CHILDREN'S RECORDS REVIEW (CHILD CARE CENTER)

INSTRUCTIONS: *When reviewing client/child records in a facility enter appropriate code in each column.*
x – Document required for facility category is complete and current
o – Document is lacking, incomplete or requires updating
N/A – Not applicable
Any item shown as "o" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

FACILITY NAME	LICENSE REPORT (LIC 809) DATE
FACILITY NUMBER	TYPE OF VISIT ☐ PRELICENSING ☐ FOLLOW-UP ☐ EVALUATION ☐ COMPLAINT

*REFERENCE NUMBER	NAME	DATE OF BIRTH	DATE ENROLLED	FULL TIME OR PART TIME	I.D. AND EMERGENCY INFO	ADMISSION AGREEMENT	HEALTH HISTORY	PHYSICIAN REPORT	IMMUNIZATION RECORD	T.B. TEST	PARENT'S RIGHTS RECEIPT (LIC 995)	CONSENT FOR EMERGENCY MEDICAL TREATMENT (LIC 627)	PERSONAL RIGHTS (LIC 613A)

LICENSING EVALUATOR SIGNATURE ▶ | LICENSING EVALUATOR NAME (PRINT) | DATE

* Reference number corresponds to number used on the licensing report.