



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

CHILDREN'S DAILY ATTENDANCE

Facility Name: _____ **Month:** _____ **Year:** _____

Day of Month: _____

Child's First and Last Name	Time In (indicate am or pm)	Time Out (indicate am or pm)	Parent's Initials	Time In (indicate am or pm)	Time Out (indicate am or pm)	Parent's Initials

Day of Month: _____

Child's First and Last Name	Time In (indicate am or pm)	Time Out (indicate am or pm)	Parent's Initials	Time In (indicate am or pm)	Time Out (indicate am or pm)	Parent's Initials

Day of Month: _____

Child's First and Last Name	Time In (indicate am or pm)	Time Out (indicate am or pm)	Parent's Initials	Time In (indicate am or pm)	Time Out (indicate am or pm)	Parent's Initials

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