

Emergency Child Care Stipend Program

FY20

Attendance Form: Formerly Licensed Family Child Care*

Child Care Program is to complete all required fields and submit with the Stipend Application. Information is based on the children in care at the time of application.

Program Name: _____

Date of application: _____

Location of facility: _____

For the week of: _____ Days open: _____

Shift day am

Shift night pm

Shift overnight

Child's Name	Child's Age	Child's Gender	Ethnic Orientation*	Hours of Care	# of Days Attended	Parent's Occupation	Current CCAP Recipient? If Yes, <u>15 digit</u> Child Care Management Client ID
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No
		M F					Yes No

For each child's Ethnic Origin, list all numbers below that apply: (Required for Federal Reporting) 1 - White 2 - Black or African American 3 - Hispanic or Latino (Persons declaring Hispanic ethnicity should also list their race, for example, "3-1", "3-2", "3-5") 4 - Asian 5 - American Indian or Alaskan Native 6 - Native Hawaiian or Pacific Islander

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge.

Provider's Written Name

Provider Signature

Date

*For the purposes of this document/program "formerly licensed family child care homes" refers to those programs that were licensed and actively providing care prior to the COVID Executive Order No 8.