

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/Eligibility & Program Governance 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			
Medication Forms are completed & signed by parent and staff			
Medication label has been created for transportation			
* Child is up-to-date on all immunizations - verified & signed by HNCS			
Immunization Exemption form is signed by doctor, parent and signed off by HNCS			
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 _____