

CCC CHILD FILE CHECKLIST

The facility shall keep a separate record for each child. 114-503 G. (1)

REFER TO JUNE 2005 REGULATION BOOKLET 114-503 G. (1) through (8)

- Current Immunization Record – (must be on SC DHEC form)**
- DSS Form 2900 - General Record and Statement of Child's Health signed and dated by parents and director and updated as needed**
- General Record /Enrollment Form to include ALL of the following:**
 - Child's full legal name, nickname, birth date, date of enrollment, current home address and home telephone number**
 - Full name of parents/guardians, work and home telephone numbers, or reachable telephone numbers when the child is in the center**
 - Name, address and telephone number of TWO emergency persons who can assume responsibility for the child and are authorized to arrange medical care if necessary**
 - Name, address, and telephone number of doctor, dentist and health insurance provider**
 - Name, address and form of identification for anyone authorized to take the child from the center also 114-503 F. (2)**
 - Written permission/authorization to obtain emergency medical treatment, to transport children - 114-505 I. (2) (c), to administer medication - 114-505 D. (1), and to participate in swimming activities**
 - A signed statement by parents, UPDATED ANNUALLY, that acknowledges their acceptance and understanding of ALL center Policies 114-503 F. (4), INCLUDING the center Discipline Policies 114-506 B. (2) which SHALL BE CLEARLY DEFINED by the center and state whether or not corporal punishment is used.**
 - Written permission for corporal punishment, if applicable
Punishment shall be clearly defined.**

THE CENTER SHALL HAVE WRITTEN POLICY TO SAFEGUARD THE CONFIDENTIALITY OF ALL RECORDS 114-503 I.

Child's Name:	Date:
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