**SAMPLE AUXILIARY INFORMATION**

*If auxiliary staff also work as staff in the program, the sample staff file form is required, and this form should not be used.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) Information Updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Auxiliary Staff Date

*The following applies to all auxiliary staff:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Documentation** | **Date placed in file**  *(day/month/year)* | **Date verified in BFIS Quality & Credential Account**  *(day/month/year)* | **Date when update due**  *(day/month/year)* | **Auxiliary Staff Initials**  **Notes** |
| Documentation of a current **Records Check Authorization Form** |  | N/A |  |  |
| Signed and dated statement verifying understanding of **legal requirements to report suspected child abuse or neglect** |  | N/A | N/A |  |
| Completed on-line Protecting Vermont's Children: **Reporting Abuse and Neglect training** |  |  | N/A |  |
| Written **job description** of role in the program |  | N/A | *(as needed)* |  |

*For auxiliary staff left alone with children (per CBCCPP rule 6.2.1.8), check which Vermont Agency of Education license endorsement(s) are held and current:*

Art  School Counselor

Associate School Nurse  School Librarian

Early Childhood Special Education  School Nurse

Educational Speech Language Pathology  School Psychologist

English Language Learner  Social Worker

Music  Teacher of the Deaf and Hard of Hearing

Physical Education  Teacher of the Visually Impaired

Principal

*The following applies to auxiliary staff allowed to be left alone with children (per CBCCPP rule 6.2.1.8):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Documentation** | **Date placed in file**  *(day/month/year)* | **Date verified in BFIS Quality & Credential Account**  *(day/month/year)* | **Date when update due**  *(day/month/year)* | **Auxiliary Staff Initials**  **Notes** |
| Completed Better Kid Care – **Vermont Orientation training** |  | *(Not applicable if CBCCPP has created own training)* | N/A |  |
| Oriented to the **program's policies and procedures** | *(Not applicable if CBCCPP has created own training)* | N/A | N/A |  |
| Completed **Program's Own Orientation** which includes all items outlined in CBCCPP rule 7.1.3 and the program's policies and procedures | *(Only applicable if CBCCPP created own orientation)* | N/A | N/A |  |
| Completed **Infant/Child CPR and Pediatric First Aid trainings** |  |  |  |  |

*Note: Documentation entered in BFIS meets the staff file requirements and additional documentation does not need to be maintained on site.*