Child Care Subsidy Provider Calendar

(Child Care Center, Family Child Care Home I & II, License Exempt Provider)

Provider:Address:							Prepared by: Date							ate Prep	Prepared:					
							Phone:									Mo/Year:				
Child's Name	Attend	lance by	Days, th	1e 1" th	rough th	e 15th- 5	indicate 6	AM or I	2M after 8	in and o	ut time: 10	s, or use	military 12	13	140 14	0, etc) 15	TOTAL	TOTAL		
1.	IN			3	4	3	0		0	9	10	11	12	13	14	13	PARTIAL	FULL		
1.	OUT																DAY	DAY		
	IN																			
	OUT																			
Total hours p																				
Partial Day (PD) Units Full Day (DY) Units																				
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Transportatio																	5 4 5 T 1 4 1	=		
2.	IN																PARTIAL	FULL		
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Total hours p	•																			
Partial Day (PD) Units																				
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Transportatio	n Trips																			
3.	IN																PARTIAL DAY	FULL DAY		
	OUT																			
	IN																			
	OUT																			
Total hours per day																				
Partial Day (PD) Units Billed																				
Full Day (DY) Units	s Billed																			
Transportatio	n Trips																			
Parent Signature:														_ [Date: _					
*Parent signature is re	-	amily Chil	ld Care Hoi	me I & II, a	ind License	Exempt p	roviders o	nly.							N - 1 -					
Provider Signature: You must only report the time that a child is scheduled to be in attendance and record the actual number of hours of care provided each day, which may include up to 5												Date:								
attendance calendars for fou								SCI OI HOU	3 or care p	, ovided ee	ion day, wi	may m	iciauc up ti	o o aboein	adys per i		viaci s ai c i equii	ca to retain		

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.

Good Life. Great Mission.

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Provider:							Prepared by:								Date Prepared:					
Address:							Phone:								Mo/Year:					
	_		_																	
Child Alama	Attend			the 16 th						-								LTOTAL	TOTAL	
Child's Name		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	TOTAL	
1.	IN																	PARTIAL DAY	FULL DAY	
	OUT																			
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Total hours p																				
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Full Day (DY) Unit:																				
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2.	IN																	PARTIAL	FULL	
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Total hours p	er day																			
Partial Day (PD) Units	Billed																			
Full Day (DY) Units	Billed																			
Transportatio	n Trips																			
3.	IN																	PARTIAL DAY	FULL DAY	
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Total hours per day																				
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Transportatio																				
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Parent Signature:															_ D	ate: _				
*Parent signature is re	quired for F	Family Ch	ild Care H	ome I & II	, and Licen	se Exemp	t provider	s only.												
Provider Signature: You must only report the time that a child is scheduled to be in attendance and record the actual number of hours of care provided each day, which may include up to												ate: _								
You must only report the time attendance calendars for fou								umber of	nours of c	are provid	ded each c	iay, which	may inclu	ide up to	5 absent o	ays per n	nonth. Pro	ividers are requii	red to retain	

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