

# FDCH Pre-Operational Visit

Provider's Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

PROVIDER'S CHILDREN		
Children's Names	Birth Date	Age

Number of Non-resident Day Care Children	
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### Forms and Orientation

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Application - FDCH</li> <li><input type="checkbox"/> Sponsor/Provider Agreement</li> <li><input type="checkbox"/> Child Enrollment Form</li> <li><input type="checkbox"/> Income Eligibility Form</li> <li><input type="checkbox"/> Training Requirements</li> <li><input type="checkbox"/> Record Keeping Requirements</li> <li><input type="checkbox"/> Relative Care</li> <li><input type="checkbox"/> Compliance Check list                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Health Inspection</li> <li><input type="checkbox"/> Fire Inspection</li> <li><input type="checkbox"/> Physical/TB</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Meal Pattern/Portion Requirements</li> <li><input type="checkbox"/> Infant Menus</li> <li><input type="checkbox"/> Age One and Older Menus</li> <li><input type="checkbox"/> Reviews</li> <li><input type="checkbox"/> State License</li> <li><input type="checkbox"/> Residential Certificate</li> <li><input type="checkbox"/> Claims</li> <li><input type="checkbox"/> Tier I, Tier II information</li> <li><input type="checkbox"/> Tier II options</li> </ul> |
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### Health, Safety and Sanitation

Recommendations/Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Sign-up Follow Through

Follow-up: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider's Signature _____	Date _____	Sponsor Representative _____	Date _____
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