

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

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