

Name of Provider: _____

Name of Staff Member Designee: _____

Hours of Operation: _____

Per R9-3-301.G., post this information along with the current **certificate**, weekly activity **schedule** (including the amount of time in minutes that enrolled children may watch television, videos, or DVDs at the child care group home) and the current weekly **menu** in a place that can be conspicuously viewed by individuals entering or leaving the child care group home.

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