

Substitute Staff File Checklist Center

Name of Employee: _____ Date of Employment: _____

The following items must be present in each staff member's personnel file, except for items marked (*) which are only required for centers meeting voluntary enhanced standards.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Employment Application [Includes date of birth, education, training and experience]	Day 1	
<input type="checkbox"/> TB Screening or Test Results	Day 1	
<input type="checkbox"/> Health Questionnaire	Day 1 & annually for substitutes	
<input type="checkbox"/> Emergency Information Form	Day 1	
<input type="checkbox"/> CBC Qualification Letter	By day 1 & every 3 years	
<input type="checkbox"/> Substitute Driver [Must be 21; valid driver's license]	Day 1	
<input type="checkbox"/> Documentation of Orientation	Within 2 weeks/6 weeks	
<input type="checkbox"/> Documentation of child Emergency Medical Care Plan (EMC) review	Review annually & whenever plan is revised	
<input type="checkbox"/> Documentation of Health and Safety Training [if substitute works > 10 days in a 12 month period]	Within 1 st year & every 5 years	
<input type="checkbox"/> Documentation of On-Going Training [prorated according to .1103(e)]	Annually	
<input type="checkbox"/> Documentation of CPR/First Aid Certification	Within 90 days	
<input type="checkbox"/> Documentation of ITS-SIDS Safe Sleep Training (if applicable)	Within 2 months of infant room work & every 3 years	
<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	
<input type="checkbox"/> Documentation of Recognizing and Responding to Suspicions of Child Maltreatment training	Within 90 days	
<input type="checkbox"/> Documentation of being informed of EPR plan and its location.	Day 1	
<input type="checkbox"/> Professional Development Plan	Within 1 year & annually	
<input type="checkbox"/> Evaluations*	Annually	
<input type="checkbox"/> Documentation of Job Description Receipt*	When applicable	
<input type="checkbox"/> Documentation of Operational and Personnel Policy Receipt*	When applicable	
<input type="checkbox"/> Documentation of receipt of Aquatic Activities Policy, guidelines provided by the pool operator or off-site aquatic facility/aquatic rules.	Day 1 & annually	