



# SCACAP EHS- CCP

## New Hire Feedback Form

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

Center: \_\_\_\_\_

Reviewed By: Audrey Eades, Compliance & Quality Assurance Specialist

Director: \_\_\_\_\_

EHS New Hire	Center Application Received	Start Date	EHS Position Class Assignments	Met Qualification (Min. CDA REQUIRED)	Education Credential(s)	TB Results Received	CPR/First Aid Training	15 Hr. Health & Safety Training	Background Checks & DSS Forms
<b>Staff Name:</b> _____  <b>Proof of Vaccination Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing /Not Received	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing /Not Received ***** <b>Revised Code of Ethics</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Missing /Not Received	<b>Date:</b> _____  <b>Position:</b> _____  <input type="checkbox"/> Missing /Not Received	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input type="checkbox"/> Class F <input type="checkbox"/> Floater	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Type of Pending Credential:</b> <input type="checkbox"/> ECD 101 <input type="checkbox"/> CDA <input type="checkbox"/> Credential  <input type="checkbox"/> Proof of Enrollment Date of Completion: _____	<input type="checkbox"/> HS Diploma <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate ***** <input type="checkbox"/> Missing proof of credential	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Pending Date:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Pending Date:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Background Chk. & Clearance Letter <b>DSS FORMS</b> <input type="checkbox"/> 2901 Medical Statement <input type="checkbox"/> 2924 Central Registry Release <input type="checkbox"/> 2925 Director/Staff Evidence of Non-Compliance <input type="checkbox"/> 2926 Staff Health Assessment <input type="checkbox"/> 2964 Staff Checklist