Head Start
MID-AMERICA REGIONAL COUNCIL

Form 8021a

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 employee's 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):

___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 (This date should be the same as the fingerprints date): _____

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**_____

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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: _____

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

___Early Head Start ___Head Start

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

___Early Head Start ___Head Start

Primary Service Area:

___Administration ___Disability ___Education ___Family ___Mental Health ___Nutrition

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 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)

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New Personnel Information for ChildPlus Database (continued)

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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**_____

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Form 8021a

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*)

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Form 8021a

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 & First Aid Training Card or Certification (Must include pediatric)

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