

Child Action, Inc.
 1174 National Drive, Suite 40
 Sacramento, CA 95834-2955



Child Smith, Michael
Parent Smith, Jane

Child DOB 11/27/2004
Provider Acct AX123

Fund C2AP
Care Code 03

Sample Attendance Form

Case Manager
 Mario Hernandez (916) 274-XXXX

November 2011 Attendance Form

Olga Doe
 456 Main Street
 Sacramento, CA 95815

AX123

- Attendance Form is due by the fifteenth (15th) of the month following service.
- Notify us if this child is absent for three (3) consecutive days or more.
- Do **not** use "white-out." Days marked with "white-out" will not be paid.

Please sign child in and out of care daily on the calendar side of this form. A full signature is required where noted. This document must reflect **actual time in care**. Incomplete or inaccurate attendance forms will not be paid.

Each day the child does not use care as scheduled, enter one of the codes listed below in the "Reason Code" box on the calendar side.

C	Provider was closed	S	<ul style="list-style-type: none"> • Child/family member sick; at Dr.'s appt, funeral; or absent from care for another medical reason • School-age child was sick and used more hours than scheduled on a school day
M	Minimum school day	A	Child did not use care because child/parent on vacation, visiting a relative, or another non-medical reason

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** \$ _____ / week
- If your weekly rate varies, specify each week's rate: Wk1 \$ _____
- Daily Rate** \$ 20 / day [X] 7 # of days
- Hourly Rate** \$ _____ / hour [X] _____ # of hours \$ _____ / hour [X] _____ # of hours (if applicable)

PROVIDER: The provider must mark the type of rate billed for the child 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 CAP.)

Other Charges (if applicable) ← **PROVIDER:** The provider must record any additional charges, including registration fees.

In-service Days \$ 30 / (day)hour [X] 1 # (days)hours Specify dates: 11/01/2011

Minimum Days \$ 25 / (day)hour [X] 1 # (days)hours Specify dates: 11/07/2011

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.

Olga Doe
 Provider Signature _____ Date 11/30/2011

Jane Smith
 Parent Signature _____ Date 11-30-11

PARENT and PROVIDER: 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 they must sign for themselves only.

Please sign child in and out daily. A full signature is required. This document must reflect **actual time in care**. Incomplete or inaccurate attendance forms will not be paid.

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										
T	11-1	7:05a	Jane Smith					5:15p	Jane Smith	
W	11-2	7:10a	Jane Smith	7:50a	OD	2:35p	OD	4:40p	Jane Smith	
Th	11-3	7:00a	←	7:50a	OD	2:35p	OD	4:50p	Jane Smith	
F	11/4	2:35p	Olga Doe					5:00p	Jane Smith	
Sa										
Su										
M	11/7	12:15p	Olga Doe					5:00p	Jane Smith	M
T	11-8									A
W	11-9	10:15a	Jane Smith					5:05p	Jane Smith	S
Th	11-10									S
F	11-11									C

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-Friday, 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.

11/1	Non-school hours: Child must be signed <u>both in and out of care</u> by an authorized person each day care is provided.
11/2	Before and after school care: The parent's signature verifies the time the child was dropped off (7:10a) and picked up (4:40p) from the provider's facility. The provider's initials confirm the time the child was dropped off (7:50a) and picked up (2:35p) from school.
11/3	Missing signature: <u>Two</u> 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 out times cannot be paid.
11/4	Only before school care or only after school care (provider drops off or picks up child from school) 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.
11/7	M code: Use the "M" code for a minimum school day. It explains why the child was in care at 12:15p on a school day when the child is usually in care at 2:35p.
11/8	A code: Use the "A" code when the child is absent from care for the whole day for a non-medical reason.
11/9	S code (school-age child): Use the "S" code when the child uses <u>more</u> care on a school day due to medical reasons. For example, the child went to the provider's earlier than scheduled because the child left school early due to sickness. It explains why the child was in care at 10:15a on a school day when the child is usually in care at 2:35p.
11/10	S code (any child): Use the "S" code when the child is absent from care for the whole day or uses less care than scheduled due to a medical reason. For example, the child or parent was sick, had a doctor's appointment or attended a funeral.
11/11	C code: Use the "C" code when care is not used because the provider was closed. For days when the provider is closed, use the "C" code. For days when the provider is open, but the child is absent, use the "A" or "S" code, whichever is applicable.