

\* Please PRINT or TYPE

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION • DIVISION OF EARLY LEARNING  
CHILD CARE SUBSIDY PROGRAM  
DAILY EARLY CHILDHOOD EDUCATION ATTENDANCE FORM**

NAME OF PROVIDER & ADDRESS:	ZIP CODE:	WARD:	TIER:	LICENSE CAPACITY: _____ # of Infants: _____
TELEPHONE NUMBER:		FAX NUMBER:		LICENSE EXPIRATION DATE:
SITE NAME & ADDRESS:		SIGNATURE OF PERSON CERTIFYING REPORT <small>I the undersigned verify that this information is correct and accurate. * Reporting of inaccurate information may result in termination of provider agreement and/or referral for investigation to the OSSE/Division of Early Childhood Education/Division of Compliance and Integrity.</small>  _____		MONTH AND YEAR OF REPORT:
		Authorized Representative _____ Date _____		<b>TOTAL NUMBER ENROLLED</b> Inf: _ Sac: _ Tod: _ Pre: _ HS: _

CHILD'S NAME	CHILD's SSN	AGE	1 <sup>ST</sup> WEEK/DATES							2 <sup>ND</sup> WEEK/DATES							3 <sup>RD</sup> WEEK/DATES							4 <sup>TH</sup> WEEK/DATES							5 <sup>TH</sup> WEEK/DATES							COMMENTS
Alphabetize by Last Name	(LAST 4 Digits)		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 fifth working day of each month. Failure to return this form will result in delay of payment. RETURN TO: OSSE   <a href="https://oats.osse.dc.gov">https://oats.osse.dc.gov</a> • Fax 1-800-856-3106 • Email <a href="mailto:osse.attendancereportssubmission@dc.gov">osse.attendancereportssubmission@dc.gov</a> U: Unexcused Absent   EX: Excused Absent   AC: Approved Closure   UC: Unapproved Closure   H: Holiday   T: Terminated   E: Enter   V: Vacation Blank box indicates child present for the day.
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<b>CHILD'S NAME</b> <small>Alphabetize by Last Name</small>	<b>CHILD'S SSN</b> <small>(LAST 4 Digits)</small>	AGE	<b>1<sup>ST</sup> WEEK/DATES</b>					<b>2<sup>ND</sup> WEEK/DATES</b>					<b>3<sup>RD</sup> WEEK/DATES</b>					<b>4<sup>TH</sup> WEEK/DATES</b>					<b>5<sup>TH</sup> WEEK/DATES</b>					<b>COMMENTS</b>						
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

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