

Documentation Review – Children's Records

Date of record review _____ Reviewed by: _____

Name of Program: _____

Child's Name: _____ D.O.B: _____ Age: _____

Parent's Names: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Child's Admission Records:	Item Status	Incomplete/Missing Item(s)
Days in attendance (circle)	M T W T H F R S A S U N	Attends Summer? School Vacations?
Hours		
Address, gender, D.O.B.		
Parents names, addresses, phone Numbers during day care hours		
Emergency contacts names, addresses and phone numbers		
Authorization for Emergency Medical treatment		
Names and addresses of persons Authorized to take the child from the home		
Special Needs/Medication Info		
Field Trip Permission		
Pool permission slip		
Written Formula/Feeding Instructions for Infants		
Bathing/washing/hygiene Permission		
Napping/Sleeping Instructions and Permissions		
Lead Screening Information Provided		
School-Age Written Permission Out of direct supervision		
Permission to transport		
Child's Health Records		
Record of immunizations & Health exams for children not yet enrolled in school		
Documentation re: allergies or any special health care needs		
Is Provider MAT Certified? _____		
Permission to administer Meds?		
Permission to administer Topicals?		
Medication log noting administration at program		

Item Status: X = Item adequately documented / - = Item Incomplete (Explain)
O = Item Missing / N/A = Item Not Applicable

(CCS11/2006)