West Virginia Department of Human Services

Child Care Attendance Sheet

Child's Name:_____Date of Birth:____/____/_____Month:_____Year: _____

Date	Time In	AM/ PM	Parent's Signature	Time Out	AM/ PM	Parent's Signature	0-2 Hours	2-4 Hours	4+ Hours	Non Trad
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Provider Signature:_____Sub Total: _____

Child's Name:_____ Month:_____ Year: _____

Date	Time In	AM/ PM	Parent's Signature	Time Out	AM/ PM	Parent's Signature	0-2 Hours	2-4 Hours	4+ Hours	Non Trad
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Totals for Month										

Parents shall sign child in and out each day to accurately verify their child's attendance. If children are there in the morning and again in the afternoon, sign in and out both times. To ensure accuracy of payment, provider must highlight those days claimed as a non-traditional day. Provider shall retain copies for 5 years for review by the DoHS staff. A copy must be submitted with Request for Payment for subsidized children on a monthly basis. The provider's signature certifies this is an accurate record of the attendance for this child. Failure to keep accurate records may result in negative action to include corrective action and/or legal action, referral for misrepresentation and/or requests for repayment of funds by the provider.

Parent Signature:_____ Date:_____

Provider Signature:_____ Date: _____