

**West Virginia Department of Health & Human Resources  
Child Care Attendance Sheet**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Time In	AM/PM	Parents Signature	Time Out	AM/PM	Parents Signature	0-2 Hrs	2-4 Hrs	4+ Hrs	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	Parents Signature	Time Out	AM/PM	Parents Signature	0-2 Hrs	2-4 Hrs	4+ Hrs	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 DHHR staff. A copy must be submitted with Request for Payment for subsidized children on a monthly basis. The providers 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 and/or legal action, referral for misrepresentation and/or requests for repayment of funds by the provider.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_