**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. You may or may not have everything on this list, depending on when you were hired. **The completed form must be kept in front of each employee’s center file and a copy sent to the site supervisor or CC.**

|  |
| --- |
| **In File N/A Licensing Requirements-Items in File** |
|  |  | Original Fingerprinting Consent and Disclosure Forms **(Parts 1-4) Date\_\_\_\_\_\_\_\_\_\_\_ Correct Center listed (Y or N) \_\_\_\_**  |
|  |  | Current Fingerprinting Consent and Disclosure Forms **(Parts 1-5) Date\_\_\_\_\_\_\_\_\_\_\_** **Correct Center listed (Y or N)** \_\_\_\_  |
|  |  | Fingerprinting Results “Eligibility” Letter **Original\_\_\_\_\_\_\_\_\_\_\_** **Current\_\_\_\_\_\_\_\_\_\_** **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 \_\_\_\_\_\_\_\_** |
|  |  | Child and Family Development Hiring Checklist |
|  |  | 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.

**Membership Exp. On \_\_\_\_\_\_\_\_\_\_\_\_ Date current refresher was taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **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 \_\_\_\_\_\_\_\_**
* NMCAA Employee Compliance Plan Agreement **End Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* GSRP compliance Plan or Waiver **End Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Center Based Preschool Teacher Qualification Waiver Request **End Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CDA Credential Equivalency
* HS Lead Teacher Early Childhood Education/Related Field and Equivalent Course Work Analysis
 |
|   |  | 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

 10/23 EHS-HS Team\Admin\Procedures manual\Licensing\employee center file checklist