

# CHILDREN’S RECORDS CHECKLIST

**CENTER NAME:**

**LICENSE ID:**

Child’s Name	Signed Application <sup>1</sup>	Custody Document (if applicable)	Information to Parents (proof of receipt)	Expulsion Policy (proof of receipt)	Policy on the Use of Technology & Social Media (proof of receipt)	Communicable Diseases (proof of receipt)	Release Policy (proof of receipt)	Parental Notification Methods, if Applicable (proof of receipt)	Health Care Provider Name and Phone	Pre-School (0-6) Universal Health Record (indicate Physical Date and update annually)	Pre-School (0-6) Immunization Records (updated as required)	School Age (6-13) Health Statement & Special Needs	Emergency Medical Care Authorization	** Initial & Date

\*\*Check each box as documentation is received. Initial and date attesting that records are completed and maintained on file at the center for each child.

<sup>1</sup>Signed Application shall include the child’s name, address, birthday, enrollment date, parent’s employer information, emergency contacts and phone numbers.