

**Franklin County Department of Job Family Services  
CHILD'S MONTHLY TIME SHEET**

Child's Name:	Month:	Year:
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Provider's Name:	Caretaker's Name:
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DAY	DATE	IN	OUT	INITIALS OF PERSON DROPPING OFF OR PICKING UP CHILD	IN	OUT	INITIALS OF PERSON DROPPING OFF OR PICKING UP CHILD	COMMENTS	TOTAL HOURS
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
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Wednesday									
Thursday									
Friday									
Saturday									

My signature indicates that the attendance recorded above is accurate and correct.

This form has been created by FCDJFS to assist in-home child care providers in maintaining compliance with Rule 5104:2-14-18. This is only a tool for best practice and may be altered, so long as the alteration is compliant with Rule 5101:2-14-18.

Parent Signature: \_\_\_\_\_