

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						
§3280.124 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 #					
§3280.123 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					
§3280.124; §3280.181 Updated Records						
.124(f)/.181	Emergency contact reviewed, updated, signed – 6 mo.					
.181(c)	Financial agreement reviewed, updated, signed – 6 mo.					
§3280.182 Content of Records						
.182(3)	Consent for emergency medical care					
.124(b)(4)						
.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						