**Sample Staff File Checklist**

Staff (Full Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BFIS Quality Credentialing ID Number \_\_\_\_\_\_\_\_\_

Employment Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job/Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Start Date \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Mentor *(if applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Employment Ended, Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Documentation entered in BFIS meets the staff file requirements and additional documentation does not need to be maintained on site.*

| **Type of Documentation** | **Date placed in file**  *(day/month/year)* | **Date verified in BFIS Quality & Credential Account**  *(day/month/year)* | **Date when update due**  *(day/month/year)* | **Staff Initials**  **Notes** |
| --- | --- | --- | --- | --- |
| Copy of application for employment including **name, date of birth, home address, and telephone number** |  | N/A | N/A |  |
| Copy of application for employment including **references and reference checks**   * *Not applicable for staff serving as CBCCPP business manager only* * *Registered FCCH exempt* |  | N/A | N/A |  |
| Record of education, training, and experience that demonstrates how staff meets required **qualifications for current position** |  |  |  |  |
| Copy of **Pediatric First Aid and Infant/Child CPR training**   * *Not applicable for staff serving as CBCCPP business manager only* * *Applies to all staff in FCCH* |  |  | *(Before expiration date)* |  |
| Signed and dated statement verifying understanding of **legal requirements to report suspected child abuse or neglect**   * *Registered FCCH exempt* |  | N/A | N/A |  |
| Signed and dated statement of having read, ready access to and understanding of the current, applicable **VT Child Care Licensing Regulations**   * *Registered FCCH exempt* |  | N/A | N/A |  |
| Completed **Medication Administration Training** *(if applicable)* |  |  | N/A |  |
| Signed and dated statement verifying **current job title and supervisor’s name**   * *Registered FCCH exempt* |  | N/A | N/A |  |
| Completed on-line Protecting Vermont's Children: **Reporting Abuse and Neglect training**   * *Applies to all staff in FCCH* |  |  | N/A |  |
| Completed Better Kid Care – **Vermont Orientation Training** |  | *(Not applicable if program has created own training)* | N/A |  |
| Oriented to the **program's policies and procedures** | *(Not applicable if program has created own training)* | N/A | N/A |  |
| Completed **Program's Own Orientation** which includes all items outlined in CBCCPP and FCCH rule 7.1.3 and ASP rule 5.31 and the program's policies and procedures | *(Only applicable if program created own orientation)* | N/A | N/A |  |
| Current **Individual** **Professional Development Plan** (IPDP)   * *For CBCCPP, see exemptions in CBCCPP rules 7.4.1 and 7.4.6* * *Not applicable for staff serving as CBCCPP business manager only* * *For FCCH, see exemption in FCCH rule 7.4.6* |  |  | *(Update annually)* |  |
| Copy of written **annual performance review**   * *For CBCCPP, see exemptions in CBCCPP rules 7.5.3* * *Not applicable for staff serving as CBCCPP business manager only* * *Registered FCCH exempt* |  |  | *(Update annually)* |  |
| Copy of **Job Description**   * *Registered FCCH exempt* |  | N/A | N/A |  |
| Documentation of **Annual Professional Development**   * *For CBCCPP, see exemptions in CBCCPP rules 7.4.4 and 7.4.5* * *Not applicable for staff serving as CBCCPP business manager only* * *For FCCH, see exemptions in FCCH rules 7.4.4 and 7.4.5* |  |  | N/A |  |
| Other documents included in file (list) |  |  |  |  |

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| --- | --- | --- | --- |
| **Date Record Check Authorization Form Submitted to CDD** | **Date Staff Submitted to Fingerprinting**  (When CDD has issued a Fingerprint Authorization Certificate) | **Date Staff Submitted all Out of State Child Abuse and Neglect Registry Check Information to CDD**  (When staff has lived in other state(s) within the past 5-Years) | **Date When 5-Year Renewal is Required to be Completed**  (Date provided by CDD in the final background clearance letter) |
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