

Worksheet 2: Child Records

Facility:	PCID:	Cert Rep:	Inspection Date:
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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 #
Child's Name					
Date of Birth					
Date of Admission					
§3290.124 Emergency contact information					
.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 #				
§3290.123 Agreement/Child Service Report					
.123(a)(1)	Fee amount				
.123(a)(2)	Date fee to be paid				
.123(a)(3)	Services provided; CSR updated/signed – 6 mo.				
.123(a)(4)	Arrival time				
	Departure time				
.123(a)(5)	Release persons				
.123(a)(6)	Date of admission				
.182(2)					
.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				
§3290.124; §3290.181 Updated Records					
.124(e)	Emergency contact reviewed,				
.181(c)	updated, signed – 6 mo.				
.181(c)	Financial agreement reviewed,				
	updated, signed – 6 mo.				
§3290.182 Content of Records					
.182(3)	Consent for emergency medical				
.124(b)(4)	care				
.182(4)	Consent for special diet/meds				
.182(5)	Consent for minor first-aid				
.182(6)	Consent for transportation, walking excursions, swimming and wading				
Compliance					