

Maryland State Department of Education

Child Care Attendance Sheet

FACILITY or PROVIDER NAME

MAILING ADDRESS (NUMBER, STREET NAME)

CITY, STATE, ZIP CODE

PROVIDER ID

INSTRUCTIONS:

Child attendance must be recorded on a daily basis. Attendance must be indicated by time in and out in the upper diagonal box. For each day that a child is in attendance a parent/guardian must initial in the lower diagonal box under the day.

NOTE: For Child Care Scholarship, this attendance sheet is **ONLY** required when an invoice has been selected for audit.
Please do not submit unless requested.

CHILD'S NAME (PLEASE PRINT) (First Name, Last Name)	Week of ____/____/____ to ____/____/____							Week of ____/____/____ to ____/____/____						
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

