



CHILD CARE GRANT PROGRAM

P.O. Box 241809
Anchorage, AK 99524-1809

For Office Use Only/Date Received

ATTENDANCE REPORT FORM

Facility Name: _____ Grant Number: _____

Mailing Address: _____ Report Month: _____

City, Zip Code: _____ Licensed for _____ (# of children) *Attach an explanation if average daily attendance exceeds this number.*

Child's First and Last Name	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	Child's Total		
1																																		
2																																		
3																																		
4																																		
5																																		
6																																		
7																																		
8																																		
9																																		
10																																		
11																																		
12																																		
13																																		
14																																		
15																																		
16																																		
17																																		
18																																		
19																																		
20																																		
Daily Total																																		

Under penalty of perjury or unsworn falsification, I certify that the information provided on this form is true and correct to the best of my knowledge.

Printed Name _____ Signature of Authorized Agent _____ Date _____

Directions to Complete the Attendance Report Form

1. List the **first and last names** of each child you provided child care services to during the report month. If you own the facility, do NOT include your own biological, adopted, step or foster children.
2. Complete columns for daily attendance for all children, using the following symbols:
 - / Means up to and including 5 hrs of attendance a day (a part-time unit of care) – Count as ½**
 - Means more than 5 cumulative hrs of attendance a day (a full-time unit of care) – Count as 1**
3. Add the ○'s and /'s down each column to total all children in care each day.
4. Add the ○'s and /'s across each row for each child to total each child's attendance during the month.
5. Add the Daily Total across the bottom row. Add the Child's Total down the far right-hand column. These two totals need to be the same. Write this number in the shaded box in the lower right hand corner. This number is equal to the number of "full-time equivalent" children in care. **Enter this number on line 1 on the Child Care Grant Payment Request Form.** (If more than one Attendance Report Form is used, follow the same procedure. Then add the page totals together and enter on line 1.)

- IMPORTANT -

Attendance Report Forms that are **incomplete or incorrect may be returned to you** for completion. Submission of incomplete or incorrect forms may delay or deny processing of your payment request.