

Licensee Certification & Training Checklist

Name: _____

Completed	Training	Date Completed	Expiry Date	Date Renewed
<i>General Compliance Paperwork</i>				
<input type="checkbox"/>	Emergency Contact Info			
<input type="checkbox"/>	Government Issued Picture ID			
<input type="checkbox"/>	Social Security Card			
<i>General Qualifications</i>				
<input type="checkbox"/>	High School Diploma or Equivalent			
<input type="checkbox"/>	AA Degree			
<input type="checkbox"/>	ECE Initial Certificate (or interest in pursuing it)			
<i>Preservice Requirements</i>				
<input type="checkbox"/>	Department Orientation			
<input type="checkbox"/>	MERIT Registration/STARS ID #			
<input type="checkbox"/>	Department Background Check			
<input type="checkbox"/>	TB Test			
<i>Training Requirements</i>				
<input type="checkbox"/>	Pediatric CPR/First Aid			
<input type="checkbox"/>	Child Care Basics (20 hrs)			
<input type="checkbox"/>	Mandated Reporter			
<input type="checkbox"/>	Emergency Preparedness			
<input type="checkbox"/>	Identifying Shaken Baby Syndrome			
<input type="checkbox"/>	Safe Sleep			
<input type="checkbox"/>	Child Restraint			
<input type="checkbox"/>	Serving Children Experiencing Homelessness			
<input type="checkbox"/>	Medication Management & Administration			
<input type="checkbox"/>	Bloodborne Pathogen			
<input type="checkbox"/>	Food Handler Permit			
<i>Annual Trainings</i>				

Annual Trainings

<input type="checkbox"/>	10 hours - Year _____			
<input type="checkbox"/>	10 hours - Year _____			
				Checklist Completed:

Staff Records - Lead Teacher

Name		Hire Date:		
		End Date		
Completed		Date Completed	Expiry Date	Date Renewed
<i>Employment Paperwork</i>				
<input type="checkbox"/>	Employment Application			
<input type="checkbox"/>	Government Issued Picture ID			
<input type="checkbox"/>	W-4			
<input type="checkbox"/>	I-9 Eligibility Form			
<input type="checkbox"/>	Social Security Card			
<input type="checkbox"/>	Emergency Contact Info			
<i>General Qualifications</i>				
<input type="checkbox"/>	18+ years old			
<input type="checkbox"/>	High School Diploma or Equivalent			
<input type="checkbox"/>	ECE Initial Certificate (or interest in pursuing it)			
<i>Preservice Requirements</i>				
<input type="checkbox"/>	MERIT Registration/STARS ID #			
<input type="checkbox"/>	Department Background Check			
<input type="checkbox"/>	TB Test			
<i>Trainings</i>				
<input type="checkbox"/>	Pediatric CPR/First Aid Certification			
<input type="checkbox"/>	Mandated Reporter			
<input type="checkbox"/>	Emergency Preparedness			
<input type="checkbox"/>	Identifying Shaken Baby Syndrome			
<input type="checkbox"/>	Safe Sleep			
<input type="checkbox"/>	Child Restraint			
<input type="checkbox"/>	Serving Children Experiencing Homelessness			
<input type="checkbox"/>	Bloodborne Pathogen			
<input type="checkbox"/>	Medication Management			
<input type="checkbox"/>	Fire Safety Training (provided onsite)			
<i>Optional Training/Certification</i>				
<input type="checkbox"/>	Food Handler Permit **if prepping or serving food)			
<input type="checkbox"/>	Child Care Basics (20 hrs) - **If working with children unsupervised			
<i>Annual Trainings</i>				

<input type="checkbox"/>	10 hours - Year _____			
<input type="checkbox"/>	10 hours - Year _____			
<i>In House Training</i>				
<input type="checkbox"/>	Staff Policies & Procedures			
Checklist Completed:				

Staff Records - Assistant Teacher

Name:

Start Date:

End Date

Completed	Certifications/Trainings	Date Completed	Expiry Date	Date Renewed
<i>Employment Paperwork</i>				
<input type="checkbox"/>	Emergency Contact Sheet			
<input type="checkbox"/>	Employment Application			
<input type="checkbox"/>	Government Issued Picture ID			
<input type="checkbox"/>	Social Security Card			
<input type="checkbox"/>	W-4			
<input type="checkbox"/>	I-9 Eligibility Form			
<input type="checkbox"/>	Direct Deposit			
<input type="checkbox"/>	Staff Evaluation Form (after 90 days)			
<input type="checkbox"/>	Staff Evaluation Form (yearly)			
<i>General Qualifications</i>				
<input type="checkbox"/>	18+ years old			
<input type="checkbox"/>	High School Diploma or Equivalent			
<input type="checkbox"/>	ECE Initial Certificate (or interest in pursuing it)			
<i>Preservice Requirements</i>				
<input type="checkbox"/>	MERIT Registration/STARS ID #			
<input type="checkbox"/>	Department Background Check			
<input type="checkbox"/>	TB Test			
<input type="checkbox"/>	Pediatric CPR/First Aid Certification			
<i>Trainings</i>				
<input type="checkbox"/>	Pediatric CPR/First Aid Certification			
<input type="checkbox"/>	Onsite Fire Safety & Disaster Prep			
<input type="checkbox"/>	Mandated Reporter			
<input type="checkbox"/>	Emergency Preparedness			
<input type="checkbox"/>	Identifying Shaken Baby Syndrome			
<input type="checkbox"/>	Safe Sleep			
<input type="checkbox"/>	Serving Children Experiencing Homelessness			
<input type="checkbox"/>	Bloodborne Pathogen			
<i>Optional Training/Certification</i>				
<input type="checkbox"/>	Food Handler Permit **if prepping or serving food)			

