Rhode Island Department of Human Services

Child Care Program Personnel Sheet

Updated 2/24/2020

Program Information	
Program Name:	
Address:	
Program Type:	☐ Child Care Center/School Age Program ☐ Family Child Care Home/Group Family Child Care Home

Personnel Information				

Name:			Date of Birth	
Address				
Position:			Date of Initial Employment:	

Work Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Emergency Contact

Full Name				
Relationship				
Primary Phone		☐ Mobile	☐ Work	☐ Home
Secondary Phone		☐ Mobile	☐ Work	☐ Home

Education

School	Major Study Area	Degree/Certificate	Date Complete

Other Qualifications
This may include: Teacher Certifications, CDA, Nursing License, etc.

Certification/License Type	Certification #	Concentration	Expiration Date

Relevant Training
This may include: in-service trainings, workshops, conference attendance, etc.

Training Type/Title	Date Complete