

Children's File Checklist - Home

Child's name: _____

DOB: _____ Date Enrolled: _____ M / F

Hrs attending: _____

Child living in home over 10 yrs old: yes _____ no _____

 If yes, name submitted to KBI/SRS: yes _____ no _____

TB test complete if over 16 yrs old: yes _____ no _____

	<u>Date checked</u>			
EMR (updated yearly)	_____	_____	_____	_____
Medical Record	_____	_____	_____	_____
Immunizations (update continuously)	_____	_____	_____	_____
Exception from Immunization	_____	_____	_____	_____
Child Health Assessment	_____	_____	_____	_____
Off-Premise Permission	_____	_____	_____	_____
Incident Reports	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MOST CURRENT FORMS ON TOP

Shred or return old forms to parents when updated forms are received