



Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Provider: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

REASON FOR THE VISIT:

(PLEASE CHECK ALL THAT APPLY)

- Drop-Off Documents
- Showing Child Care Home
- Not Home / No Answer
- Provider's Request
- Pick-Up Documents
- Potential Provider
- Translating For: \_\_\_\_\_
- Assisting Parent - Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Other (EXPLAIN): \_\_\_\_\_

Description of Visit or Assistance: \_\_\_\_\_

[Empty box for description of visit or assistance]

SIGNATURES:

Total Children Present Voucher: \_\_\_\_\_ Private: \_\_\_\_\_

DO NOT SIGN IF THIS DOCUMENT DOESN'T HAVE A DATE OR TIME.

CDE COORDINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER'S SIGNATURE OR ASSISTANT: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHERS: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
(PARENT, EEC STAFF, R & R)