

**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 and submit prior to employee’s start date**

**Program Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Date Submitted to MARC Head Start:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Hire Date or Rehire Date:** \_\_\_\_\_

**Site:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Work Email:** \_\_\_\_\_

**Employment Type:**

**Choose one:** \_\_\_ Full Time \_\_\_ Part Time **Choose one:** \_\_\_ Permanent \_\_\_ Temporary

**Primary Assignment: (Check one Primary Funding Source)**

\_\_\_ Head Start \_\_\_ Early Head Start

**Position (check only one):**

- |                              |                           |                           |
|------------------------------|---------------------------|---------------------------|
| ___ Administrative Assistant | ___ Assistant Director    | ___ Assistant Principal   |
| ___ Center Secretary         | ___ Director              | ___ Education Coordinator |
| ___ Education Manager        | ___ Executive Director    | ___ Family Advocate       |
| ___ Floater                  | ___ Home Based Specialist | ___ Human Resources       |
| ___ Nutrition Worker - Cook  | ___ Other Staff           | ___ Principal             |
| ___ School Nurse             | ___ Substitute Teacher    | ___ HS Teacher            |
| ___ HS Teacher Assistant     | ___ EHS Teacher           | ___ Therapist             |

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

**FBI Fingerprint:** \_\_\_\_\_ **State Fingerprint:** \_\_\_\_\_

**Sex Offender Registry:** \_\_\_\_\_

**Child Abuse & Neglect Screening (Submit copy of FCSR):** \_\_\_\_\_

**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** \_\_\_\_\_

## 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 2 – Complete within 5 days of employee’s start date**

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date Submitted to MARC Head Start: \_\_\_\_\_

Employee Name: \_\_\_\_\_ MOPID: \_\_\_\_\_

Title: \_\_\_\_\_ Site: \_\_\_\_\_

Primary Assignment: **(Check one Primary Funding Source)** Head Start  Early Head Start

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

 Head Start  Early Head Start

Primary Service Area:

 Administration  Disability  Education  Family  Mental Health  NutritionPIR 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 SupervisorIs this a newly created position? Yes or No **(Circle one)** If yes, date created: \_\_\_\_\_Works with families? Yes or No **(Circle one)**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)

**Attach the following documents when uploading to SharePoint.** 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/date completed) Professional Development Plan (for non-qualified staff, *if applicable*) Educational Transcripts/Diplomas/Certificates/CDA (*please protect sensitive information*) CASE Overview documentation 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 employee’s start date (employee completes)**

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date Submitted to MARC Head Start: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_ Site: \_\_\_\_\_

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 Day Requirements on New Employee

SECTION 3 – Complete within 30 days of employee’s start date

Program Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Date Submitted to MARC Head Start: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_ Site: \_\_\_\_\_

The following health information is required to be completed within 30 days of hire.  
(Employer may use physicals and TB read dates that are completed within the last 12 months of start date.)

Physical Date: \_\_\_\_\_

TB Test/Screening Date (read date): \_\_\_\_\_

Child Abuse & Neglect Mandated Reporter training date: \_\_\_\_\_

Safe Sleep training date: \_\_\_\_\_

**Attach the following documents when uploading to SharePoint.**

\_\_\_ 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*)

**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 Requirements on New Employee****SECTION 4 – Complete within 90 days of employee’s start date**

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date Submitted to MARC Head Start: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_ Site: \_\_\_\_\_

**The following information is required to be completed within 90 days of hire.**

(Employer will need to provide a copy of the actual certification cards or training certificate from certified trainer.)

CPR Training Date: \_\_\_\_\_

CPR Expiration Date: \_\_\_\_\_

First Aid Training Date: \_\_\_\_\_

First Aid Expiration Date: \_\_\_\_\_

In-depth CASE Training Date: \_\_\_\_\_

**Attach the following documents when uploading to SharePoint.**

\_\_\_ CPR &amp; First Aid Training Card or Certification (Must include pediatric)

\_\_\_ In-depth CASE Training (if not done at initial orientation)