APPENDIX H

DAILY ATTENDANCE RECORD FORM

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
DCF-F-2438 (N. 01/2009)

STATE OF WISCONSIN

Daily Attendance Record – Child Care Centers

Use of form: Family Child Care Centers are required to complete Section A and Section B in order to comply with DCF 250.04(6)(b); Section C may be completed to ensure compliance with 250.04(5)(d). Failure to comply may result in issuance of a noncompliance statement. This form may be used by Group Child Care Centers to ensure compliance with DCF 251.04(6)(b) and 251.04(5)(a)8, by Day Camps for Children to ensure compliance with DCF 252.41(4)(c) and 252.41(3)(a)6, and by certified providers to ensure compliance with DCF 202.08(5)(i) and 202.09(6)(f). Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Completion of this form may also help ensure compliance with the Child and Adult Care Food Program regulation 7 CFR 226.18(e) and child care subsidy rules under DCF 201.

Instructions: The daily attendance record must be kept on file for the length of time the child is enrolled in the center for licensed centers and for at least 3 years for certified providers.

SECTION A – Facility and Timeframe:

Name – Facility	Facility ID Number	Week of (mm/dd/yyyy) through (mm/dd/yyyy)
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SECTION B – Daily Attendance Record: Enter the child's full name and check the Age of Child designation checkbox for each child in attendance during the week. In the rows corresponding to the child's name, record the actual time the child arrives and the actual time the child departs (do not record this information in advance). **Times must be recorded immediately upon the child's arrival and departure, and the record must reflect all children in care at any given time**. It is recommended that providers have the parents review this form for accuracy at the end of the week and sign the form as verification that it is correct.

	Name – Child (First and Last)	Age of Child	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Parent Sign Off (signature)
			In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
1.		☐ Under 2 ☐ 2 or older ☐ School age															
2.		☐ Under 2 ☐ 2 or older ☐ School age															
3.		☐ Under 2 ☐ 2 or older ☐ School age															
4.		☐ Under 2 ☐ 2 or older ☐ School age															
5.		☐ Under 2 ☐ 2 or older ☐ School age															
6.		☐ Under 2 ☐ 2 or older ☐ School age															
7.		☐ Under 2 ☐ 2 or older ☐ School age															
8.		☐ Under 2 ☐ 2 or older ☐ School age															
9.		☐ Under 2 ☐ 2 or older ☐ School age															

SECTION B – Daily Attendance Record (continued): Enter the child's full name and check the Age of Child designation checkbox for each child in attendance during the week. In the rows corresponding to the child's name, record the actual time the child arrives and the actual time the child departs (do not record this information in advance). **Times must be recorded immediately upon the child's arrival and departure, and the record must reflect all children in care at any given time**. It is recommended that providers have the parents review this form for accuracy at the end of the week and sign the form as verification that it is correct.

	Name – Child (First and Last)	Age of Child	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Parent Sign Off (signature)
			In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	
10.		☐ Under 2 ☐ 2 or older ☐ School age															
11.		☐ Under 2 ☐ 2 or older ☐ School age															
12.		☐ Under 2 ☐ 2 or older ☐ School age															
13.		☐ Under 2 ☐ 2 or older ☐ School age															
14.		☐ Under 2 ☐ 2 or older ☐ School age															
15.		☐ Under 2 ☐ 2 or older ☐ School age															
Total Daily Attendance																	

SECTION C – Provider Schedule: Enter full name and position title for each provider, additional provider, substitute or emergency backup provider who worked with the children during the week. In the rows corresponding to the provider's name, record the actual times the provider, additional provider, substitute or emergency backup provider was counted in staff-to-child ratios.

Provider Name and Position Title	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	In	Out	In	Out	In	Out	In		In	Out	In	Out	In	Out
Provider A:														
Provider B:														
Provider C:														
Provider D:														