CHILD CARE ASSISTANCE ATTENDANCE RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 1220 (3-2025)

Complete an attendance record for each Child Care Assistance child that attended. These are to be submitted through the Provider Self Service Portal (SSP) after the month is over to avoid overpayments. This is a weekly form, but rows can be labeled and used for multiple children in the month the service was provided. One form can be used for multiple families.

Month/Year	Provider Name	License Number or SPACES ID

Please list actual hours attended, not scheduled hours. If closed, please list a "C" for that day. If child is absent, please list an "A" for that day. For children attending before and after school, two rows may be used for each week.

A full month of attendance records are required. *The Week column below should be the start date of the week. (Example: 4/1, 4/7, 4/11, etc.)

*Week	Child's Name (First, Last)	Monday Arrive / Depart		Tuesday Arrive / Depart		Wednesday Arrive / Depart		Thursday Arrive / Depart		Friday Arrive / Depart		Saturday Arrive / Depart		Sunday Arrive / Depart	

☐ 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	Email Address	Telephone Number	Date