**Section 1**

*The following Employee Paperwork are required documents completed at the point of hire.*

**Employee Paperwork**

* Personnel File Checklist
* Application for Employment **Date of Hire:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ***Resume***
* Letter of Employment Agreement
* Job Description with signature
* Form I-9 (See Binder)
* Conviction Disclosure Form
* Notification & Authorization to Release Criminal Records History Information for Employment Purposes
* Fingerprinting Clearance
* Three (3) Reference Authorization and Release Statement
* W-4 Federal Income Tax
* Employee Emergency Information Form (See Binder)
* Code of Conduct & Professional Ethics
* Convicted/Suspected Child Abuse/Neglect Disclaimer
* Affirmation of Child Abuse and Neglect Training
* Confidentiality Agreement
* Discipline Policy
* Acknowledgement of Personnel Policies & Procedures/Employee Handbook
* ***Physical Exam (annually)*** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See Medical File)
* ***Current TB Test*** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See Medical File)
* *Official College/University Transcript or copy of Degree. Transcripts for college, diploma or certificate of High School or GED*
* Verification/Copy of Valid State Driver’s License

**Section 2**

*The following documents are required and reviewed annually for compliance. Any item with a date requires annual/bi-annual renewal.*

**Required Compliance - Employment and Credentials**

**Employment Documents**

* Employment Agreement
* Job Description with signature
* Resume
* Education Verification

**Background Checks**

* Conviction Disclosure Form
* Notification & Authorization to Release Criminal Records History Information for Employment Purposes
* ICHAT **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ICHAT Acknowledgement
* DHS Central Registry Clearance **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Compliance**

* ***Physical Exam (annually)*** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See Medical File)
* ***Current TB Test*** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See Medical File)

**Compliance Documents**

* Affirmation of Child Abuse and Neglect Training
* Confidentiality Agreement

**Trainings**

* Professional Development Log
* Anti-Harassment and Non-Discrimination **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Blood Borne Pathogen Certificate **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child Abuse & Neglect **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Infant/Child First Aid/CPR Certification **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Workplace Violence **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Safe Sleep/SIDS **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Abusive Head Trauma (Shaken Baby Syndrome) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cultural Competence/Diversity **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3**

*The following documents and certificates provide proof of education and training received before and during employment to meet licensing standards and professional development goals.*

**Education/Trainings**

* Professional Development Log
* Proof of Highest Level of Education
* First Aid Certification **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Infant/Child CPR Certification **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Blood Borne Pathogen Certificate **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child Abuse & Neglect: Reporting Requirements **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Serve-Safe Certification (if required) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Food Handler’s Training Certificate (if required) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Civil Rights Training Certificate **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CACFP Training Certificate **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Education Agreement (if applicable) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child Development Associate **Expiration** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medication Dispensing **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Anti-Harassment and Non-Discrimination **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Safe Sleep/SIDS **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Abusive Head Trauma (Shaken Baby Syndrome) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cultural Competence/Diversity **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prevention and Control of Infectious Diseases (Including Immunizations) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Preparedness and Response Planning **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Storage of Hazardous Materials and Bio-contaminants **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Building and Physical Premises Safety **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training Certificates of Participation
* High Scope Training (Teaching Staff Only)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Section 4**

**Employment**

*The following documents relate to employee’s ongoing performance, development and employment.*

**Ongoing Employment**

* Performance Evaluations (90 days; 120 days, if required; and Annual)
* Staff/Class Evaluation (Initial, Self, Education)
* Professional Development Plan
* Professional Development Plan Annual Update
* Performance Improvement Plan (If applicable)
* Correspondence

*The following documents relate to changes in the status of employment.*

**Changes in Employment**

* Payroll Change Notices
* Unemployment Verifications or Determinations
* Letter of Resignation or Letter of Termination
* Exit Checklist

*The following documents are miscellaneous documents for the employee.*

**Other**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Medical File**

* Physical Exam (biennial or every two years) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TB Test (biennial or every two years) **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_