

## Child Care Summary of Services

Child's Name \_\_\_\_\_ Family Name \_\_\_\_\_

Child's Age at Enrollment \_\_\_\_\_

Date	Service #	Service
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	CC 1	Child Care Subsidies Eligibility _____ Employment Related Day Care _____ JOBS _____ Integrated Child Care _____ CCDBG _____ Reservation Contract _____ Other _____
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	CC 2	Parent Handbook reviewed with family
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	CC 3	Feeding and Toileting Charts ___ Breast Feeding ___ Formula ___ Milk
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	CC 4	Special concerns 1. _____ 2. _____ 3. _____
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### CC 6 Child's Scheduled Hours

Date	Monday	Tuesday	Wednesday	Thursday	Friday