**SAMPLE CHILD FILE CHECKLIST**

Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB (xx/xx/xxxx) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day Attendance (xx/xx/xxxx) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Day Attendance (xx/xx/xxxx) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter Service Phone Number

Child Receives Non-Recurring Services

*When families are experiencing homelessness, documentation includes information about how you worked with the family to try to obtain the required documentation.*

| **Document Name**  *(Information may be condensed into 1 or 2 documents)* | **Date placed in file** *(day/month/year)* | **Date when update due** *(day/month/year)* | **Staff Initials**  **Notes** |
| --- | --- | --- | --- |
| Child Admission/Registration form that is signed and dated by parent/guardian  *(includes full name, physical address, and phone numbers of parents)* |  |  |  |
| Emergency contacts *(name, physical address, and daytime phone)* |  |  |  |
| Health Care provider/s, including the dentist name and phone *(if child has a dental provider)* |  |  |  |
| Record of child’s physical and health history *(due within 45-days from the enrollment date)* |  | N/A |  |
| Description of any special needs of the child, including allergies, existing illness or injuries, previous serious illness or injuries and any prescribed medication. |  |  |  |
| Immunization record *(or signed Department of Health approved exemption document)* |  |  |  |
| Dated copies of any accident, illness, or injury reports, unless stored in a separate injury log. |  |  |  |
| Signed permission by parent to authorize:   1. Emergency medical care and transportation 2. Field trips & transportation *(if applicable)* 3. Persons who can pick the child up 4. Participation in swimming activities as appropriate 5. Referrals to appropriate support professionals *(if applicable)* 6. Administration of prescription and non-prescription medications *(unless kept in a separate log)* 7. Application of ointments, insect repellant, sunscreen, etc. |  |  |  |
| Written instructions from physician to authorize:   1. Use of positional devices for infants when they are sleeping 2. Mixing infant formula or milk with cereal, fruit juice, or any other foods 3. Special or therapeutic diets 4. Modifications of basic meal patterns due to a child’s medical need |  |  |  |
| If applicable: Legal documents necessary to define custodial rights or legal guardianship of the child |  |  |  |
| Documentation of a child’s special needs *(if applicable)*  *For example a child’s Individual Education Plan (IEP), Children’s Integrated Services (CIS) One Plan, or equivalent* |  |  |  |
| Daily Health Check Observations |  |  |  |
| Ongoing child growth and development observations |  |  |  |
| Other documents (list) |  |  |  |

*All the items listed above make-up a child's file.*

* *When a child is no longer enrolled, the parent may request their file and receive it within five (5) business days.*
* *When a child is expelled from the program, a full copy of the child’s file must be provided to the child’s parent on or before the child’s last day at the program.*
* *The child’s enrollment file shall be maintained by the Licensee/Provider for a period of least 12=months from the child’s last date of attendance. After 12-months, the file may be destroyed or returned to the parent.*