

Child Care Center Announced Inspection Checklist C -- Child Records

Center Name:	Center ID #:
Inspection Date: / /	Follow-Up Inspection Date: / /

CHILD RECORD REVIEW ITEMS

# Child Files Reviewed:	Did child files reviewed match center's completed Child Record Form?	If yes, enter numbers in the fields below. If no, leave blank and review corrected center Child Record Form on follow-up visit.
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Child Admission Forms: Must include at least child's full name; DOB; parents' name, address, phone #, and daytime phone #; names of authorized pick-up people (if other than parents); name and phone # of emergency contact (if available); and emergency medical transportation and treatment releases. **X = Compliance** **O = Noncompliance**

C 1.	Total # of ALL Child Records:	# of Incomplete or Missing Forms:	# of Complete Forms:	Compliance Rate: ("# of Complete Forms" divided by "Total # of ALL Child Records")	% of Records in Compliance: (Move Compliance Rate decimal point 2 spaces to the right)	Rule #
						100-9(2)(a)(i)-(vii)

Child Health Assessments

C 2.	Total # of ALL Child Records:	# of Incomplete or Missing Forms:	# of Complete Forms:	Compliance Rate: ("# of Complete Forms" divided by "Total # of ALL Child Records")	% of Records in Compliance: (Move Compliance Rate decimal point 2 spaces to the right)	Rule #
						100-9(2)(b) 100-14(5)(a)-(f)

Child Health Assessment Annual Updates

C 3.	Total # of ALL Child Records:	# of Missing Annual Updates:	# of Complete Forms:	Compliance Rate: ("# of Complete Forms" divided by "Total # of ALL Child Records")	% of Records in Compliance: (Move Compliance Rate decimal point 2 spaces to the right)	Rule #
						100-14(6)

Child Transportation Permission Forms (N/A if the center does not transport children.)

C 4.	Total # of ALL Child Records:	# of Incomplete or Missing Forms:	# of Complete Forms:	Compliance Rate: ("# of Complete Forms" divided by "Total # of ALL Child Records")	% of Records in Compliance: (Move Compliance Rate decimal point 2 spaces to the right)	Rule #
						100-9(2)(d)

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