

Program Files Checklist Center

Facility Name _____ Employee: _____ DOE: _____

The following items must be included in program files. Forms are available online at <https://ncchildcare.ncdhhs.gov/>

Item	Due Date	Date Received/ Completed
<input type="checkbox"/> Emergency Preparedness and Response Plan	Within four months of completing the training	
<input type="checkbox"/> Building Inspection	Prior to license	
<input type="checkbox"/> Sanitation Inspection	Prior to license	
<input type="checkbox"/> Fire Inspection	Prior to license	
<input type="checkbox"/> Pool Inspection (if applicable)	Prior to license	
<input type="checkbox"/> Emergency Medical Care Plan	Day 1	
<input type="checkbox"/> Safe Pick-Up and Delivery Procedures	Day 1	
<input type="checkbox"/> Menu (posted)	1 week prior to meal or snack served	
<input type="checkbox"/> Allergy/ Special Diet Listing (posted)	Day 1/ As occurs	
<input type="checkbox"/> Incident Log	As occurs	
<input type="checkbox"/> Emergency Drill Log	Fire Drill: Monthly Shelter-in Place or Lock Down-Drill: Quarterly	
<input type="checkbox"/> Fire Evacuation Procedures	Day 1	
<input type="checkbox"/> Written Plan for Evacuation (Centers that do not meet institutional building code)	Day 1	
<input type="checkbox"/> Playground Inspection (must be on DCDEE form)	Monthly	
<input type="checkbox"/> Daily Schedule (posted)	Current	
<input type="checkbox"/> Activity Plan (stimulate 5 developmental domains)	Current	
<input type="checkbox"/> Daily Attendance Records	Day 1	
<input type="checkbox"/> Arrival/ Departure Time Record	Day 1	
<input type="checkbox"/> Schedule of Off-Premise Activities	Prior to off-premise activity	
<input type="checkbox"/> Aquatic Policy	Prior to activity	
<input type="checkbox"/> Safe Sleep Policy (posted)	Day 1/As occurs	
<input type="checkbox"/> List of Names and Identifying Information of Children Transported	Prior to off-premise activity	
<input type="checkbox"/> First Aid Information Sheet (posted)	Day 1	

<input type="checkbox"/> Operational Policies	Day 1	
<input type="checkbox"/> Screen Time Log	Day 1/ As occurs	
<input type="checkbox"/> Discipline Policy	Day 1	
<input type="checkbox"/> Summary of Law (posted)	Day 1	
<input type="checkbox"/> Prevention of Shaken Baby Syndrome and Abusive Head Trauma	Day 1	
<input type="checkbox"/> Classroom Staff/Child Ratio Sheet (posted)	Day 1	
<input type="checkbox"/> Manufacturer's Instructions for Equipment and Furnishings	Day 1	
<input type="checkbox"/> Documentation of Emergency Situations that Necessitated a lack of direct Supervision	As Occurs	