

ARRIVAL & DEPARTURE RECORD FOR FAMILY CHILD CARE HOMES

| Provider's Name: | | | | | | | | |
|-------------------------|------------|-------------|------------|-------------|----------------|---------------------------|----------------|-------------------|
| Child's Name: | | | | | | | | |
| Home Agreement # | | | | | | MM/YYYY | | |
| | | | | | | Month & Year / | | |
| | TIME IN | TIME OUT | TIME IN | TIME OUT | INITIA L IN | PARENT SIGN OUT | PARENT PHONE # | PROVIDER COMMENTS |
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I hereby certify that all the above information is true and correct. I understand that this information is being given in connection with the receipt of funds: that State Agency officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

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| Provider's Signature | Date MM/DD/YYYY / / |
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