STATE Of WISCONSIN
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## Daily Attendance Record – Child Care Centers

compliance with the Child and Adult Care Food Program regulation 7CFR 226.18(e) and child care subsidy rules under DCF-201. 202.08(5)(i) and 202.09(6)(f). Personal information you provide may be used for secondary purposes {Privacy Law, s. 15.04(1)(m), Wisconsin Statutes}. Completion of this form may also help ensure 251.04(6)(b) and 251.04(5)(a)8, by Day Camps for Children to ensure compliance with DCF-252.41(4)(c) and 252.41(3)(a)6, and by certified providers to ensure compliance with DCF with 250.04(6)(d). Failure to comply may result in an issuance of a noncompliance statement. This form may be used by Group Child Care Centers to ensure compliance with DCF Use of Form: Family Child Care Centers are required to complete Section A and Section B in order to comply with DCF 250-04(6)(b); Section C may be completed to ensure compliance

nstructions: The daily attendance record must be kept on file for the length of time the child is enrolled in the center for licensed centers and for at least 3 years for certified providers.

SECTION A - Facility and Timeframe Vame- Facility

ECTION 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 hild is name, record the actual tie th 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 leparture, and the record must reflect all children in care at any given time. It is recommended that the providers have the parents review this form for accuracy at the end of the week and sigh he form as verification that it is correct. Amy & Kids Co Family Child Care 1002079 Week of (mm/dd/yyyy) through (mm/dd/yyyy) March 27-31 2017

Facility ID Number

		I						I		I		I		I		
Name – Child	Age of Child	Sunday	day	Monday	day	Tuesday	ı	Wedn	Wednesday	Thursday	sday	Friday	lay	Saturday		Parent Sign Off
(First and Last)	age of office	ln	Out	In	Out	'n	Out	In	Out	ln	Out	In	Out	'n	Out	Out (signature)
1 Name, Last Initial	Under 2	:												:		•
DOB	School age	:													;	7
2	Under 2	:												:	-	,
	School age														:	7
3	Under 2															<b>\</b>
	School age	:													:	7
4	Under 2	:													:	
	School age															7
5	Under 2															 
	School age															
6	Under 2															<b>\</b>
	School age															7
7	Under 2															l I
	School age															
8	Under 2															
	School age															7
9	Under 2	1													:	L
	School age															
Total Daily Attendance		0												0		
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	ill name and noeiti	5 +# b f	or oach	provider	addition	ol provid	for subs	44.40	omorpo	hack back	in provi	dor who	worked .	with the	hildron	during

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 counted in staff-to-child

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Broyider Name and Resition Title	Sunday		Monday	day	Tues	Tuesday	Wednesday Thursday	esday	Thur	sday	Friday	day	Satu	rday	urday E: mot NTo mo	
Floyidet Name and Fosition Title	ln	Out	ln	Out	ln	Out	ln	Out	ln	Out	ln	Out	ln	Out	FILST MAINE	
Provider A:			6:00		6:00		6:00		6:00		6:00					
Amy Nogar, Provider				6:00		6:00		6:00		6:00		6:00				
Provider B:																
Provider c:		:														

Parents,

this column. you can be reached that day at the bottom of on the left, and leave a phone number where At drop-off please sign your child in

record of who picked up your child. on the left and initial below so I have a At pick-up please sign your child out Thank you!

Pick-Up Initials

	•	•	•	•	•					•
				Mon						Mon
				Tues	Ph					Tues
				Wed	Phone Numbers					Wed
				Thurs	ers					Thurs
				Fri						Fri