**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.**

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| **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