FPA CHECKLIST

CENTER _____

CLASS _____

HEALTH SERVICES																		
Physicals																		
Physicals Due																		
Immunizations																		
Immunizations Due																		
Dental Exam (within 45 days)																		
Dental Treatment (end of March)																		
Hematocrit/Hemoglobin																		
Lead Screening																		
Vision Screening																		
Hearing Screening																		
Health Referrals																		
Health Completion																		
Date of Birth																		
SOCIAL SERVICES																		
Policy Council/Members Elected																		
Center Committee Elected																		
FPA (within 45 days)																		
FPA Follow-up (by April 1)																		
Holiday Help																		
Center Staffing																		
Staffing with Management Team																		
Mental Health Professional Visit																		
Enrollment Date																		
Drop Date																		
Father/child Activity																		
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July						
Date sent to office w/ monthly report																		