CHILD CARE ASSISTANCE ATTENDANCE RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE DIVISION
SFN 1220 (10-2022)

Clear Fields

Complete an attendance record for each Child Care Assistance child that attended each week. These are to be submitted through the Provider Self Service Portal (SSP) after completion to avoid overpayments.

Week of (Month/Day/Year)	Provider Name	License Number or SPACES ID

Child's Name	Monday Arrive / Depart		Tuesday Arrive / Depart		Wednesday Arrive / Depart		Thursday Arrive / Depart		Friday Arrive / Depart		Saturday Arrive / Depart		Sunday Arrive / Depart		Total Hours

☐ I understand that by checking this box and typing my name below, I am signing this SFN 1220 child Care Assistance Attendance Record. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date