

RECORD OF VISITORS TO FAMILY DAY CARE RESIDENCE

Educator's Name: _____

Address of FDC residence:

Date/s	Name of visitor	Address & Phone Number	Reason for visiting	Time in	Time out	Signature of Visitor

RECORD OF VISITORS TO FAMILY DAY CARE RESIDENCE

Educator's Name: _____

Address of FDC residence:

Date	Name of visitor	Address & Phone Number	Reason for visiting	Time in	Time out	Signature of Visitor