

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care
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 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., someone other than a child care employee) must sign at the end of each week for each child to verify accuracy. If a child arrives/departs by bus, the child care employee must record the time and initial daily. **DO NOT RECORD THIS INFORMATION IN ADVANCE** or make alterations to this form. No other version of this form will be accepted. This form must be fully completed.

Child's Name (as it appears on PBF)	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Signature of Parent or Designated Person to Verify Accuracy of Attendance for the week
	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	
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	

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 shall be pursued as an intentional program violation in accordance with 922 KAR 2:020.

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

"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.

