**EHS Employee File Checklist**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy:** Each Staff member will **complete their own Employee Center File Checklist at Start-Up** and maintain a current record at all times.Ensure that files are in the following order. **The completed form must be kept in front of each employee’s center file and a copy sent to their PSC or Manager.**

|  |  |  |
| --- | --- | --- |
| **Licensing Requirements** | | |
| **In File** | **Not Applicable** | **Items in File** |
|  |  | Current ICHAT |
|  |  | Current DHHS Central Registry Clearance – Update every 2 years **Exp. on**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Most Recent Agency Performance Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Current Agency Pre-Service Orientation Training (APOT) Checklist |
|  |  | Current Staff and Volunteer Mandated Reporting Policy |
|  |  | Staff and Volunteer Mandated Reporting Policy (keep original and all subsequent forms in file for entire employment history) |
|  |  | Current Code of Conduct |
|  |  | Pre-Employment Medical Clearance Date: \_\_\_\_\_\_\_\_\_\_\_ Current Date: \_\_\_\_\_\_\_\_\_\_\_\_  **Exp. On** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Pre-Employment TB Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current TB Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Exp. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | Current CPR card (valid per date on card) **Exp. On \_\_\_\_\_\_\_\_** |
|  |  | Current First Aid card (valid per date on card) **Exp. On \_\_\_\_\_\_\_\_** |
|  |  | Current Blood Borne Pathogen Training  **Exp. On \_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | Updated Michigan’s Early Childhood Care and Education Professional Development Record (Hours recorded are per the calendar year, 12 months.) **Training certificates must be in file.**   * 16 clock hours |
| **Additional Requirements** | | |
|  |  | Credentials:   * High School Diploma * CDA/HV CDA **Exp. On** \_\_\_\_\_\_\_\_ * **Associate’s degree in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Bachelor’s Degree in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Master’s Degree in**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Teaching Certificate with ZS/ZA Endorsement **Exp. On \_\_\_\_\_\_\_\_** * **Compliance Plan End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Copy of Degree, Transcripts, CDA, Certificates, etc. |
|  |  | Copy of Application for Employment |
|  |  | Current Personnel Information and Credentials |
|  |  | Current NMCAA Confidentiality Policy |
|  |  | Work/Training/Success Plan and/or Disciplinary Documentation (if applicable) |

**Date/Initial Reviewed by Supervisor/CFS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Distribution: Original in employee file, Copy to Supervisor** **Reference: R400.8125 HS 1302.90 GSRP ISD Administration**

10/22 P:\Head Start Files\ADMIN\Procedures manual\Licensing\employee center file checklist