Cabinet for Health and Family Services Department of Community Based Services Division of Child Care

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Provider's Name	Provider's Registered/Certified/Licensed #	Week of:				
		(mm/dd/yyyy) through (mm/dd/yyyy)				

Daily Attendance Record: Enter the child's full name as listed on the DCC-97, Provider Billing Form. The physical arrival/departure time, including a.m. and p.m., of each child must be recorded daily. A parent or the parent's designated person (i.e., somone other than a child care employee) must sign at the end of each week for each child to verify accuracy. If a child arrives/depart by bus, the child care employee must record the time and initial daily. DO NOT RECORD INFORMATION IN ADVACE or make alterations to this form. No other version of this from will be accepted. This form must be fully completed.

Sun	day	Mor	nday	Tues	sday	Wedn	esday	Thur	sday	Frid	day	Satı	urday	Signature of Parent or Designated Person to Verify
Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out	Accuracy of
Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Attendance for the week
	lnitials	Fime In Time Out Initials Initials	Fime In Time Out Time In Initials Initials	Fime In Time Out Time In Time Out Initials Initials Initials Initials	Fime In Time Out Time In Time Out Time In Initials Initials Initials Initials	Time In Time Out Time In Time Out Time In Time Out Initials Initials Initials Initials Initials	Time In Time Out Time In Time Out Time In Time Out Time In Initials Initial	Time In Time Out Time In Time Out Time In Time Out Initials Initia	Time In Time Out Time In Time Out Time In Time Out Time In Time Out Time In Initials	Time In Time Out Initials	Time In Time Out Time In Time Out Time In Time Out Time In Time Out Time In Initials	Time In Time Out Initials	Time In Time Out Time I	Time In Time Out Time I

I certify that I have not altered this form in accordance with KRS 13A.130, and this information was used when completing the DCC-97, Provider Billing Form. I understand that if I or staff acting on the child care provider's behalf does not bill accurately in accordance with 922 KAR 2:160 for a child, the child care provider will not be paid for days that are not verified and will be required to pay back any overpayment. An overpayment may be pursued as an intentional program violation in accordance with 922 2:020.

Licensee/On-Site Director or Certified/Registered Provider's Signature:

Date:

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"Licensee", as defined by 922 KAR 2:090, is an owner or operator of a child care center to include sole proprietor, corporation, Limited Liability Company, partnership, association or organization.

NOTE: MISSING SIGNATURES MAY RESULT IN NON-PAYMENT OR RECOUPMENT OF CCAP PAYMENT IN ACCORDANCE WITH 922 KAR 2:160 and 922 KAR 2:020.

Cabinet for Health and Family Services Web Site: http://chfs.ky.gov/

