(CHILD CARE CENTER)

CHILDREN'S RECORDS REVIEW

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.

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FACILITY NAME					LICENSE REPORT (LIC 809) DATE								
FACILITY NUMBER					TYPE OF VISIT PRELICENSING EVALUATION FOLLOW-UP 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	IMMUNIZA- TION 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.