

**I have verified that the information below is accurate.**

**E-signature required:**

**2024-2025 Early Childhood Quality and Supports Staff Verification Form**

School Name: Click here to enter text. County: Click here to enter text. [ ]  **CCDF Participant**

| Employee Name |  Position held | Hire Date | Termination Date | 21 years of ageYes/No | Highest level of Education | Date of CPR/FIRST Aid Certification | Date of TDHS background check (CCDF only) | Date of TBI/FBI background check (5 years) | Date verified of Vulnerable Persons Registry (Dept. of Health) | Date of verified Sex Offender Registry (TBI) | Date of physical (every 3years) | Professional Development log on file  | Date of Annual Evaluation  | TCCOTS Before you Begin & shaken baby/abusive head trauma (CCDF only) | 6 hours annual Health and Safety (CCDF only) |
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