MINISTRY FILE CHECKLIST

State Form 55547 (R / 6-14)

Reset Form

Name of ministry	Date of visit *(month, day, year)*

		MINISTRY				CHILD CARE DEVELOPMENT FUND (CCDF)								VOLUNTARY CERTIFICATION PROGAM		
Staff Name	**Date of Hire** *(month, day, year)*	**Child Protective Index (CPI) (No abuse or neglect shown)**	**Universal Precaution (UP) Date *(month, day, year)***	**Limited Criminal History / National Criminal History Check (LCH/NCHC) (L -Limited or N - National)**	**At least eighteen (18)**	**Child Abuse Training**	**Orientation Training**	**Drug Test (Monthly Routine (MRO) once)**	**Tuberculosis (TB) Date *(month, day, year)* (once / chest annual)**	**Cardiopulmonary Resuscitation (CPR) (one (1) person on site-all times)**	**Current First Aid (ALL STAFF)**	**Safe Sleep**	**Polices / drug test / Criminal History (CH) / Prohib**	**PHYSICAL**	**High School Diploma**	**IN-SERVICE TRAINING**