<input type="checkbox"/>	Child Care Basics (20 hrs) - **If working with children unsupervised			
Annual Trainings				
<input type="checkbox"/>	10 hours - Year _____			
<input type="checkbox"/>	10 hours - Year _____			
In House Training				
<input type="checkbox"/>	Staff Policies & Procedures			
<input type="checkbox"/>	Fire Safety & Onsite Emergency Prep			
Checklist Completed:				

Staff Records - Regular Volunteer

Start Date:

Name:

End Date

Completed	Certifications/Trainings	Date Completed	Expiry Date	Date Renewed
Employment Paperwork				
<input type="checkbox"/>	Employment Application			
<input type="checkbox"/>	Government Issued Picture ID			
General Qualifications				
<input type="checkbox"/>	14+ years old			
<input type="checkbox"/>	High School Diploma or in school (w/ written permission from parent/guardian if under 18)			
<input type="checkbox"/>	MERIT Registration/STARS ID #			
<input type="checkbox"/>	Department Background Check			
<input type="checkbox"/>	TB Test			
Trainings				
<input type="checkbox"/>	Pediatric CPR/First Aid Certification			
<input type="checkbox"/>	Mandated Reporter			
<input type="checkbox"/>	Emergency Preparedness			
<input type="checkbox"/>	Identifying Shaken Baby Syndrome			
<input type="checkbox"/>	Safe Sleep			
<input type="checkbox"/>	Serving Children Experiencing Homelessness			
<input type="checkbox"/>	Bloodborne Pathogen			
Optional Training/Certification				
<input type="checkbox"/>	Food Handler Permit **if prepping or serving food)			
In House Training				
<input type="checkbox"/>	Staff Policies & Procedures			
Checklist Completed: _____				

Child Enrollment Checklist

Name:		Start Date	End Date
	Type of Care:(circle one)	Full-Time	Part-Time Drop In
Completed	Parent Supplied Documents		
<input type="checkbox"/>	Child Care Registration Form		
<input type="checkbox"/>	Immunization Record		
<input type="checkbox"/>	General Permissions Slip		
<input type="checkbox"/>	Non-Prescription Medication Release Form	*Needs to be updated yearly	
<input type="checkbox"/>	Photo Release		
<input type="checkbox"/>	Notification of Developmental Screening		
<input type="checkbox"/>	"About Me" Child Information		
<input type="checkbox"/>	Child Care Agreement Form		
Parent Supplied Items			
<input type="checkbox"/>	2 changes of seasonally appropriate clothing		
<input type="checkbox"/>	Sunscreen		
	based on age...		
<input type="checkbox"/>	Diapers		
<input type="checkbox"/>	Diaper rash cream		
<input type="checkbox"/>	Bottles (4)		
<input type="checkbox"/>	Pacifier		
<input type="checkbox"/>	Small blanket		
Other Documentation			
<input type="checkbox"/>			
<input type="checkbox"/>			
			Checklist Completed:

Staff Records (Household Member)

Completed	Training	Date Completed	Expiry Date	Date Renewed
<input type="checkbox"/>	Government Issued Picture ID			
<input type="checkbox"/>	Minimum Education			
<input type="checkbox"/>	Non-Criminal Background Check			
<input type="checkbox"/>	TB Test			
<input type="checkbox"/>	HIV/AIDS			
<input type="checkbox"/>	CPR			
<input type="checkbox"/>	First Aid			
<input type="checkbox"/>	Food Handlers Permit			
<input type="checkbox"/>	Safe Sleep Training			
	STARS Training			
<input type="checkbox"/>	~Basic			
<input type="checkbox"/>	~10 hrs			

Checklist Completed: _____

Staff Records

	Training	Date Completed	Expiry Date	Date Renewed
<input type="checkbox"/>	Employment Application			
<input type="checkbox"/>	W-4			
<input type="checkbox"/>	Social Security Card			
<input type="checkbox"/>	Government Issued Picture ID			
<input type="checkbox"/>	Minimum Education			
<input type="checkbox"/>	Non-Criminal Background Check			
<input type="checkbox"/>	TB Test			
<input type="checkbox"/>	HIV/AIDS			
<input type="checkbox"/>	CPR			
<input type="checkbox"/>	First Aid			
<input type="checkbox"/>	Fire Safety Training			
<input type="checkbox"/>	Food Handlers Permit			
<input type="checkbox"/>	Safe Sleep Training			
	STARS Training			
<input type="checkbox"/>	~Basic			
<input type="checkbox"/>	~10 hrs			
_____ Checklist Completed:				