

# Children's File Checklist Center

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	1 <sup>st</sup> Day	
<input type="checkbox"/> Emergency Medical Care Information/Medical Action Plan (if applicable)	1 <sup>st</sup> Day/Updated as changes occur and annually	
<input type="checkbox"/> Medical Report (not required for any child attending a public school or private school as described in G.S. 110-86(2)(e)).	Within 30 days of Enrollment	
<input type="checkbox"/> Immunization Record (not required for any child attending a public school or private school as described in G.S. 110-86(2)(e)).	Within 30 days of Enrollment	
<input type="checkbox"/> Documentation of Receipt: Discipline Policy	1 <sup>st</sup> Day	
<input type="checkbox"/> Infant Feeding Plan (children less than 15 months-old)	1 <sup>st</sup> Day	
<input type="checkbox"/> Infant Sleep Position Waivers (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Documentation of Receipt: Safe Sleep Policy (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Authorization for Transportation (if applicable)	1 <sup>st</sup> Day/As Occurs	
<input type="checkbox"/> Documentation of Receipt: Center Operational Policies	1 <sup>st</sup> Day	
<input type="checkbox"/> Documentation of Receipt: Summary of Child Care Law	1 <sup>st</sup> Day	
<input type="checkbox"/> Copies of Incident Reports	As Occurs	
<input type="checkbox"/> Emergency Medical Care Authorization	1 <sup>st</sup> Day	
<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)	1 <sup>st</sup> Day	
<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 <sup>st</sup> Day	
<input type="checkbox"/> Permission for aquatic activities (if applicable)	1 <sup>st</sup> Day	
<input type="checkbox"/> Notification of Smoking and Tobacco Restriction	1 <sup>st</sup> Day	
<input type="checkbox"/> Documentation of Discussion: Parent Participation Plan	1 <sup>st</sup> Day	
<input type="checkbox"/> What Makes Me Special	1 <sup>st</sup> Day	
<input type="checkbox"/> Photo Release	1 <sup>st</sup> Day	
<input type="checkbox"/> Payment and Fees Acknowledgement	1 <sup>st</sup> Day	