

Facility Information

Please list the phone number and email address where you may be reached.

Facility name _____ Phone number _____ Contract # _____

Email _____ Mailing address (City, State, ZIP): _____

Child Attendance Record

 List only one child's attendance per form. **Month:** _____ **Year:** _____

First name _____ MI _____ Last name _____ Date of birth _____ Case # _____ Person # _____

Reason	Date	Time In	Time Out	Time In	Time Out
<input type="checkbox"/> Care provided in child's home <input type="checkbox"/> Point of service (POS) machine not issued within 10 days of care being authorized <input type="checkbox"/> Client did not swipe attendance - explain why swipes were not made electronically: <input type="checkbox"/> Denied swipes <input type="checkbox"/> Other, explain:					

Enter any additional dates on page 2.

Signatures

 I certify this child care claim is correct, and I am signing *after* care has been provided. I understand that false statements on this claim may result in prosecution.

Parent, guardian or caretaker signature _____ Date _____ Provider signature _____ Date _____

Parent signature exception:

When unable to obtain a parent's signature because the child is no longer in your care, check below.

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- I made a reasonable effort to secure the signature of the client, parent, guardian, or caretaker, and was unsuccessful. I am no longer providing care for this child.

 Email completed form to EBTChildCare@okdhs.org.

Date (MM/DD/YYYY)	Time In	Time Out	Time In	Time Out