DC CHILD CARE SUBSIDY PROGRAM

Daily Attendance Form Traditional Services

Please print the following information:

Provider Name: _____ Month: _____ Year: _____

Facility Name: _____ Phone: _____

License Number: _____

Use the appropriate **ATTENDANCE CODE** to complete attendance for each day.

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

CHILD'S NAME Alphabetize by Last Name	CHILD's SSN (LAST 4 Digits)	AGE	WEEK 1					WEEK 2					WEEK 3					WEEK 4					WEEK 5					Comments
			M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	

Attendance is due on the first business day of each month and must be submitted in the OSSE Attendance Tracking System (OATS) at oats.osse.dc.gov.
Failure to submit timely attendance will result in delay of payment. For an explanation of the OATS Attendance Codes, click here.

NOTE: Reporting of inaccurate information may result in termination of provider agreement and/or referral for investigation to OSSE.

I, the undersigned, verify that this information is correct and accurate.

Signature: _____ Date: _____