



CHILD CARE PROGRAM OFFICE

3601 C St, Ste # 140

Anchorage, AK 99503

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**CHILD CARE GRANT (CCG)  
ATTENDANCE REPORT FORM (Manual)**

<b>For Office Use Only</b>

Facility Name:<sup>1</sup> \_\_\_\_\_  
 Mailing Address:<sup>2</sup> \_\_\_\_\_  
 City, Zip Code:<sup>3</sup> \_\_\_\_\_

ICCIS #: <sup>4</sup> \_\_\_\_\_  
 PVN #: <sup>5</sup> \_\_\_\_\_  
 Report Month/Year: <sup>6</sup> \_\_\_\_\_ / \_\_\_\_\_

<sup>7</sup> Authorization Types: O = OCS Authorizations C = CCAP Authorizations S = Self-Pay or Other      <sup>8</sup> Attendance: F = Full-Time P = Part-Time X = Absent, but Scheduled to Attend

Child's Last Name, First Name <sup>9</sup>	Auth Type <sup>10</sup>	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	Total FTEs <sup>12</sup>			
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<b>FTE PageTotals <sup>13</sup></b>																																				

## CHILD CARE GRANT (CCG) ATTENDANCE REPORT FORM (MANUAL) INSTRUCTIONS & FACILITY RESPONSIBILITIES

This form must be completed by hand. To request an electronic copy of the form, please email the Child Care Program Office (CCPO) at [ccpo@alaska.gov](mailto:ccpo@alaska.gov). For submission to the CCPO, see contact information on the front of this form. You must print clearly using ink. Illegible information may result in the return of your submission unpaid. If you make a mistake, you may legibly correct it using correction tape/fluid or eraser. Forms which have been altered in any way will not be accepted.

**Due Date:** CCG Attendance Report Form(s) with the CCG Reimbursement Request is due by the last day of the month following the month care was provided (Report Month). For Example: Report Month for April must be received or postmarked by May 31.

The following instructions are numbered to correspond to the numbers next to the items on this form. Please note that not completing the form in its entirety may cause delays in processing.

1. Facility Name: Name of your facility as it appears on your Child Care License.
2. Mailing Address: The full street address or postal box where the State of Alaska payment is being mailed.  
**NOTE:** for some businesses this may be different from the facility mailing address.
3. City, Zip Code: The city and zip code for the mailing address identified in number 2.
4. ICCIS #: This is the eight digit number beginning with 100 issued to you by the CCPO for your facility.
5. PVN#: This is your Pay Vendor Number issued by the State of Alaska Accounting System needed to release payments.
6. Report Month/Year: The month/year for which the expenditures and attendance were documented and reimbursement is requested.
7. Key to Authorization Types:
  - O = Office of Children’s Services (OCS) Authorizations
  - C = Child Care Assistance Program (CCAP) Authorizations for PASS I, PASS II, or PASS III
  - S = Self-Pay or Other
8. Key to Attendance:
  - F = Enter an “F” for full-time care of more than 5 hours. This equates to 1 FTE.
  - P = Enter a “P” for part-time care up to and including 5 hours. This equates to ½ Full-Time Equivalent (FTE) or .5.
  - X = Enter an “X” for children with a CCAP or OCS authorization who were absent, but scheduled to attend.
9. Child’s Last Name, First Name: Use Lines 1 through 20 to enter the names of children who were in care during the Report Month. Ensure the names match the authorization documents for children with CCAP or OCS authorizations.
10. Auth Type: Enter the child’s Authorization Type from the key in number 8.  
**NOTE:** You must have a CCAP authorization for PASS I, PASS II or PASS III Child Care Assistance or from the OCS for the Report Month before entering the child’s authorization type. If you do not have an authorization document mark the child as “self-pay or other”.
11. Numbered Days of the Month 1-31: Enter the child’s attendance for each day of the month using the Key to Attendance in number 9.
12. Total FTEs: ROW TOTAL. Using .5 for the Ps and 1 for Fs, add across for each individual child and enter the total.
13. FTE Page Totals: Column TOTAL. Using .5 for all Ps and 1 for Fs, add down for each day of the month and enter the total. This number must match the Total FTEs from number 13 when the column is added.
14. Page \_\_\_\_ of \_\_\_\_:
  - Enter the page number of this actual CCG Attendance Report Form.
  - Enter the total number of CCG Attendance Report Form pages for the Report Month being submitted.