



Labette County Health Department Child Care Licensing Program

PREVENT. PROMOTE. PROTECT

Children's File Checklist

Child's Name: _____

DOB: _____ Date Enrolled: _____ M / F

Hrs attending: _____

Child living in home over 10 yrs old: yes ____ no ____

 If yes, name submitted to KBI/SRS: yes ____ no ____

TB test complete if over 16 yrs old: yes ____ no ____

Date Checked

| | | | | |
|-------------------------------------|-------|-------|-------|-------|
| EMR (updated yearly) | _____ | _____ | _____ | _____ |
| Medical Record | _____ | _____ | _____ | _____ |
| Immunizations (update continuously) | _____ | _____ | _____ | _____ |
| Exception from Immunization | _____ | _____ | _____ | _____ |
| Child Health Assessment | _____ | _____ | _____ | _____ |
| Off-Premise Permission | _____ | _____ | _____ | _____ |
| Incident Reports | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

MOST CURRENT FORMS ON TOP

(Shred or return old forms to parents when updated forms are received)