

Name of Home _____ Date of Survey _____

**CHILD HOME CARE
CHILDREN'S RECORDS 8.16.2.32**

File D.	Name & Information D(1)(a)	Parent Info. D(1)(b)	Pickup Auth. D(1)(c)	Enroll. Date D(1)(d)	Immuniz. Rec./Up To Date D(1)(e)	Emer. Contacts D(2)(b)	Dr./Fac./# D(2)(c)	Emer. Trans./ Treat. D(2)(d)	Signed Guidance Policy 34A(1)	Off-Site Perm. D(1)(g)	Medical Cond./ Allergies D(2)(a)	Sign In/Out Record D(1)(i)	Enroll. Agree D(1)(j)
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Reviewer's Name _____