

**Worksheet 2: Child Records**

<b>Facility:</b>	<b>PCID:</b>	<b>Cert Rep:</b>	<b>Inspection Date:</b>
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**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 #
<b>Child's Name</b>					
<b>Date of Birth</b>					
<b>Date of Admission</b>					
<b>§3270.124 Emergency contact information</b>					
.124(a)	Emergency contact info				
	Emergency contact name				
.124(b)(1)	Name of child				
	Birthdate of child				
.124(b)(2)	Name physician/medical care				
	Address physician/medical care				
	Phone # of physician/medical care				
.124(b)(3)	Enrolling parent's home address				
	Enrolling parent's work address				
	Enrolling parent's home phone				
	Enrolling parent's work phone				
.124(b)(5)	Information on the disability				
.124(b)(6)	Health insurance/MA coverage				
	Health insurance/MA policy #				
.124(b)(7)	Release person's name				
	Release person's address				
	Release person's phone #				
<b>§3270.123 Agreement/Child Service Report</b>					
.123(a)(1)	Fee amount				
.123(a)(2)	Date fee to be paid				
.123(a)(3)	Services provided				
	CSR updated/signed- 6mo				
.123(a)(4)	Arrival time				
	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) .182(8)	Parent receives original agreement; Facility retains copy				
<b>§3270.124; §3270.181 Updated Records</b>					
.124(f)/ .181(c)	Emergency contact reviewed, updated, signed - 6 mo.				
.181(c)	Financial agreement reviewed, updated, signed - 6 mo.				
<b>§3270.182 Content of Records</b>					
.182(3) .124(b)(4)	Consent emergency med care signed				
.182(4)	Consent for special diet/ meds				
.182(5)	Consent minor first aid				
.182(6)	Consent for transportation, walking excursions, swimming and wading				
<b>Compliance</b>					

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