

FCCH Operator Checklist

Name of FCCH Operator: _____ Date of Employment: _____

The following items must be present in the Operator's file.

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Verification of age – 21 years-old	Day 1	
<input type="checkbox"/> Copy of HS Diploma or GED	Day 1	
<input type="checkbox"/> Tuberculin (TB) Test	Day 1	
<input type="checkbox"/> Health Questionnaire	Prior to Employment Renew Annually	
<input type="checkbox"/> First Aid Training Certificate	Prior to Employment Renew Before Expiration Date	
<input type="checkbox"/> CPR Certification	Prior to Employment Renew Before Expiration Date	
<input type="checkbox"/> CBC Qualification Letter	Prior to Employment and Every 3 years	
<input type="checkbox"/> Orientation	Prior to employment	
<input type="checkbox"/> Recognizing and Responding to Suspicions of Child Maltreatment training	Within 90 days of Employment	
<input type="checkbox"/> Health and Safety Training	Within 12 months and Every 5 years	
<input type="checkbox"/> EPR in Child Care Training	Within 1 year of open date	
<input type="checkbox"/> ITS-SIDS Training (if applicable)	Prior to employment and every 3 years	
<input type="checkbox"/> On-going Training Log/Certificates	2d year of employment and annually after	
<input type="checkbox"/> Professional Development Plan	Within 12 months and annually	