

(Place in sheet protector in file)

Provider Name:		Title:
Is Provider counted in Child/Staff Ratios? Yes No What services are provided:		
	Affidavit: (complete once)	
	Child Care Center Personnel Record (Form counted in ratios: Orientation Section must be	
	Criminal Background Check:background check must be completed prior	
	FBI Fingerprints: (complete	te once with first background check)
	Copy of License or Certification:	(one copy for file, replaced as needed)
	First Aid Certification: (conleft alone with children)	mplete upon expiration, if counted in ratios or
	CPR Certification: (comple	te upon expiration, not needed for provider)
	Pre-Service Training or Wavier:	(complete once, if counted in ratios)
	TB Test Results: (screen exbeen completed)	very year, copy of TB test result if test has
	Center Operating Manual:	(current copy)
	Training Log/Records: (on-	-going, if counted in ratios)
	Date of Termination of Services:	

CSNT Head Start Vision Statement