

Child Record Checklist Certified Child Care

Use of form: Use of this form is voluntary. However, use as a review document by certified child care operators will help ensure compliance with DCF 202. Certification workers may also use this form during monitoring visits to document compliance with the rules. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. An asterisk indicates that the item is also required for the operator's own children under age 7. The department recommends that the files be kept for 3 years after the child's last day of attendance.

Instructions: Use a check mark to indicate the required information is in the child's file. First day of attendance, birthdate and physical exam date must be entered. If additional space is needed, attach a separate sheet.

Name – Child Care Center		Address – (Street, City, Zip Code)											Provider Number					
Put an asterisk by the name of the operator's own children																		
*Name – Child	Birthdate (mm/dd/yyyy)	Date – First day of attendance (mm/dd/yyyy)	Child home address and telephone	Parent / guardian contact information	Persons authorized to call for / receive child	Emergency contact information	Physician / medical facility	Consent: emergency medical care	Consent: field trip participation / transportation	Consent: transportation to and from program	Alternate arrival / release agreement, if applicable	Health History and Emergency Care Plan	*Immunization history	*Date – Child Health Report	Health Report Updates: 0-2 every 6 months, 2-5 every 2 years	Intake for Child Under 2 Years	Written contract signed by parent and operator	Parent Checklist / notification of liability insurance
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SIGNATURE – Person Completing Form													Date Signed					