Emergency Child Care Stipend Program | **FY20**

Attendance Form: Child Care Center

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:** _____   **Classroom #:** _____

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
		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.

_____
Director/Administrator's Written Name

_____
Director/Administrator's 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.