



## Child Care Assistance Program (CCAP) MONTHLY Child Attendance Record

CHILD'S FIRST NAME	CHILD'S LAST NAME	PARENT/GUARDIAN NAME	
PROVIDER NAME	PROVIDER ID#	CCAP CASE#	

Providers are required to keep accurate attendance records. To the extent possible, the times the child is dropped off and picked up must be entered by the person dropping off or picking up the child. If child is not in attendance, leave that date blank.

<b>Month:</b>				<b>Year:</b>
<b>DATE</b>	<b>TIME IN</b>	<b>PRINTED NAME OF PERSON DROPPING OFF</b>	<b>TIME OUT</b>	<b>PRINTED NAME OF PERSON PICKING UP</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

If the child is not signed in and out, payment may be withheld and/or recouped. Providers must keep records at the site where care is provided for six years and make them available immediately upon request.



For accessible formats of this publication or additional equal access to human services, write to [DHS.CCAP@State.Mn.Us](mailto:DHS.CCAP@State.Mn.Us), call 651-431-3809, or use your preferred relay service. (ADA1 [9-15])