

Checklist for Individual Children's Records

Records for: _____

(Child's name)

	<u>COMPLETED</u>		
Required Forms:	2022	2023	2024
Family Child Care Admission & Arrangements <i>(updated 9/19)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Child Care Allergy Information Form <i>(if needed)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Immunization Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liability Insurance Notice to Parents <i>(Only required if no liability insurance or new enrollment)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandated Maltreatment Reporting Notification <i>(if not using the new admission & arrangement form)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use wading pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Infant forms:			
Physician Directive for Alternative Infant Sleep Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swaddling Consent for an Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Rolling Over Parent Statement for Infant less than 6 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Additional forms:			
Permission to Administer Prescription & Non-Prescription Meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel and Activity Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release of Information <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to use trampoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rule Summary (upon parental request)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>