

Worksheet 2: Child Records

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

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 | | | | | | |
| §3290.124 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 # | | | | | |
| §3290.123 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- 6mo | | | | | |
| .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 | | | | | |
| .182(8) | agreement; Facility retains copy | | | | | |
| §3290.124; §3290.181 Updated Records | | | | | | |
| .124(e)/ .181(c) | Emergency contact reviewed, updated, signed - 6 mo. | | | | | |
| .181(c) | Financial agreement reviewed, updated, signed - 6 mo. | | | | | |
| §3290.182 Content of Records | | | | | | |
| .182(3) | Consent for emergency medical | | | | | |
| .124(b)(4) | care | | | | | |
| .182(4) | Consent for special diet/ meds | | | | | |
| .182(5) | Consent minor first aid | | | | | |
| .182(6) | Consent for transportation, walking excursions, swimming and wading | | | | | |
| Compliance | | | | | | |

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| Date of Birth | | | | | |
| Date of Admission | | | | | |
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| .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 # | | | | |
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| | Release person's address | | | | |
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