

PHONE: (202) 727-1839•FAX: (202) 741-5304

MAILING ADDRESS: 810 FIRST STREET, NE•4th FLOOR•WASHINGTON DC 20002

CHILDREN'S RECORDKEEPING CHECKLIST

REGISTRATION RECORD
TRAVEL ACTIVITY AUTHORIZATION
PROOF PARENTS RECEIVED, READ AND UNDERSTAND PROGRAM'S
POLICIES AND PROCEDURES
AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT
DC UNIVERSAL HEALTH CERTIFICATE EXAM
DC ORAL HEALTH EXAM CERTIFICATE
MEDICATION AUTHORIZATION RECORD (if applicable)
DEVELOPMENTAL PROGRESS REPORTS
UNUSUAL INCIDENT REPORTS
ANY APPLICABLE FORMS

STAFF/VOLUNTEER RECORDKEEPING CHECKLIST

CHILD CARE EMPLOYEE APPOINTMENT, PROMOTION OR SEPARTION
NOTIFICATION
CHILD DEVELOPMENT FACILITY EMPLOYEE HEALTH INFORMATION
FORM
STAFF HEALTH CERTIFICATE
CREDENTIAL/TRANSCRIPT
FIRST AID AND CPR CERTIFICATION
FOOD HANDLING IDENTIFICATION (if applicable)
SUDDEN INFANT DEATH SYNDROME TRAINING (if applicable)
FEDERAL CRIMINAL & BACKGROUND HISTORY CHECK
RESULTS
ANY APPLICABLE FORMS