

Strathcona County requires this completed form by the first Monday of the month for reporting to Alberta Children's Services.

Educator's Name: \_\_\_\_\_ Month: \_\_\_\_\_

	Mon		Tues		Wed		Thur		Fri	
Time 1st child arrived										
Time last child left										
Hours providing care										
Planning										

Weekly total ↓

	Mon		Tues		Wed		Thur		Fri	
Time 1st child arrived										
Time last child left										
Hours providing care										
Planning										

Weekly total ↓

	Mon		Tues		Wed		Thur		Fri	
Time 1st child arrived										
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Weekly total ↓

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Time 1st child arrived										
Time last child left										
Hours providing care										
Planning										

Weekly total ↓

	Mon		Tues		Wed		Thur		Fri	
Time 1st child arrived										
Time last child left										
Hours providing care										
Planning										

Weekly total ↓

Child Care total ↓ Planning total ↓

Total Claimed Hours ↓

Fire drill practiced on \_\_\_\_\_

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Signature – Educator

Date