

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											Weekly total ↓
Hours providing care											
Planning											

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

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

Child Care total ↓	Planning total ↓	Total Claimed Hours ↓
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Fire drill practiced on _____			
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Signature – Educator

Date