Department of Early Education and Care
THE COMMONWEALTH OF MASSACHUSETTS

Children's Records Checklist

Child's Name & Date of Birth								
Date of Admission								
Parent's daytime phone numbers								
Emergency Contact/Authorized to Pick up Person								
Transportation Plan								
Schedule of days & times in care								
Acknowledgement of Parent Handbook								
Parental Visit Notice								
Physician/Health Care								
Individual Health Care Plans (IHCP) (If applicable)								
Developmental History								
General Permission								
CPR/1st Aid/Emergency Medical Consent & Release								
Emergency Card Information								
Date of last Physical Exam								
Immunizations								
Lead screening								
Annual Update								
Custody Agreements (if applicable)								
Date of last Progress Report								

Please refer to attached Instruction Page

Children's Records Instructions

These instructions are to assist you in completing the required children's records checklist. A copy of the current checklist must be submitted to the licensor on the day of the licensing study. (Please note: if you leave a blank space on the checklist, this will indicate that the information is not on file.)

1. **Child's Name & Date of Birth**: List all children by name and indicate the child's date of birth.
2. **Date of Admission**: Indicate the child's date of admission into the program (this is significant for progress report date and medical information).
3. **Parent's daytime phone numbers:** List parents' first names and daytime phone number
4. **Emergency Contact/Authorized to Pick up Person:** Indicate with a √ that parents have noted in the records who to contact in the event of an emergency and who is authorized to take the child from the program.
5. **Transportation Plan**: Indicate with a √ that parents have noted the transportation plan indicating how child will arrive to and depart from the program.

6. **Schedule of days & times in care:** Indicate with a √ that record indicates the current days and times that children are scheduled to be in care.
7. **Acknowledgement of Parent Handbook:** Indicate with a √ that parents have signed the acknowledgment that they have received the program's Parent Handbook.
8. **Parental Visit Notice:** Indicate with a √ that parents have signed the acknowledgment that they understand they have the right to visit the program at any time their child is in care.
9. **Physician/Health Care: :** Indicate with a √ that record indicates the contact information for the child's physician and any information regarding health concerns the child might have
10. **Individual Health Care Plan (IHCP):** If a child has an IHCP on file, record the date that the plan was issued.
11. **Developmental History**: Indicate with a √ that it is on file.
12. **General Permission:** Indicate with a √ that parents have signed the General Permission form indicating specific places the child is allowed to go off the premises of the FCC Program.
13. **CPR/First Aid /Emergency Hospital/Child Release**: Indicate the date the consent form was signed by the parent or guardian.
14. **Emergency Card Information**: Indicate with a √ that Emergency Card information is kept in the first aid kit.
15. **Physical Examination**: Indicate the date of the last physical examination noted in the file. Note: for School-Age children a signature indicating that the child's immunization Records are on file with the child's school.
16. **Immunization Records**: Indicate with a √ if immunizations are on file and up to date. Note: for School-Age children a signature indicating that the child's immunization Records are on file with the child's school.
17. **Lead screening**: If a child is younger than 9 months old, indicate NA (not applicable). If a child is 9 months or older, indicate with a √ that the documentation of lead screening is on file.
18. **Annual Update:** Indicate with a √ that parents have reviewed records and amended if necessary and have signed the annual update forms.
19. **Custody Agreements**: Indicate with a √ if a custody agreement is on file.
20. **Date of Last Progress Report**: Indicate the date the last progress report was completed.