



## Foster Parent Day Supervision Report

FP Name: \_\_\_\_\_

FP County: \_\_\_\_\_

FP Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

*I attest that the below information is accurate and represents day supervision events for my foster home.*

Child's Name	Office	Perm. Dept. # Or Agency	Date of Service	Time <i>Please Round to the Nearest Quarter-Hour</i>	Arranged By
				Arrival:  Departure:	
				Arrival:  Departure:	
				Arrival:  Departure:	
				Arrival:  Departure:	
				Arrival:  Departure:	

FSC Signature: \_\_\_\_\_

Date: \_\_\_\_\_ CPA Dept. #: \_\_\_\_\_

Total Hours: \_\_\_\_\_ x \$7.00 = \$ \_\_\_\_\_

**Please submit this form to your KVC FSC or Administrative Assistant within 30 days of the day supervision occurrence. Timesheets will be submitted by the Administrative Assistant to Accounting on the 1<sup>st</sup> and 15<sup>th</sup> of the month. Payments will be issued by Accounting on the 10<sup>th</sup> and the 25<sup>th</sup> of each month, respectively.**

