

**Worksheet 2: Child Records**

Facility:	PCID:	Cert Rep:	Inspection Date:
-----------	-------	-----------	------------------

**Key:** C = Compliant N = Non-compliant, add notes if applicable N/A = Not Applicable

ITEMS		CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Child's Name						
Date of Birth						
Date of Admission						
<b>§3270.124 Emergency contact information</b>						
.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 #					
<b>§3270.123 Agreement/Child Service Report</b>						
.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 orig. agreement. Fac. retains copy					
.182(8)						
<b>§3270.124; §3270.181 Updated Records</b>						
.124(f)/ .181	Emerg contact rev, updated, signed - 6 mo.					
	Financial agreement rev, updated, signed - 6 mo.					
<b>§3270.182 Content of Records</b>						
.182(3)	Written consent emerg med care signed					
.124(b)(4)						
.182(4)	Consent for special diet/ meds					
.182(5)	Consent minor first aid					
.182(6)	Consent for transportation, walking excursions, swimming and wading					
<b>Compliance</b>						

**Worksheet 2: Child Records**

<b>Facility:</b>	<b>PCID:</b>	<b>Cert Rep:</b>	<b>Inspection Date:</b>
------------------	--------------	------------------	-------------------------

**Key:** C = Compliant N = Non-compliant, add notes if applicable N/A = Not Applicable

ITEMS	CHILD 6	CHILD 7	CHILD 8	CHILD 9	CHILD 10
Child's Name					
Date of Birth					
Date of Admission					
<b>§3270.124 Emergency contact information</b>					
.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 #				
<b>§3270.123 Agreement/Child Service Report</b>					
.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 orig. agreement. Fac. retains copy				
.182(8)					
<b>§3270.124; §3270.181 Updated Records</b>					
.124(f)/ .181	Emerg. contact rev, updated, signed - 6 mo.				
	Financial agreement rev, updated, signed - 6 mo.				
<b>§3270.182 Content of Records</b>					
.182(3) .124(b)(4)	Written consent emerg. med care signed				
.182(4)	Consent for special diet/ meds				
.182(5)	Consent minor first aid				
.182(6)	Consent for transportation, walking excursions, swimming and wading				
<b>Compliance</b>					