

**Child Care Daily Attendance Record**

Provider's Name	Provider's Registered/Certified/License #	Week of: _____ (mm/dd/yyyy) through (mm/dd/yyyy)
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**Daily Attendance Record:** Enter the child's full name as listed on the Provider Billing Form (PBF). Beside child's name, record the actual time the child arrives and departs (do not record this information in advance). **The parent or authorized person must initial after each entry of time in or out of the center.** If the parent or authorized person fails to initial each entry in or out, funds may be recouped. Times must be recorded immediately upon the child's arrival and departure, defined as the physical arrival or departure of the child to/from the center. It is recommended that providers have the parents review this form for accuracy at the end of the week and sign the form as verification that it is correct. The PBF and sign in sheets should be compared to ensure accuracy of the child's attendance, absences and holidays that are being billed.

Child's Name (as it appears on PBF)	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Parent Signature to Verify Accuracy of Attendance for the week
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	
1.															
2.															
3.															
4.															
5.															
6.															

**I certify that the above attendance information is true and accurate to the best of my knowledge. I understand that if benefits are overpaid for any reason, the extra benefits received will be repaid.**

**Child Care Provider's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_