**Medical File**

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

**Section 2**

**Required Education/Training/Certificates/Licenses/Certifications**

* Professional Development Log
* First Aid Certifications **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Infant/Child CPR Certification **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Blood Borne Pathogen Certificate **Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child Abuse & Neglect: Reporting Requirements
* Serve-Safe Certification (if required)
* Food Handler’s Training Certificate (if required)
* Civil Rights Training Certificate
* CACFP Training Certificate
* Education Agreement (if applicable)
* Certifications or Licenses (State Teacher Certification, Nutrition License, Social Work License)
* Child Development Associate **Expiration** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Training Certificates of Participation
* High Scope Training (Teaching Staff Only)
* Safe Sleep/SIDS
* Medication Dispensing
* Prevention and Control of Infectious Diseases (Including Immunizations)
* Emergency Preparedness and Response Planning
* Storage of Hazardous Materials and Bio-contaminants
* Building and Physical Premises Safety
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Section 3**

**Work Performance Management and Development, 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

**Section 4**

**Changes in Employment**

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

**Other**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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