



**WESTCHESTER COUNTY DSS - DAYCARE DAILY ATTENDANCE RECORD**

**MAIL BACK TO:**  
 Department of Social Services  
 Daycare Payment Processing  
 112 East Post Road, 6th Fl.  
 White Plains, NY 10601

Vendor Name:		Phone Number:		<b>FOR OFFICIAL USE ONLY</b>				
Vendor Number:		Billing Month:				ROSTER NUMBER		NAME OF PAYMENT PROCESSING WORKER
Address:		Year:				TOTAL AMOUNT PAID		
City		NY				TOTAL NUMBER OF LINES		
		Total Number of Children Claimed This Month						

<b>Are you a Contracted Provider?</b>	Zip Code		<b>P = PRESENT</b>	<b>A = ABSENT</b>	<b>C = PROGRAM CLOSED (NO PAYMENT FOR THE DAY)</b>	<b>H - AUTHORIZED HOLIDAY CLOSING FOR CONTRACTED PROVIDERS ONLY</b>	<b>X = NON-AUTHORIZED DAY (INCLUDING WEEKEND) *PLACE AN X IF CHILD IS NOT SCHEDULED TO ATTEND</b>																															
	<b>Contract Number</b>							<b>DAYS OF THE MONTH</b>																														
<b>Child's Name (Last, First)</b>	<b>Case Number</b>	<b>CIN</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	<b>Total Number Of Days Claimed</b>				
1																																						
2																																						
3																																						
4																																						
5																																						
6																																						
7																																						
8																																						

**VENDOR & PARENT CERTIFICATION:** I certify that the above bill is just, true and correct, that no part of has been paid except as stated and that the balance is actually due and owing and that taxes from which the county is exempt are excluded. By submission of this voucher the Vendor/Parent hereby agrees to retain on file any and all documentation supporting this claim for the longer of period of seven years or, the period specified by written agreement between the County and the Vendor/Parent. Vendor/Parent further agrees upon request to make such documentation available for audit and inspection during normal business hours.

Provider Signature:		<b>PLEASE DO NOT MAIL THIS FORM BEFORE THE ATTENDANCE IS ENTERED INTO CCTA and AFTER THE MONTH ENDS</b>	<b>ONLY FOR THE LEGALLY EXEMPT IN HOME CARE CASES BOTH THE PARENT AND THE PROVIDER MUST SIGN THIS FORM.</b>	
Name of the person signing:			Parent Signature:	
Title of the person signing:			Parent Name:	
Date:			Date:	