

MONTH OF \_\_\_\_\_

**CHILD VISITATIONS – PLEASE LIST CHILDREN’S NAMES INDIVIDUALLY (IM-1988)**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
CHILD	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
CHILD	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
CHILD	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
CHILD	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD
CHILD	CHILD	CHILD	CHILD	CHILD	CHILD	CHILD

ST. LAWRENCE CO. DEPT. OF SOCIAL SERVICES  
6 JUDSON STREET, CANTON, NY 13617

CASE NUMBER \_\_\_\_\_

CASE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

The children as listed visited  
My home on the dates indicated.

Recipients Signature and Date:

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WORKER’S NOTES:

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