# Family Day Home Program Profile Sharing of Information Acknowledgement

Protected A (when completed)

I acknowledge that

_____

Name of Agency

will share with parents information on my day home program, including; initial approval date, number of residents in the home, number of spaces approved, ages of children served, operating hours, information about my residence, and my compliance history to program standards as described in the Family Day Home Standards Manual (September 2025).

I also acknowledge that this information will be available to me, upon request.

| Name of Program Educator | Date yyyy-mm-dd | Signature of Program Educator |
|---|---|---|
| | | |

This form will be signed upon approval of a program. Signature on this form is required by all approved program educators. The completed form must be maintained on the program's record held by the agency.

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