

CHILD CARE MONTHLY ATTENDANCE RECORD

Child Name:		Case No.:		Payment Clerk:	
Parent Name:				Month:	
Provider Name:	Address:		School Rate:	\$	
City:	Zip:	Phone No.: ()		Registration:	\$
				Total Due:	\$

PARENT SIGN IN THIS COLUMN ONLY			PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN OUT THIS COLUMN ONLY		
DAY OF MONTH	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER'S INITIALS	TIME IN	PROVIDER'S INITIALS	TIME OUT	PARENT'S SIGNATURE	TOTAL HOUR S
	7:30a	<i>Sally Jones</i>	8:00a	<i>M.M.</i>	2:15p	<i>M.M.</i>	5:15	<i>Sally Jones</i>	3.5
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Business Office Use Only:

Payment Processed by:

Worker No.:

Date:

PARENT AND PROVIDER MUST SIGN THE FRONT AND BACK OF THIS FORM IN INK ONLY OR PAYMENT WILL NOT BE ISSUED

A complete monthly attendance record must be received by the Department of Social Services.

A complete record includes the following:

ATTENDANCE RECORDS

- Parents must indicate by signing in and out **daily** the time of arrival and departure of the child followed by a **FULL** signature.
- If the child leaves the building (i.e. elementary school, appointments, etc.) and returns to the building, the provider must initial the attendance sheets upon departure and upon return on a **daily** basis.
- All absences must have a written explanation, by the parent, that list reasons for absence (i.e. sick). If after 3 consecutive absences a doctor's note is required.
- Three (3) unexcused absences during **one-month** may be grounds for termination of parent's subsidized childcare plan.
- Attendance records must be turned in on a monthly basis.

PROVIDER RATES

- Provider rates will be paid based upon information submitted on annual provider rate sheet & RMR Rates.
- Department of Social Services will disburse funds only for the days that the Day Care Center/Home is open or specified holidays.
- Based on the State Regional Market Rates, (RMR) this agency cannot pay provider rates that exceed the RMR.
- Any fees in excess of the RMR must be paid by the parent. This amount will be referred to as parental **co-payment**. This amount must not be confused with Income Eligible Fees, which are based on family income.
- The California Department of Education has defined **full-time/part-time** child care as follows.
License providers, F/T=Attendance in your building for 30 or more hours per week, P/T=Attendance in your building for less than 30 hours per week.

CHECK DISBURSEMENT

If the provider/parent has met agency requirements in regard to proper payment procedure, the payment will be processed within **30 days** after receiving a completed monthly attendance record that has been date stamped by the county. Payments will **not** be issued if timesheets received after **90 days** from the date on the certificate(s). **For example: If you are submitting January timesheets in the month of May that is over 90 days and payment will not be processed.** Providers or parents submitting incomplete records will be contacted by the Department of Social Services and needed information will be requested.

PARENT AND PROVIDER CERTIFICATION

I have read, and understand the Department of Social Services Payment Procedure and agree to adhere to the rules and regulations as listed above.

As the parent, I understand that I must report to my child care worker and on my Quarterly Status Report (QR7) any time a parent of a child receiving child care moves into my home or another child moves into my home, including newborns.

I understand that I must report my family income if it has reached or is over the amount below, and has changed since I last reported my income to child care.

Family Size*	Income
1-2	\$1,820 per month
3	\$1,950 per month
4	\$2,167 per month
5 or more	\$2,513 per month

* Family size includes adults and children related by blood, marriage, or adoption that live in the home of the child receiving child care.

I declare under penalty of perjury under the laws of the State of California that the above information is true and that this child care was provided at the above location, for the sole purpose for which this child care was certified. I understand that I may be requested to repay any overpayment from false or incorrect forms and that I may be prosecuted for fraud, if so determined.

Parent Signature

Date

Provider Signature

Date

Comments:

