

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	9					
Date of Birth						
Date of Admi						
§3270.124 En	nergency contact information					
.124(a)	Emergency contact info					
	Emergency contact name					
404/b)/4)	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					
404(1)(5)	Enrolling parent's work phone					
.124(b)(5)	Information on the disability					
.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 #					
	greement/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					
.182(8)	agreement; Facility retains copy 3270.181 Updated Records					
.124(f)/	Emergency contact reviewed,					
.124(1)/ .181(c)	updated, signed - 6 mo.					
` '	Financial agreement reviewed,					
.181(c)	updated, signed - 6 mo.					
§3270.182 Co	ontent of Records					
.182(3)	Consent emergency med care					
.124(b)(4)	signed					
.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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.124(a)	Emergency contact info					
	Emergency contact name					
.124(b)(1)	Name of child					
.124(0)(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					
.124(b)(3)	Enrolling parent's work address					
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	Enrolling parent's work phone					
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.124(b)(7)	Release person's address					
, , , ,	Release person's phone #					
	reement/Child Service Report					
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	Departure time Release persons					
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.124(f)/	Emergency contact reviewed,					
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.181(c)	Financial agreement reviewed, updated, signed - 6 mo.					
83270 182 Ca	ontent of Records					
.182(3)	Consent emergency med care					
.102(3) .124(b)(4)	signed					
.182(4)	Consent for special diet/ meds					
.182(5)	Consent minor first aid					
.182(6)	Consent for transportation, walking excursions, swimming and wading					
	Compliance					