Connecticut Office of Early Childhood-Division of Licensing

Child Care Centers – Group Child Care Homes

Staff – Child Record Review Checklist

Program Name: Leisure Education After School **Lic. #:** 13682 **Exp. Date:** _____

Address: 180 Old Newtown Rd. **City:** Monroe, CT

Specialist Name: K. Morgan **Date:** 11/1/22

Staff Name	Date of Birth	Background check – Current/WS	Adult Medical	TB Test	First Aid	CPR	Admin of Meds O/T/I - Inj.	Prof. Develop	Annual Training Policy/Plans Procedures	Hire date - New Employee Orientation	Director 3 credit Class	Head Tchr. Cert.	diabetes
Deb. L.	✓	✓	✓		✓	✓	✓ ✓	✓	✓	✓		✓	✓
Matt B.	✓	✓	✓	✓				✓	✓	✓			
Kathleen R.	✓	✓	✓	✓	✓	✓	✓ ✓	✓	✓	✓	✓		✓
Owen S.	✓	✓	✓	✓		✓		✓	✓	✓			
Michelle V.	✓	✓	✓	✓				✓	✓	✓			

Child Name	Date of Birth	Child Medical	Immun.	Flu	TB	Date of Enrollment	Emergency Permission	Enrollment Form	Authorized Release	Document Behavior Manage Discussion	Indiv Care Plan	Injury Illness Accident Reports
Shane G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Asth ✓	
Sylvia G	✓	✓	✓	✓	✓	✓	O	✓	✓	✓	✓	
Ava H.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cora D.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Isabella D.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nora A.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
William B.	✓	✓	✓	✓	✓	✓	✓	✓	✓	O	Asth ✓	
Neal M.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	d.ab. ✓	