

In-Home, License-Exempt Home, and Family Child Care Home I & II Attendance Calendar

Provider: _____ Address: _____ Phone: _____

Prepared by: _____ Date Prepared: _____ Mo./Year: _____

Attendance By Days, the 1st through the 15th

Child's Name		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	Total
1.	IN																Hours	Days
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
2.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
3.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		
4.	IN																	
	OUT																	
	IN																	
	OUT																	
Total number of hours per day																		
Transportation Trips																		

Parent's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

The exact number of hours (to the quarter hour) of care provided must be indicated for each day you provided care. Submit the original to the local office, give the pink copy to the parent, and retain the yellow copy for your records. Report only time that the child is actually in attendance.

WARNING TO PARENTS: Do not sign blank calendars. By signing, you agree that the times recorded on this attendance sheet accurately reflect the attendance of your child(ren) with this care provider. If you sign a blank calendar or a calendar with inaccurate time and attendance, you may be billed for any improper charges. You will also be expected to pay for care that was not for an activity authorized by DHHS.

WARNING TO PROVIDERS: Do not ask a parent to sign a blank calendar. Make sure you have completed the form before the parent signs it. If the time entered on this document is incorrect, you may be assessed an overpayment.

In-Home, License-Exempt Home, and Family Child Care Home I & II Attendance Calendar

Provider: _____ Address: _____ Phone: _____

Prepared by: _____ Date Prepared: _____ Mo./Year: _____

Attendance By Days, the 16th through the 31st

Child's Name		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	Total
1.	IN																	Hours	Days
	OUT																		
	IN																		
	OUT																		
Total number of hours per day																			
Transportation Trips																			
2.	IN																		
	OUT																		
	IN																		
	OUT																		
Total number of hours per day																			
Transportation Trips																			
3.	IN																		
	OUT																		
	IN																		
	OUT																		
Total number of hours per day																			
Transportation Trips																			
4.	IN																		
	OUT																		
	IN																		
	OUT																		
Total number of hours per day																			
Transportation Trips																			

Parent's Signature: _____

Date: _____

Provider's Signature: _____

Date: _____

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