

Center Based Enrollment Verification Checklist

*Management Form



Applicant's Last, First Middle Name: _____

Site: _____

Name of staff completing enrollment: _____

Date: _____

Staff completing ERSEA review: _____

Date: _____

| *Following items must be completed BEFORE enrollment and child's 1st day of attendance | | | |
|--|--|----------------|-----------------|
| Documentation/Item to check | Item Complete | Not applicable | Item incomplete |
| ERSEA | | | |
| * Verified to be next child on the waitlist according to the selection criteria points. | | | |
| Over income form is approved, copy with approval signatures in the file | | | |
| Child of a staff person form is approved, copy with approval in the file | | | |
| Preschool rooms: there will still be more 4&5-year-olds if enrolling a 3-year-old | | | |
| EHS Transfer, coordination with the EHS Coordinator/Family Engagement Specialist has occurred prior to placement | | | |
| Health Dental Nutrition | | | |
| Health Care Plan has been completed by a doctor | | | |
| Health Care Plan has been shared with all team members | | | |
| Health Care Plan has been reviewed and signed by HNCS and/or EL Nurse | | | |
| Medication Forms are completed & signed by parent and staff | | | |
| * Child is up-to-date on all immunizations - verified & signed by EL Nurse and/or HNCS | | | |
| Immunization Exemption form is signed by doctor and parent | | | |
| USDA | | | |
| * CACFP Enrollment Form is complete and accurate | | | |
| Request for Special Dietary Accommodations is approved by USDA Manager | | | |
| Fluid Milk Substitution is approved by USDA Manager | | | |
| Special Services/Mental Health - Content Specialist Signature required if there are any diagnosed disabilities or concerns | | | |
| <input type="checkbox"/> There is current IEP in the file <input type="checkbox"/> There is suspected developmental delay <input type="checkbox"/> There are behavior health concerns <input type="checkbox"/> There are mental health concerns <input type="checkbox"/> There is a consent to release form <input type="checkbox"/> No concerns - does not require SSCS/MHCS signature | Notes: SSCS/MHCS/or Designee Signature: | | |

* Items with a red asterisk are to be completed for ALL children before they are accepted for enrollment
 Items that do not have an asterisk need to be completed before child is accepted for enrollment, only if applicable

Accepted for Enrollment - child is fully eligible to start program

 Assistant Center Manager or Designee Signature

 Date