

Staff File Review Form



Centre Name:	Centre Address:
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Staff Last Name	Staff First Name	RECE or Non-RECE	Ministry director approval on file, if applicable (Y/N)	Date of Health Assessment (dd/mm/yyyy)	Dates of Immunizations (e.g. TDP, TB and MMR). For exemptions or where not required by local MOH, mark N/A	Date of Program Statement Implementation Policy Review (dd/mm/yyyy)	Date(s) for Monitoring Compliance with the Program Statement (dd/mm/yyyy) * Please list all dates within this licensing period	Date of Playground Safety Policy Review (dd/mm/yyyy)	Date of Student and Volunteer Supervision Policy review (dd/mm/yyyy)	Review of individual anaphylaxis plans (Y/N)
Example: Doe	John	RECE	No	15/08/2011	TDP: 15/08/2011 TB: N/A MMR: 15/08/2011	25/08/2011	02/12/2011 02/04/2012	25/08/2011	25/08/2011	Yes
					TDP: TB: MMR:					
					TDP: TB: MMR:					
					TDP: TB: MMR:					
					TDP: TB: MMR:					
					TDP: TB: MMR:					

Name of Person Completing Form: _____ **Signature:** _____ **Date:** _____

The CCEYA provides that it is an offence to knowingly give false or misleading information in any in any application, report, or other document required under the Act or regulation. If convicted of this offence, a person may be liable to a fine of \$250,000 for each day on which the offence continues or to imprisonment of not more than one year, or to both a fine and imprisonment.