Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY (DBHR)

DBHR Target Group Treatment Activities

GROUP NAME	AGENCY NUMBER

ACTUAL DATE	ACTUAL TIME	ACTUAL DURATION	STAFF IDENTIFICATION
	: ☐ A.M. ☐ P.M.		

CHILD CARE TYPE

C – Licensed Family/Home Care F – On-site Facility H – In-Home Care L – Licensed Childcare Center N – Not Applicable R – Relative Care
T – Therapeutic Center U - Unknown

ATTENDANCE

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	ATTENDANCE			CHILD CARE TYPE	NUMBER OF CHILDREN
				YES	EXCUSED	NO SHOW		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		
				☐	☐	☐		