



EDUCATOR MANDATORY FORMS CHECKLIST

JDM Dayhome Agency - All items required before program commencement

Educator Name

Date Reviewed

REGISTRATION - EDUCATOR / HOUSEHOLD

- | | |
|--|---|
| <input type="checkbox"/> Agency application / intake form | <input type="checkbox"/> Proof of age (18+) |
| <input type="checkbox"/> Current First Aid / CPR certificate | <input type="checkbox"/> Child intervention record check - educator |
| <input type="checkbox"/> Child intervention record check - each adult 18+ in home | <input type="checkbox"/> Criminal record check with vulnerable sector - educator |
| <input type="checkbox"/> Criminal record check with vulnerable sector - each adult 18+ | <input type="checkbox"/> Under-18 household member criminal involvement disclosure |
| <input type="checkbox"/> 3 personal references from non-relatives | <input type="checkbox"/> Physician note - physically and mentally able to care for children |
| <input type="checkbox"/> Level 1 Early Childhood Educator certification / proof in process | <input type="checkbox"/> Signed educator contract / agency agreement |

HOME / PROGRAM READINESS

- | | |
|---|---|
| <input type="checkbox"/> Emergency evacuation plan | <input type="checkbox"/> Fire evacuation plan |
| <input type="checkbox"/> Dayhome floor plan | <input type="checkbox"/> Health and safety checklist |
| <input type="checkbox"/> Daily cleaning checklist | <input type="checkbox"/> Fire drill log |
| <input type="checkbox"/> Yearly fire drill log | <input type="checkbox"/> Smoking / vaping declaration |
| <input type="checkbox"/> Food handler certification (if applicable) | |

TRANSPORTATION / OUTING FORMS

- | | |
|---|---|
| <input type="checkbox"/> Parent off-site activity / outing consent form | <input type="checkbox"/> Transportation consent form (if transporting children) |
| <input type="checkbox"/> Vehicle transportation compliance form | <input type="checkbox"/> Driver's licence copy |
| <input type="checkbox"/> Vehicle registration copy | <input type="checkbox"/> Vehicle insurance copy |

CHILD ENROLLMENT / PARENT FORMS

- | | |
|--|---|
| <input type="checkbox"/> Parent registration / child care agreement | <input type="checkbox"/> Child information record |
| <input type="checkbox"/> Authorized pickup and emergency contact form | <input type="checkbox"/> Health / medical information form |
| <input type="checkbox"/> Immunization status record or parent statement of refusal | <input type="checkbox"/> Portable emergency information record |
| <input type="checkbox"/> Emergency medication consent form (if applicable) | <input type="checkbox"/> Medication consent form (if applicable) |
| <input type="checkbox"/> Allergy / medical care plan (if applicable) | <input type="checkbox"/> Infant safe sleep instructions / acknowledgement (if caring for infants) |

ONGOING REQUIRED RECORDS

- Daily attendance record / sign-in sign-out record
- Medication administration log (if medication is administered)
- Incident / injury / illness report form

Educator Signature

Agency Representative / Consultant

Signature

Date

Signature

Date