



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:

 Medical History _____ _____ _____ _____

 Immunizations (update continuously) _____ _____ _____ _____

 Exception from Immunization _____ _____ _____ _____

 Child Health Assessment _____ _____ _____ _____

Off-Premise Permission _____ _____ _____ _____

Incident Reports _____ _____ _____ _____

Medication Administration _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

MOST CURRENT FORMS ON TOP

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