**Employee Center 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 the site supervisor or CC.**

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| --- | --- | --- |
| **Licensing Requirements** | | |
| **In File** | **Not Applicable** | **Items in File** |
|  |  | Fingerprinting Consent and Disclosure Forms **(Parts 1-4) Signature Date:\_\_\_\_\_\_\_\_\_**  **Correct Center listed (Y or N) \_\_\_\_** |
|  |  | Fingerprinting Results “Eligibility” Letter **Exp. On \_\_\_\_\_\_\_\_** (valid for 5 years) |
|  |  | Program Directors ONLY: Program Director Approval Letter from Licensing |
|  |  | Most Recent Agency Performance Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Current Agency Pre-Service Orientation Training (APOT) Checklist |
|  |  | Current Staff and Volunteer Mandated Reporting Policy |
|  |  | Original Staff and Volunteer Mandated Reporting Policy (keep original and all subsequent forms in file for entire employment history) \*Ed Coach/Supervisor/R&H/FES: original and subsequent forms since connection to center license. Example: original (2005), subsequent forms (connected to center 2018 – current) \* |
|  |  | 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 printed MiRegistry Licensing Learning Record **Membership Exp. On \_\_\_\_\_\_\_\_\_\_\_\_**  Date current refresher was taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Updated Michigan’s Early Childhood Care and Education Professional Development Record (Hours recorded are per calendar year, 12 months.) **Training certificates must be in file.** |
|  |  | Verification of training hours can be logged in MiRegistry and/or PD record.   * **24 Hours** of training for HS/GSRP Teachers, Assistant Teachers and all EHS-CB staff each year. * **16 Hours** for all other staff each year including subs. |
| **Additional Requirements** | | |
|  |  | Credentials:   * High School Diploma or GED * CDA **Exp. On** \_\_\_\_\_\_\_\_ * **Associate’s degree in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Bachelor’s Degree in** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Master’s Degree in**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Teaching Certificate with ZS/ZA Endorsement **Exp. On \_\_\_\_\_\_\_\_** * **Employee Compliance Plan Agreement End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Copy of Degree, Transcripts, CDA, Certificates, etc. |
|  |  | Copy of Application for Employment |
|  |  | Current Personnel Information and Credentials |
|  |  | Current NMCAA Confidentiality Policy |
|  |  | Additional Bus Driver Credentials:   * Pre-Employment & Current Driver’s License **Exp. On \_\_\_\_\_\_\_\_** * Annual Driving Record * Certificate of Continuing Ed. **Exp. On \_\_\_\_\_\_\_\_** * Medical Examiner Certificate **Exp. On \_\_\_\_\_\_\_\_** * Vehicle Operator Certification |
|  |  | Professional Development Plan (if applicable) |
|  |  | Work/Training/Success Plan and/or Disciplinary Documentation (if applicable) |

**Date/Initial Reviewed by Supervisor/Teacher/Classroom Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

6/23 EHS-HS Team\Admin\Procedures manual\Licensing\employee center file checklist