

COORDINATING CHECK LIST FOR APPLICATION
(PLEASE CHECK EACH BOX OR CHECK N/A IF NOT APPLICABLE)

ATTACHMENT

- ☐ Fee Enclosed
- ☐ Fee Invoice Form
- ☐ Application
- ☐ Application (Supplemental Information - Infant/Toddler Care)
- ☐ Affidavit
- ☐ Worker's Compensation Insurance Certificate
- ☐ Proof of Worker's Compensation Insurance
- ☐ 5a Fire
- ☐ 5b Building
- ☐ 5c Zoning
- ☐ 5d Local Health
- ☐ 5e Building structure constructed prior 1978 ☐ Yes ☐ No If yes, a full comprehensive lead inspection is required.
Lead inspection to be conducted by the local health department or a private licensed lead inspector.
- ☐ 8a Staff Work Schedule Form (Including Designated Head Teacher & Director)
- ☐ 8b Fingerprint/Background Checks (Submit to the Legal Department)
- ☐ 8c Head Teacher Form or Certificate of Approval
- ☐ 8d Organizational Chart
- ☐ 8e First Aid Training Certificates ☐ CPR Training Certificates
- ☐ 9a Education Consultant Form ☐ Copy of Agreement
 - ☐ Contract Signed Annually by Consultant ☐ Annual Review of Written Policy, Plans, Procedures ☐ Availability in person
 - ☐ Annual Review of Education Programs ☐ Availability by Telecommunication ☐ Acting as Resource Person for Staff/Parents
 - ☐ Consulting with Administration & Staff about Specific Problems
 - ☐ Documenting the Activities & Observations required in Consultation Log that is Kept for 2 Years Comments
- ☐ 9b Copy of Agreement/Contract for Physician/Public Health RN
 - ☐ Reviewing Health & Immunization Records for Children & Staff ☐ Reviewing Contents, Storage & Plan for Maintenance of First Aid Kits ☐
 - ☐ Observing Indoor & Outdoor Environment for Health & Safety ☐ Observing Children's General Health & Development
 - ☐ Observing Diaper Changing Areas & Toileting Areas, Diaper Changing, Toileting & Hand Washing Procedures
 - ☐ Reviewing Medication Policies, Procedures, Documentation for Administration of Medications (including petition for Special Medication Authorizations ☐ Assisting in the Review of Individual Care Plans for Children with Special Needs/Disabilities Comments
- ☐ 9c Copy of Agreement/Contract for Dentist
- ☐ 9d Copy of Agreement/Contract for Registered Dietitian
- ☐ 9e Copy of Agreement/Contract for Social Service Consultant
- ☐ 9f Consultant/Head Teacher Data Sheet
- ☐ 10 Food Service Certificate
- ☐ 11a Floor Plan - Indoor
- ☐ 11b Water Supply Attachment
 - ☐ Lead Water Test
 - ☐ Bacterial and Chemical Water Test
 - ☐ Copy of Water Bill
- ☐ 11d Radon Test Results
- ☐ 12a Sketch - Outdoor Play Space
- ☐ 12b Pool Approval
- ☐ S3 Indoor Floor Plan for Infant Toddler
- ☐ S4 Nurse's License and Resume

COMMENTS