



ATTENDANCE EXEMPTION REQUEST

Name of Child Care Center: _____

Address: _____ Telephone: _____

Months, dates and years exemption is requested: _____

Did you notify the Illinois Department of Human Services Liaison? Yes No

Reason for exemption request: _____

Documentation of the reason is attached in the following form:

Newspaper Article Public Health Statement Repair Bill Other

Was the child care center open? Yes No Which dates was the center open? _____

Attendance Record Data (Enter month and year): _____

- For each service date in the month, list in chronological order, the date and attendance of subsidized children only. Do not include days in which the center was scheduled to be closed.
- Check the box for the dates in which exemption is requested. Do not include these figures when calculating the average daily attendance.

Service Date	Attendance	Exemption Requested	Service Date	Attendance	Exemption Requested	Service Date	Attendance	Exemption Requested
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>

Number of Days for Which Exemption Not requested: _____ X Total Daily Attendance _____ ÷ Number of Service Dates _____ = Average Daily Attendance _____

Attendance for the dates an exemption is requested: _____

Total exemption dates attendance divided by Average Daily Attendance: _____

Person completing Request: _____ Date: _____

To Be Completed by Department of Human Services Staff Only

Approved Denied Liaison Signature: _____ Date: _____