Child Care Centers Certification Inspection Instrument (Renewal) Worksheet 2



Worksheet 2: Child Records

| Facility: | PCID: | Cert Rep: | Inspection Date: |
|-----------|-------|-----------|------------------|
| | | | |

Key: ✓ = Compliant **O** = Non-compliant, notes if applicable **N/A** = Not Applicable **EX** = Exemption on file **UA** = Unable to assess

| ITEMS | | CHILD# | CHILD # | CHILD# | CHILD# | CHILD# |
|--------------------|---|--------|---------|--------|--------|--------|
| Child's Name | | | | | | |
| Date of Birth | | | | | | |
| Date of Admis | sion | | | | | |
| §3270.124 Em | ergency contact information | | | | | |
| | Emergency contact info | | | | | |
| .124(a) | Emergency contact name | | | | | |
| | Name of child | | | | | |
| .124(b)(1) | Birthdate of child | | | | | |
| | Name physician/medical care | | | | | |
| .124(b)(2) | Address physician/medical care | | | | | |
| | Phone # of physician/medical care | | | | | |
| | Enrolling parent's home address | | | | | |
| | Enrolling parent's work address | | | | | |
| 124(b)(3) | Enrolling parent's home phone | | | | | |
| | Enrolling parent's work phone | | | | | |
| .124(b)(5) | Information on the disability | | | | | |
| 127(0)(0) | Health insurance/MA coverage | | | | | |
| 124(b)(6) | Health insurance/MA policy # | | | | | |
| | Release person's name | | | | | |
| 101/b)/7) | Release person's address | | | | | |
| .124(b)(7) | | | | | | |
| 20070 400 4 | Release person's phone # | | | | | |
| - | reement/Child Service Report | | | | | |
| .123(a)(1) | Fee amount | | | | | |
| 123(a)(2) | Date fee to be paid | | | | | |
| 123(a)(3) | Services provided | | | | | |
| | CSR updated/signed - 6mo. Arrival time | | | | | |
| .123(a)(4) | Departure time | | | | | |
| 123(a)(5) | Release persons | | | | | |
| .123(a)(6) | | | | | | |
| 182(2) | Date of admission | | | | | |
| 123(a)(7) | Extra services | | | | | |
| 123(a) | Signed by operator | | | | | |
| 123(a) | Signed by parent | | | | | |
| .123(b) | Parent receives original agreement; | | | | | |
| 182(8) | Facility retains copy | | | | | |
| §3270.124; §3 | 270.181 Updated Records | | | | | |
| .124(f)/ | Emergency contact reviewed, updated, | | | | | |
| .181(c) | signed - 6 mo. | | | | | |
| .181(c) Final upda | Financial agreement reviewed, | | | | | |
| | updated, signed - 6 mo. | | | | | |
| - | ntent of Records | | | | | |
| 182(3) | Consent emergency med care signed | | | | | |
| 124(b)(4) | | | | | | |
| 182(4) | Consent for special diet/meds | | | | | |
| .182(5) | Consent minor first aid | | | | | |
| .182(6) | Consent for transportation, walking excursions, swimming and wading | | | | | |
| Compliance | | | | | | |

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| ITEMS | | CHILD# | CHILD # | CHILD # | CHILD # | CHILD # |
|---------------------|---|--------|---------|---------|---------|---------|
| Child's Name | | | | | | |
| Date of Birth | | | | | | |
| Date of Admis | ssion | | | | | |
| 3270.124 Em | ergency contact information | | | | | |
| | Emergency contact info | | | | | |
| .124(a) | Emergency contact name | | | | | |
| | Name of child | | | | | |
| .124(b)(1) | Birthdate of child | | | | | |
| | Name physician/medical care | | | | | |
| .124(b)(2) | Address physician/medical care | | | | | |
| 121(0)(2) | Phone # of physician/medical care | | | | | |
| | Enrolling parent's home address | | | | | |
| | Enrolling parent's work address | | | | | |
| 124(b)(3) | Enrolling parent's home phone | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| 104/b\//5\ | Enrolling parent's work phone Information on the disability | | | | | |
| .124(b)(5) | | | | | | |
| 124(b)(6) | Health insurance/MA coverage | | | | | |
| | Health insurance/MA policy # | | | | | |
| | Release person's name | | | | | |
| .124(b)(7) | Release person's address | | | | | |
| | Release person's phone # | | | | | |
| | reement/Child Service Report | | | | | |
| 123(a)(1) | Fee amount | | | | | |
| .123(a)(2) | Date fee to be paid | | | | | |
| 123(a)(3) | Services provided | | | | | |
| 120(4)(0) | CSR updated/signed - 6mo | | | | | |
| 123(a)(4) | Arrival time | | | | | |
| | Departure time | | | | | |
| .123(a)(5) | Release persons | | | | | |
| 123(a)(6) | Date of admission | | | | | |
| 182(2) | Extra services | | | | | |
| .123(a)(7) | | | _ | | | |
| 123(a) | Signed by operator | | | | | |
| 123(a) | Signed by parent | | | | | |
| 123(b) 182(8) | Parent receives original agreement; Facility retains copy | | | | | |
| 3270.124; §3 | 270.181 Updated Records | | | | | |
| 124(f)/ 181(c) | Emergency contact reviewed, updated, signed - 6 mo. | | | | | |
| .181(c) | Financial agreement reviewed, updated, signed - 6 mo. | | | | | |
| §3270.182 Co | ntent of Records | | | | | |
| 182(3) 124(b)(4) | Consent emergency med care signed | | | | | |
| 182(4) | Consent for special diet/meds | | | | | |
| 182(5) | Consent minor first aid | | | | | |
| , , | Consent for transportation, walking | | | | | |
| .182(6) | excursions, swimming and wading | | | | | |
| Compliance | | | | | | |