

Staff File Checklist- Center

Name of Employee: _____ Date of Employment: _____

The following items must be present in each staff member's personnel file

Documentation	Due Date	Date Received/ Completed
<input type="checkbox"/> Employment Application (includes DOB, education, training, and experience)	Day 1	
<input type="checkbox"/> Medical Report*	Prior to employment	
<input type="checkbox"/> TB Screening or Screening*	Prior to employment	
<input type="checkbox"/> Health Questionnaire*	Day 1 & annually	
<input type="checkbox"/> Emergency Information Form	Day 1 & as changes occur & annually	
<input type="checkbox"/> CBC Qualification Letter	Day 1 & every 5 years	
<input type="checkbox"/> Documentation of Orientation	Within 2 weeks/ 6 weeks of employment	
<input type="checkbox"/> Documentation of Health and Safety Training	Within 1 year & every 5 years thereafter	
<input type="checkbox"/> Documentation of On-Going Training	After the first year of employment & annually thereafter	
<input type="checkbox"/> Documentation of CPR/First Aid Certification	Within 90 days of employment Renew before expiration date	
<input type="checkbox"/> Documentation of Playground Safety Training (if applicable)	Within 6 months of employment	
<input type="checkbox"/> Documentation of BSAC training (if applicable)	Within 3 months of employment	
<input type="checkbox"/> Documentation of ITS-SIDS Safe Sleep Training (if applicable) <i>Administrators must complete within 90 days</i>	Within 2 months of infant room work & every 3 years	
<input type="checkbox"/> Documentation of Emergency Medical Care Plan (EMC) review	Review annually & whenever plan is revised	
<input type="checkbox"/> Documentation of EPR Plan Review	Orientation & annually	
<input type="checkbox"/> Documentation of EPR in Child Care Training (if applicable)	Within 1 year of licensure & within 4 months of trained staff's departure date	
<input type="checkbox"/> Documentation of Recognizing and Responding to Suspicions of Child Maltreatment training	Within 90 days of employment	
<input type="checkbox"/> Documentation of receipt of prevention of shaken baby syndrome and abusive head trauma policy	Day 1 & 14 days prior to new policy implementation	
WORKS Qualification Information: <input type="checkbox"/> Notification from the DCDEE WORKS regarding submitted education/training for position qualification information <input type="checkbox"/> Documentation of Enrollment in Coursework (if applicable)	Within 6 months of assuming duties	
<input type="checkbox"/> Professional Development Plan	Within 1 year & annually	
<input type="checkbox"/> Documentation of Staff Evaluation	Annually	
<input type="checkbox"/> Documentation of Job Description Receipt	When applicable	
<input type="checkbox"/> Documentation of Operational and Personnel Policy Receipt	Day 1 & when changes occur	
<input type="checkbox"/> Documentation of receipt of Aquatic Activities Policy, guidelines provided by the pool operator or off-site aquatic facility/aquatic rules (if applicable)	Day 1 & annually	