

## Children's Records Checklist for Center-Based Funded Programs

<b>Child's Name and Date of Birth</b>								
<b>Face Sheet*</b> <ul style="list-style-type: none"> <li>Name, date of admission, DOB, age at admission and primary language</li> <li>Parent contact info (home)</li> <li>Parent contact info (work)</li> <li>Emergency contact</li> <li>Recent photograph</li> <li>Pediatrician contact info</li> <li>Allergies/special health needs</li> <li>Anticipated dates enrolled</li> </ul>								
<b>Custody Agreements</b>								
<b>Transportation Plan*</b>								
<b>CPR/First Aid/ Emergency Medical Consent and Release*</b>								
<b>Persons Authorized To Pick Up Child From Program</b>								
<b>Off-site consent*</b>								
<b>On-site swim consent*</b>								
<b>Consent For non-prescription medication and topicals*</b>								
<b>Medical Records*</b> <ul style="list-style-type: none"> <li>Immunizations</li> <li>Date of last physical exam*</li> <li>Lead Screening</li> <li>IHCP – Individual Health Care Plan</li> <li>Medications</li> </ul>								

\*Indicates fields which must be updated annually

Please refer to attached Instruction Page

## **Children's Records Checklist Instructions**

These instructions are to assist you in completing the required children's records checklist and in ensuring that your records are complete for each child in care. A copy of the current checklist must be submitted to the monitor on the day of the monitoring visit. (Please note: if you leave a blank space on the checklist, this will indicate that the information is not on file.)

**Child's Name and Date of Birth:** List each child by name on top of the list and below each name, indicate the child's date of birth.

1. **Face Sheet:** Indicate with a ✓ that the Face Sheet is in the child's file and complete.
2. **Custody Agreements:** Indicate with a ✓ if custody agreements are on file.
3. **Transportation Plan:** Indicate the date the plan was signed by parent.
4. **First/Aid Emergency Hospital/Child Release:** Indicate the date the consent form was signed by the parent.
5. **Persons authorized to pick up children:** Indicate with a ✓ if permission is on file.
6. **Off-site consent:** Indicate with a ✓ that permission forms are on file for off-site activities.
7. **On-site Swimming Pool Permissions:** Indicate with a ✓ that permission forms are on file for on-site swimming
8. **Consent for non-prescription medication:** Indicate the date the consent form was signed by the parent.
9. **Medication Records:** If pertinent to the child, indicate with a ✓ that the information is on file.
10. **Individual Health Care Plan (IHCP):** If a child has a IHCP on file, record the date the plan was issued.