Clearance dates received from Human Resources Department):

State Fingerprint: _____ **FBI Fingerprint:** _____

Sex Offender Registry: _____ **Child Abuse & Neglect Screening:** _____

References Verified

Provider ran updated fingerprints and FCSR because eligibility letter is older than 6 months

I verify that _____ **(Name of staff member) is cleared for work.**

Signature of Human Resources or designee _____ **Date** _____

The Following Documents Must be Attached to this email:

- ___ Completed criminal background check clearance statement on Form 8021a along with either the FCSR or an Approved Eligibility Determination Letter from Missouri Department of Health & Senior Services
- ___ Standards of Conduct/Code of Conduct (actual form w/signatures/date completed)
- ___ Confidentiality (if NOT embedded in Standards of Conduct/Code of Conduct)
- ___ Employee Handbook (actual form w/signatures/dated completed)
- ___ Professional Development Plan (for non-qualified staff)
- ___ Educational Transcripts/Diplomas/Certificates/CDA (*please protect sensitive information*)
- ___ CASE Overview completed during orientation (include documentation of training)

New Personnel Information for ChildPlus Database (continued)**Submit form by uploading to the Head Start Data Team SharePoint, HR Folder, Upload, 8021a****TO BE COMPLETED BY EMPLOYEE:****SECTION 2 – Complete within 5 days of Start Date**

Race: _____

Hispanic: Yes or No **(Circle one)**

Language:

- Primary speaking language _____ Your proficiency is: Proficient / Moderate / Little
- Secondary speaking language _____ Your proficiency is: Proficient / Moderate / Little

Are you a current or former Head Start Parent? Yes or No **(Circle One)**

- If yes, indicate if current or former parent _____

Do you hold any of the following credentials? **If yes, you must provide documentation to your employer.**

- CDA: Yes or No **(Circle One)**
 - If yes, Infant/Toddler or Preschool
 - Next Renewal Date: _____
- Family Development Credential: Yes or No **(Circle One)**
- Health Credential: Yes or No **(Circle One)**
 - If yes, what area and expiration date: _____
- MO Teaching Certificate: Yes or No **(Circle One)**
 - If yes, what area(s) and expiration date(s): _____

What is your **highest level** of education? **(Circle the highest level and attach documentation)**

- High School Diploma College Hours (no degree) College Degree

Are you currently enrolled in any coursework or college? Yes or No **(Circle One)****(Detail below and attach documentation)**

- Institution Enrolled: _____
- Degree you are seeking: _____
- Degree Plan (if applicable): Yes or No **(Circle One)**

Degree information, if applicable **(Detail below all that apply and attach transcripts with degree awarded on document)**

Degree Awarded (AA/AAS): _____	Award Date: _____
Degree Awarded (BA/BS): _____	Award Date: _____
Degree Awarded (MA/MS): _____	Award Date: _____
Degree Awarded (EdSp): _____	Award Date: _____
Degree Awarded (PhD): _____	Award Date: _____

Employee Signature _____ Date _____

New Personnel Information for ChildPlus Database (continued)

Submit form by uploading to the Head Start Data Team SharePoint, HR Folder, Upload, 8021a**TO BE COMPLETED BY EMPLOYER: Complete 30/90 Day Requirements on New Employee****SECTION 3 – Complete within 30 days of Start Date**

The following health information may not be available upon hire – requirement is to complete within 30 days of hire. (Employer may use physicals and TB read dates that are dated within the last 12 months of start date.)

Physical Date: _____ TB Test/Screening Date (read date): _____

Child/Abuse Neglect Mandated Reporter training date: _____

Attach the following documentation to this email:

___ Physical

___ TB screening or test

(On state approved forms...*please protect sensitive information*)

___ Child/Abuse Neglect Mandated Reporter Training Certificate

___ Safe Sleep Training Certificate (*If Applicable*)**SECTION 4 – Complete within 90 days of Start Date**

The following information may not be available upon hire – requirement is to complete within 90 days of hire. (Employer may provide actual certification cards or training certificate from certified trainer.)

CPR Training Date: _____ CPR Expiration Date: _____

First Aid Training Date: _____ First Aid Expiration Date: _____

Attach the CPR/First Aid card or certificate to this email:

___ CPR/First Aid Certification (Must include pediatric)

In-depth CASE Training, if not done at initial orientation

Date: _____ (Include documentation of training)