DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

CHILD RECORD CHECKLIST – CHILD CARE CENTERS
CONFIDENTIAL – DO NOT POST

dcf.wisconsin.gov

Use of form: Use of this form is voluntary. However, use as a review document by child care centers will help ensure compliance with DCF 250.04(6)(a) and DCF 251.04(6)(a). Licensing Specialists may also use this form during monitoring visits to document compliance with these rules. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: A check mark indicates the required information is in the child's file. First day of attendance, birthdate, and physical exam date must be entered. If additional space is needed, attach a separate sheet. Family Child Care Centers must use the department-provided forms *Child Care Enrollment* and *Intake for Child Under 2 Years*.

Name – Child Care Center	Address – (Street, City, Zip Code)	Facility ID Number
Gates Family Daycare		1015947

			Enrollment Information						Parental Authorizations					Health			Under 2 Intake	
Name – Child	Birthdate (mm/dd/yyyy)	Date – First day of attendance (mm/dd/yyyy)	Parent / guardian contact information	Child home address and telephone	Persons authorized to call for / receive child	Emergency contact information	Physician / medical facility	Emergency medical care / treatment	Field trip / other off-site activity participation / transportation	Acknowledgement of the presence of pets or animals	Center-provided transportation to and from the center	Alternate arrival / release agreement	Health history information per DCF 250.04(6)(a)1m. or DCF 251.04(6)(a)6.	Immunization history	Date – Child Health Report	Initial (Family Child Care Centers must use department form)	3-month updates (Group Child Care Centers only)
1. Kanari Smith	7/9/25	$	✓	✓	✓	✓		✓	✓	✓	—	—	✓	✓	10/13/26	✓	
2. Symiah Rahman	1/25/22	9/1/23	✓	✓	✓	✓	✓	✓	✓	✓	—	—	✓	✓	2/1/24	—	—
3. Myheir Evans	11/8/23	10/1/25	✓	✓	✓	✓	✓	✓	✓	✓	—	—	✓	✓		—	—
4. Jeriah Cahn-Rahman	1/17/24	6/3/22	✓	✓	✓	✓	✓	✓	✓	✓	—	—	✓			—	—
5.																	
6.																	
7.																	
8.																	

SIGNATURE – Person Completing Form

Date Signed 11/5/26

DCF-F-CFS1675-E (R. 05/2023)