

### Daily Attendance Record – Certified Child Care

**Use of form:** Use this form is voluntary but is recommended to ensure compliance with DCF 202.08(5)(i) and 202.08(5)(j). Failure to comply may result in issuance of a noncompliance statement, refusal to issue payment and/or overpayment of child care subsidy reimbursement. Completion of this form may also help ensure compliance with the Child and Adult Care Food Program regulation 7 CFS 226.18(e) and child care subsidy rules under DCF 201.04(6). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** Attendance records shall include all children in care, including the operator's / provider's own children under age 7. It is a requirement under Wis. Stat., 49.155(6m)(b) to retain attendance records for at least 3 years after the child's last day of attendance.

**SECTION A**

Certified Provider Name	Provider Number	Week of (mm/dd/yyyy) through (mm/dd/yyyy)
-------------------------	-----------------	---

**SECTION B – Daily Attendance Record:** Enter the child's full name and check the Age of Child designation checkbox for each child in attendance during the week. In the rows corresponding to the child's name, record the actual time the child arrives and the actual time the child departs (do not record this information in advance). **Times must be recorded immediately upon the child's arrival and departure, and the record must reflect all children in care at any given time.** It is recommended that providers have the parents review this form for accuracy at the end of the week and sign the form as verification that it is correct. "Related" means as defined in DCF202.02(18): "Related to the provider" means the provider's natural or adopted children, foster children, stepchildren, grandchildren, brothers, sisters, first cousins, nephews, nieces, uncles and aunts.

Child Name (First and Last)	Relationship	Child Age	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Parent Sign Off (signature)
			In	Out	In	Out	In	Out	In	Out	In	Out	In	Out			
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															

Child Name (First and Last)	Relationship	Child Age	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Parent Sign Off (signature)
			In	Out	In	Out	In	Out	In	Out	In	Out	In	Out			
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
	<input type="checkbox"/> Related <input type="checkbox"/> Not related	<input type="checkbox"/> Under 2 <input type="checkbox"/> 2-6 years <input type="checkbox"/> 7 and over															
<b>Total Daily Attendance</b>																	

**SECTION C – Provider Schedule:** Enter full name and position title for each provider, additional provider, substitute or emergency backup provider who worked with the children during the week. In the rows corresponding to the provider's name, record the actual times the provider, additional provider, substitute or emergency backup provider was present.

Provider Name and Position Title	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Provider A:														
Provider B:														
Provider C:														
Provider D:														