

Child Care Subsidy Provider Calendar

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

Provider: _____ **Prepared by:** _____ **Date Prepared:** _____
Address: _____ **Phone:** _____ **Mo/Year:** _____

Attendance by Days, the 1st through the 15th – indicate AM or PM after in and out times, or use military time (1300, 1400, etc)

Child's Name		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL	TOTAL
1.	IN																PARTIAL DAY	FULL DAY
	OUT																	
	IN																	
	OUT																	
Total hours per day																		
Partial Day (PD) Units Billed																		
Full Day (DY) Units Billed																		
Transportation Trips																		
2.	IN																PARTIAL DAY	FULL DAY
	OUT																	
	IN																	
	OUT																	
Total hours per day																		
Partial Day (PD) Units Billed																		
Full Day (DY) Units Billed																		
Transportation Trips																		
3.	IN																PARTIAL DAY	FULL DAY
	OUT																	
	IN																	
	OUT																	
Total hours per day																		
Partial Day (PD) Units Billed																		
Full Day (DY) Units Billed																		
Transportation Trips																		

Parent Signature: _____ **Date:** _____

*Parent signature is required for Family Child Care Home I & II, and License Exempt providers only.

Provider Signature: _____ **Date:** _____

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 absent days per month. Providers are required to retain attendance calendars for four years. DHHS may request these records for auditing purposes.

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.

Child Care Subsidy Provider Calendar

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

Provider: _____ **Prepared by:** _____ **Date Prepared:** _____
Address: _____ **Phone:** _____ **Mo/Year:** _____

Attendance by Days, the 16th through the 31st – indicate AM or PM after in and out times, or use military time (1300, 1400, etc)

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																		
	IN																		
	OUT																		
Total hours per day																			
Partial Day (PD) Units Billed																			
Full Day (DY) Units Billed																			
Transportation Trips																			
2.	IN																	PARTIAL DAY	FULL DAY
	OUT																		
	IN																		
	OUT																		
Total hours per day																			
Partial Day (PD) Units Billed																			
Full Day (DY) Units Billed																			
Transportation Trips																			
3.	IN																	PARTIAL DAY	FULL DAY
	OUT																		
	IN																		
	OUT																		
Total hours per day																			
Partial Day (PD) Units Billed																			
Full Day (DY) Units Billed																			
Transportation Trips																			

Parent Signature: _____ **Date:** _____

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Provider Signature: _____ **Date:** _____

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