**DEPARTMENT OF HUMAN SERVICES** DIVISION OF CHILDCARE & EARLY CHILDHOOD EDUCATION

COVID-19 PANDEMIC

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**DAILY CHILD ATTENDANCE FORM**

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| **Facility Name** |  | **Facility Number** |  | **Date of Service** |  |

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|  | **Parent/Guardian/Authorized Representative Certification of Attendance:** By my signature below, I declare under penalty of perjury that the information is true and that my child/children were provided services at the above location and on the days and times listed below. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud. | | | | | |
| **Child’s Name** | **Time In** | **Parent/Guardian Name** | **Director/Authorized Representative** | **Time Out** | **Parent/Guardian Name** | **Director/Authorized Representative** |
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| **Provider Certification:** I declare under penalty of perjury that the above information is true and that these children were provided services at the above location and on the days and times listed above. I understand that I must repay any overpayment resulting from false or incorrect information and that I may be prosecuted for fraud. | | | | | | |

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| **Director/Owner Signature** |  | **Date** |  |