

Iowa Department of Human Services
CHILD CARE ASSISTANCE ATTENDANCE SHEET

Name of Parent/Custodian _____

Month _____

Year _____

	Name of child				Name of child				Name of child					
Day	Time in	Time out	# of units	✓ if Absent	Time in	Time out	# of units	✓ if Absent	Time in	Time out	# of units	✓ if Absent		
1 st		to				to				to				
2 nd		to				to				to				
3 rd		to				to				to				
4 th		to				to				to				
5 th		to				to				to				
6 th		to				to				to				
7 th		to				to				to				
8 th		to				to				to				
9 th		to				to				to				
10 th		to				to				to				
11 th		to				to				to				
12 th		to				to				to				
13 th		to				to				to				
14 th		to				to				to				
15 th		to				to				to				
16 th		to				to				to				
17 th		to				to				to				
18 th		to				to				to				
19 th		to				to				to				
20 th		to				to				to				
21 st		to				to				to				
22 nd		to				to				to				
23 rd		to				to				to				
24 th		to				to				to				
25 th		to				to				to				
26 th		to				to				to				
27 th		to				to				to				
28 th		to				to				to				
29 th		to				to				to				
30 th		to				to				to				
31 st		to				to				to				
	Total units					Total units					Total units			

I certify these hours of care are correct		
Signature of Parent/Custodian	Phone Number	Date

I certify these hours are correct			
Signature of Provider	Provider Number	Phone Number	Date