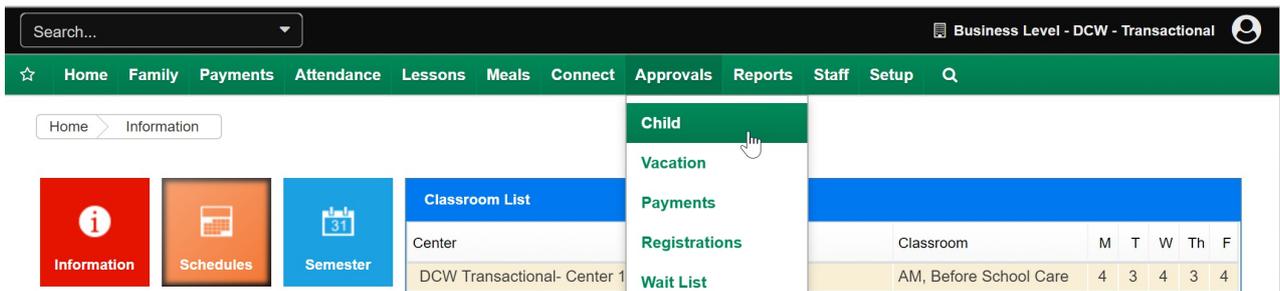


# Approvals > Child

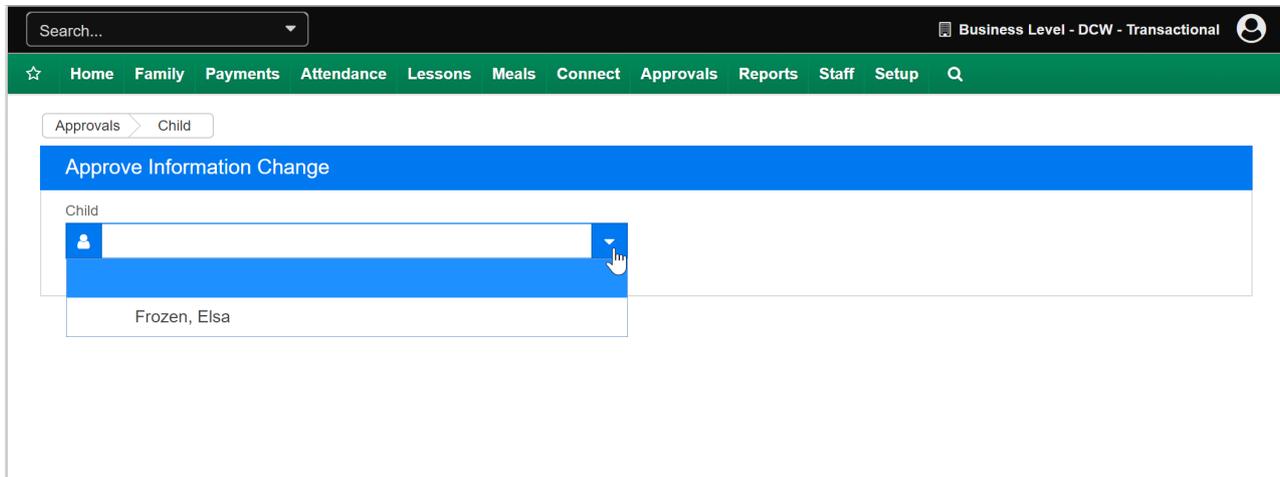
Last Modified on 06/30/2020 8:18 am EDT

Through the Connect Portal, parents can update or add information for the child, including the child's home address, insurance, doctor, or hospital information. The administrator approval process is only required if No is selected in the Auto Approval Child Requests section in the [Daycare Works Family tab](#) of the Config section. This section requires the center to be setup for the Connect Parent Portal.

From the Home page, select the Changes tile or from the Approvals menu select Child.



On the Approvals > Child page, a child can be selected from the drop down box. If no children display in the drop down menu, this means there are no child changes to approve. The fields on this page are child-centric.



Verify the information that was changed for the child. The Change column displays the new information for the child, any updates or changes will display in red.

Approve Information Change

Child

 Frozen, Elsa ▼

Information Change Details

	Original Value	Changed Value
First Name:	Elsa	Elsa
Middle Name:		
Last Name:	Frozen	Frozen
Sex:	F	F
Birthday:	12/31/2010	12/31/2010
Address 1:	1 Frozen Way	1 Frozen Way
City:	Arendelle	Arendelle
State:	MI	MI
Zip:	48309	48309
Home Phone:		
Grade:	Kindergarten	Kindergarten
School Attending:	0	4317
Other:		
Resides With:	N/A ▼	N/A ▼
Custody papers have been provided?:	N	N
Insurance Covered?:	N	N
Insurance Company:	Arendelle Insurance	Arendelle Insurance123
Health Policy Number:	123123123	123123123

When finished verifying the child's information, click on the Approve button to accept the changes.

To reject the changes for a child, click on the Reject button.

After clicking on the Approve or Reject button, the screen will refresh, indicating a successful save.

Does child have Epilepsy/Seizures?	No Date:	No Date:
Has child had chickenpox?	No -	No -
Does child wear Glasses or Contacts?	Not Answered	No
Does child have ADD/ADHD?	Not Answered	No
Does child have Autism Spectrum?	Not Answered	No
Does child have any Behavioral Issues?	No	No
Does child have any other conditions that may require special care?	No	No
Does child receive additional support services or one-on-one support during the school year?	No	No
Medications?	No	No
Other Medications?	No	No
Please mention any Participation Restrictions the child has:	Yes	Yes
Signs or symptoms to watch for, please specify:		
Specify trigger that may cause problems and steps to follow:		
Does your child receive additional support services or one-on-one support during the school year?		
When to call parents regarding symptoms or failure to respond to prescribed treatment:		
Identify any program staff to whom you have given specialized training/instructions to help treat symptoms.:		
Reassessment Information:		
Triggers Information:		

Approve

Reject

