



Child Attendance Sheet

6601 Owens Drive, Suite 100
 Pleasanton, CA 94588
 925-417-8733
 www.childcarelinks.org

Office Use Only

Returned to:

Date Received:

Licensed Exempt

Provider's Last Name and First Name

Attendance Sheet Instructions (NO Faxes or Copies) (Please complete form in ink) (Only one form per child)

1. Sign child in and out of care daily (Parent full signature). Please write **AM** or **PM** next to times in and out of care daily.
2. Indicate reason for absence from care or from school and sign each day absent. (See back of sheet for explanation of absence and payment)
3. Fill form out completely. Include child's name, all provider/parent information, month/year of care, and all appropriate signatures.

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING

Provider's Name _____

Month _____ Year _____

Address _____

Child's Name _____

City _____ State CA Zip _____

Provider Phone # _____ Provider ID _____

Office Use Alternate PV: Family Fee Flex /

| Parent to complete this section | | | Provider to fill out this section for school age care | | | | Parent to complete this section | | | Office Use |
|---------------------------------|---|--|---|-------------------|---|-------------------|--|--|---|-------------|
| Day | Time In to care AM or PM | Parent's full signature for time into care | Time Out to school AM or PM | Provider Initials | Time In from school AM or PM | Provider Initials | Time Out of care AM or PM | Parent's full signature for time out of care <u>or</u> parent's full signature for absence | Reason for absence from care or from school | Total Hours |
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Office Use Only _____ Rate Adjustment
 @\$ _____ Per _____ /RC
 CCLProcessing.department.processingforms.updated3/2011

We the provider and parent declare under penalty of perjury that the above is true and correct.
 Provider Signature _____
 Participant Signature _____ Family ID _____
 Participant Name (Please Print) _____
 Office use, Date Vouched: _____



Attendance Sheet Guidelines

- Participants and Child Care Providers must adhere to Attendance Sheet Guidelines - failure may result in reimbursement delays or no-issue of reimbursement
- **Allow 15 business days (Monday - Friday, excluding holidays) for Attendance Sheets to be processed**
- Attendance Sheets must be submitted no later than 30 days after the month child care has been provided
- Attendance Sheets submitted after the due date will be considered past due and may not be reimbursed (this may not apply to Stage 1 CalWORKs Child Care)
- **Attendance Sheets for the month of June are due no later than July 15th of the same calendar year. Any Attendance Sheet submitted past July 15th may not be reimbursed (this does not apply to State 1 CalWORKs Child Care)**
- Record the reason your child was absent from care on a daily basis
- See Child Care Links Program Policies and Participation Procedures for more information

Stage 1 Licensed Providers Only

Reimbursement for Excused Absences and Best Interest Days

Excused Absences - Limit 10 per month

- Child Illness
- Parent Illness
- Quarantine
- Family emergency requiring parent and child to travel away from home
- Time spent away from home with parent or relative, as required by a court of law

Unexcused Absences (No payment is made for unexcused absences):

- All unexplained absences not identified as excused are considered unexcused
- Best Interest days that exceed the available 10 are considered unexcused absences

Best Interest Days - Limit 10 per year (July 1st - June 30th)

- Vacation, school program, field trip, transportation problem, or any other reason not listed under excused absences that are in the best interest of the child

All Licensed Providers

Non-Operational Days are reimbursed – Limit 10 per year

Non-Licensed Providers

Non-Licensed Providers will be reimbursed for actual hours of care authorized by the payment program

Reimbursements issued by Child Care Links are subject to adequate program funding

Allow 15 business days (Monday - Friday, excluding holidays) for Attendance Sheets to be processed