**SPECIALIZED RESIDENTIAL**

**EMPLOYEE CREDENTIALING AND PERSONNEL MANAGEMENT LOG**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Date of Hire:** |  |
| **Job Title:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Credentialing and Personnel Requirements** | **Initial Check** | | **Annual Check** | |
| Date/Initials | | Date/Initials | |
| **Documentation of Date of Hire**  **OR**  **Offer Letter for Employment** |  |  | **N/A** | |
| **Current Job Description**  in employee file, SIGNED and DATED |  |  |  |  |
| **Employee Driver’s License OR State ID** FRONT and BACK |  |  |  |  |
| **I-9 Verification** |  |  | **N/A** | |
| **State of Michigan  Eligibility to Work Letter** |  |  | **N/A** | |
| **Criminal Background Checks prior to hiring**; all DCW are enrolled in MI Workforce Background Check system |  |  |  |  |
| **Recipient Rights Violation Checks prior to hire**; annual thereafter |  |  |  |  |
| **State Driving Infractions Check**  **prior to hiring**; annual thereafter for those employees transporting customers |  |  |  |  |
| **Personnel Performance Management** minimum annual performance evaluations of direct care staff | **N/A** | |  |  |
| **Exclusions Checks (3 Total Needed) prior to hiring**; annual thereafter for unlicensed\* employees  \*licensed staff must be run monthly |  | | | |
| 1. **Office of Inspector General (OIG)**   <https://exclusions.oig.hhs.gov/> |  |  |  |  |
| 1. **Sanctioned Providers List**   <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers> |  |  |  |  |
| 1. **SAM**   <https://sam.gov/content/home> |  |  |  |  |