

Children's File Checklist FCCH

Name of Child: _____ Date of Enrollment: _____

The following items must be present in each child's file

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Application for Enrollment, includes authorization for emergency care	1 st Day	
<input type="checkbox"/> Medical Action Plan (if applicable)	1 st Day/Updated annually	
<input type="checkbox"/> Medical Report	Within 30 days of Enrollment	
<input type="checkbox"/> Immunization Record	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Discipline Policy	1 st Day	
<input type="checkbox"/> Infant Feeding Plan (children less than 15 months-old)	1 st Day	
<input type="checkbox"/> Infant Sleep Position Waivers (if applicable)	1 st Day	
<input type="checkbox"/> Infant Safe Sleep Visual Check Charts (if applicable)	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Safe Sleep Policy (if applicable)	1 st Day	
<input type="checkbox"/> Authorization for Transportation (if applicable)	1 st Day/As Occurs	
<input type="checkbox"/> Documentation of Receipt: Center Operational Policies (if applicable)	1 st Day	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law	1 st Day	
<input type="checkbox"/> Copies of Incident Reports	As Occurs	
<input type="checkbox"/> Medication Authorization, Record of Medication Administration (if applicable), and Medication Error Report (if applicable)	As Occurs	
<input type="checkbox"/> Off Premise Activities Authorization	As Occurs	
<input type="checkbox"/> Permission to Transport/participate in off premise activities (if applicable)	As Occurs	
<input type="checkbox"/> Nutrition Opt-out Form (if applicable)	As occurs	
<input type="checkbox"/> Documentation of Receipt: Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policies	1 st Day	
<input type="checkbox"/> Permission for aquatic activities (if applicable)	1 st Day	
<input type="checkbox"/> Notification of Smoking and Tobacco Restriction	1 st Day	
<input type="checkbox"/> Animal (Pet) Acknowledgement Form (if applicable)	1 st Day	
<input type="checkbox"/> Written Plan of Care (if applicable)	1 st Day	