GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION
DIVISION OF EARLY LEARNING
DAILY CHILD CARE ATTENDANCE FOR NON-TRADITIONAL SERVICES
AND IN-HOME CARE

NON-TRADITIONAL SERVICES

Please print the following information:

Provider Name: _____

Facility Name: _____

Address: _____

For Month Ending: _____ Year: _____

Telephone: _____ Date: _____

Signature: _____ Date: _____

I verify that this information is accurate and correct. Reporting inaccurate information may result in termination of the provider agreement and/or referral for investigation to the Office of the State Superintendent of Education (OSSE).

USE CODES TO COMPLETE ATTENDANCE FOR EACH DAY

E = Date Enter **H** = Holiday **T** = Termination **EX** = Excused Absence **U** = Unexcused Absence **NOTE:** If the child is present, leave the space BLANK.

Child's Name Last and First Name	Parent's Name Last and First Name	CHECK TYPE OF SERVICES						WEEK 1							WEEK 2							WEEK 3							WEEK 4							WEEK 5						
		TRAD FT	TRAD PT	EXT FT	EXT PT	NT FT	NT PT	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S

This form **MUST** be returned by the **first** working day of each month **and** no later than the **fifth**. Failure to return this form will result in delay of payment.

SUBMIT TO: OSSE | oats.osse.dc.gov ● Fax 1-800-856-3106 ● osse.attendancereportsubmission@dc.gov