

Child Action, Inc.

Client Services

Sample Attendance Form

Please sign child in and out of care daily. A full signature is required.

1. Any forms received after the 15th of the month will **not** be paid.
2. Notify us if this child is absent for three consecutive days or more.
3. Only list hours that the child **actually used** each day. Incomplete or inaccurate attendance forms will not be paid.
4. Do **not** use "white-out." Days marked with "white-out" will not be paid.
5. Each day the child does not use care as scheduled, enter one of the codes listed below in the "Reason Code" box on the back page.

Provider Closed All or Part of the Day	All Ages – Child Absent From Care or In Care for <i>FEWER</i> Hours		School-aged Only – Child in Care for <i>MORE</i> hours	
C	S	Child or family member sick, at Dr.'s appointment, attending a funeral, or absent for other medically-related reason	S	Child sick and used more hours than usually scheduled on a school day
	A	Other absences (e.g. child/parent vacation, visiting relative, or other personal reason)	M	Minimum Day
<input type="radio"/> For holidays when the provider is closed, use the "C" code <input type="radio"/> For holidays when the provider is open, but the child is absent, use the "A" or "S" code, whichever is applicable			<input type="radio"/> For care used on a nonschool day, do NOT enter a code	

Provider Billing:

Please fill out your billing amount in the appropriate categories. Please bill **your** rate. Do not bill the CAPS. (**Note:** All charges must appear on your rate sheet and the child care certificate if you wish us to consider payment.)

- Monthly Rate: \$ _____ / month
- Weekly Rate: Wk1 \$ _____ Wk2 \$ _____ Wk3 \$ _____ Wk4 \$ _____
- Daily Rate: \$ 20 / day [X] 4 # of days
- \$ _____ / day [X] _____ # of days (if applicable)
- Hourly Rate: \$ _____ / hour [X] _____ # of hours
- \$ _____ / hour [X] _____ # of hours (if applicable)

The **provider** must check the type of rate used and fill in the rate amount. In this example, the provider's rate is \$20/day when the child uses care on a school day. (Note that the amount entered as the provider's rate should always be the rate the provider charges for services and not the state

Other Charges (if applicable):

The **provider** must record any additional charges, including registration fees.


- In-service Days: \$ 30 / (day/hour) [X] 1 # (days/hours) Specify dates: 9/1
- Minimum Days: \$ 25 / (day/hour) [X] 1 # (days/hours) Specify dates: 9/10
- Registration Fee: \$ _____

YOU MUST SIGN AND DATE THIS SECTION OF THE ATTENDANCE FORM ON OR AFTER THE LAST DAY OF CARE PROVIDED DURING THE MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I (the parent/provider) declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this attendance form are true, correct and complete for the entire month and that the provider named in this form provided the child care.

<i>Olga Doe</i>	<u>9/30/09</u>
Provider Signature	Date
<i>Jane Smith</i>	<u>9-30-09</u>
Parent Signature	Date

The front of the Attendance Form must be signed and dated by *both* provider and parent. Providers and parents should make sure to sign at the end of the month so they can accurately verify the total hours of care used. Child Action, Inc. will not pay for days/hours that occur after the Attendance Form has been turned in or past the date of the signatures. Providers and parents should sign just as they would a check, and must sign for themselves only.

Sign in daily				Use if child has split schedule				Sign out daily			Office Use Only
Date	Time In	Full signature of adult signing in child	Time Out	Initials	Time In	Initials	Time Out	Full signature of adult signing out child	Reason Code		
M	9/1	7:05	Jane Smith					5:15	Jane Smith		
T	9/2										
W	9/3	7:10	Jane Smith	7:50	OD	2:35	OD	4:40	Jane Smith		
Th	9/4										
F	9/5	7:00		7:50	OD	2:35	OD	4:50	Jane Smith		
Sa	9/6										
Su	9/7										
M	9/8	2:35	Olga Doe					5:00	Jane Smith		
T	9/9										
W	9/10	12:15	Olga Doe					5:00	Jane Smith	M	
Th	9/11										
F	9/12									C	

<p>Refer to each example above by the date listed. The parent is Jane Smith and the provider is Olga Doe. The child is scheduled to use care every Monday, Wednesday and Friday from 7am-5pm. School hours are 7:50am-2:35pm. Each day the child is scheduled must have complete times and signatures or have a reason code entered.</p>	
9/1	Example of non-school hours. Children must be signed <u>both in and out of care</u> by an authorized person each day care is provided.
9/3	Example of before and after school care. The parent's signature verifies the time the child was dropped off (7:10) and picked up (4:40) from the provider's facility. The provider's initials confirm the time the child was dropped off (7:50) and picked up (2:35) from school.
9/5	Two signatures are required each day that a child uses care. Because there is a missing signature in the first "Time In" box, this day is considered incomplete and cannot be paid. Likewise, days with missing in or out times cannot be paid.
9/8	If care is after school only and if the provider picks up the child from school, the provider must sign in the child in the first "Time In" box. The person authorized to pick up the child from the provider's facility must sign the "Time Out" box. If care is before school only, the person authorized to drop off the child must sign in the child in the first "Time In" box. If the provider sends the child off to school, the provider must sign in the "Time Out" section. For before or after only care situations, do not use the split schedule section. Full signatures must be used in the applicable sign in/sign out sections.
9/10	The "M" code designates a minimum school day. It explains why the child was in care at 12:15 on a school day when the child is usually in care at 2:35.
9/12	The "C" code designates when care is not used because the provider was closed. For holidays when the provider is closed, use the "C" code. For holidays when the provider is open, but the child is absent, use the "A" or "S" code, whichever is applicable.