

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

MONTHLY POPULATION REPORT OF CHILD-CARE FACILITIES
(Child Care Institutions and Group Homes)

Report for the month of _____, 20__

Provider No. _____

Name of Agency _____

Address _____

Movement of Population	Number of Children			
	Black	White	Other	Total
A. 1. Children Under Care Under care on first day of month (Item 5 of preceding month).....				
2. Number admitted during month				
3. Total during month (Sum of Items 1 and 2)				
4. Number discharged during month				
5. Under care on last day of month (Item 3 minus Item 4)				
B. Children of Child Care Staff Members.....				

Signature of Agency Executive

TO BE SUBMITTED BY THE 5TH OF THE MONTH