



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

**Office Use Only**  
 Returned to: \_\_\_\_\_  
 Licensed  Exempt

Date Received: \_\_\_\_\_

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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State CA Zip \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_  
 Child's Name \_\_\_\_\_  
 Provider Phone # \_\_\_\_\_ Provider ID \_\_\_\_\_

**Office Use**  Alternate PV: \_\_\_\_\_  Family Fee  Flex / \_\_\_\_\_ **Office Use**

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 <b>AM</b> or <b>PM</b>	Parent's full signature for time into care	Time Out to school <b>AM</b> or <b>PM</b>	Provider Initials	Time In from school <b>AM</b> or <b>PM</b>	Provider Initials	Time Out of care <b>AM</b> or <b>PM</b>	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	
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**Office Use Only** \_\_\_\_\_ Rate Adjustment \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ Per \_\_\_\_\_ /RC \_\_\_\_\_  
 \_\_\_\_\_ @\$ \_\_\_\_\_ 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)
- 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 1<sup>st</sup> - June 30<sup>th</sup>)

- 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**