

**Home Child Care Visitor File Review Form**

<b>Agency Name:</b>		<b>Agency Address:</b>	
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Home Child Care Visitor Last Name:	Home Child Care Visitor First Name:	RECE or Non-RECE	Ministry Director approval on file (Y/N)	Date of Health Assessment (dd/mm/yyyy)	Dates of Immunizations (e.g. TDP, TB and MMR). For exemptions or where not required by MOH, mark N/A	Date of Program Statement Implementation Policy Review (dd/mm/yyyy)	Number of Homes in Caseload	Number of hours worked per week	Review of Individual Anaphylaxis plans (Y/N)
<b>Example:</b> Doe	<b>Example:</b> Jane	RECE	Yes	15/08/2011	TDP: 15/08/2011 TB: N/A MMR: 15/08/2011	25/08/2011	25	35	Y
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					TDP: TB: MMR:				

**Name of Person Completing Form:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The CCEYA provides that it is an offence to knowingly give false or misleading information in any application, report, or other document required under the Act or regulation. If convicted of this offence, a person may be liable to a fine of \$250,000 for each day on which the offence continues or to imprisonment of not more than one year, or to both a fine and imprisonment.