

# Checklist for Children's Records

Records for: \_\_\_\_\_  
Child's Name

Date enrolled: \_\_\_\_\_

## Enrollment Forms

FORM	REQUIRED/OPTIONAL	ON-GOING UPDATES REQUIRED
<b>ALL ENROLLED CHILDREN</b>		
<a href="#">Admission and Arrangements</a>	Form required	As changes occur
<a href="#">Child Information Sheet</a>	Written information required; may use child information form of choice	As changes occur
<a href="#">Immunization Form</a>	Form required	Update based on age of child - infants every 6 months - toddlers every 1 year - preschoolers every 18 months - school-agers every 3 years
<a href="#">Permission to Administer Medications</a>	Written permission required prior to administering medicine, diapering products, sunscreen, insect repellants; may use any permission form of choice	As needed for additional/change in product permissions
<a href="#">Travel and Activity Authorization</a>	Written permission required, prior to field trips, including walks; may use form of choice to gain written permission	As parent permission changes
<a href="#">Liability Insurance Notice to Parents or Guardians</a>	Form required	Annual update if NO liability insurance or when there is a change or lapse of coverage
<a href="#">Mandated Reporting Policy</a>	Required to give form to families; no signatures required	None
<a href="#">Rule and Statute Summary</a>	Required to give form to families; no signatures required	None
<a href="#">Immunization Tracking Form</a>	Form optional	
Contract/Policies (include grievance policy)	Provider developed document(s) required	Update at provider discretion; use <a href="#">Contract and Policy Guidelines</a> for required topics
<b>INFANT SPECIFIC FORMS, IF APPLICABLE</b>		
<a href="#">Swaddling Consent for an Infant</a>	Form required	Update form once infant begins rolling and discontinue use of swaddling item
<a href="#">Infant Rolling Over Parent Statement for Infant Less Than 6-months-old</a>	Written permission required; may use form of choice to gain written permission	
<a href="#">Physician Directive for Alternative Infant Sleep Position</a>	Form required	
<a href="#">Helmet Approval for Infant Sleep</a>	Form required	
<b>ADDITIONAL FORMS, IF APPLICABLE</b>		
<a href="#">Allergy Form</a>	Form required	Must be updated at least annually and when changes in child's health occur
<a href="#">Wading Pool Risks</a>	Form required	
<a href="#">Wading Pool Permission Form</a>	Form required	As parent permission changes
<a href="#">Swimming Pool Risks</a>	Form required	
<a href="#">Swimming Pool Permission Form</a>	Form required	Annual permission required
Licensing Action Notification & Conditional License posted & parent signatures	DCYF supplied notifications/ license required	As directed by DCYF in notification/ conditional license

Note: All records must be retained for five years after care of child ends or license closure.  
Ensure forms used are filled out completely. This is an optional form.

Updated 5/12/2025