

CCC CHILD FILE CHECKLIST

The facility shall keep a separate record for each child. 114-503 G. (1)

REFER TO JUNE 2018 REGULATION BOOKLET 114-503 G. (1) through (8)

- Current Immunization Record – (must be on SC DHEC form) D-1103V
- DSS Form 2900 – General Record and Statement of Child's Health signed and dated by parents and director and updated as needed
- General Record / Enrollment Form to include ALL of the following:
 - Child's full legal name, nickname, birth date, date of enrollment, current home address and home telephone number
 - Full name of parents/guardians, work and home telephone numbers, or reachable telephone numbers when the child is in the center
 - Name, address and telephone number of TWO emergency persons who can assume responsibility of the child and are authorized to arrange medical care if necessary
 - Name, address, and telephone number of doctor, dentist and health insurance provider
 - Name, address and form of identification for anyone authorized to take the child from the center also 1140503 F. (2)
 - Written permission/consent for emergency medical treatment, to transport children – 114-503 G. (7) (e), 114-505 I. (2) (c), to administer medication 114-505 D. (1), and to participate in swimming activities
 - A signed statement by parents, **UPDATED ANNUALLY**, that acknowledges their acceptance and understanding of **ALL** center Policies 114-503 F. (4), **INCLUDING** the center Discipline Policies 114-506 B. (2) which **SHAL BE CLEARLY DEFINED** by the center no corporal punishment is used.

THE CENTER SHALL HAVE WRITTEN POLICY TO SAFEGUARD THE CONFIDENTIALITY OF ALL RECORDS 114-503 I.

Child's Name	Date:
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