CHILD CARE ASSISTANCE PROGRAM
ATTENDANCE RECORD

Provider:		**Month/Year:**		**Program:**	
		Child Name:			
		Child DOB:			
		Parent Name:			
		Case Worker:			
Provider Type:					
Provider Phone:					

FAMILY FEE CERTIFICATION & RECEIPT	
PART TIME MONTHLY FEE: $	**FULL TIME MONTHLY FEE: $**
(Please Check One Box) ☐ All Family Fees have been paid. **Amount Collected**: $_____ ☐ A Payment Plan is in place between the parent and provider. **Amount Collected**: $_____ ☐ Family Fees have not been paid and I do not have a payment plan in place. **Outstanding Balance**: $_____	**Parent Signature & Date** **Provider Signature & Date**

ATTENDANCE MUST BE COMPLETED DAILY

Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)

Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)

PARENT Self-Certification		**PROVIDER Self-Certification**	
As a parent, I declare under penalty of perjury that the information above is an accurate record of child care provided and that during this time period I was employed, or attending training/school, or other qualifying activity.		*As the provider, I declare under penalty of perjury that the information above is true and correct, and that the child care as stated above was provided. I understand that I may be required to repay any overpayment.*	
Parent/Guardian Signature:	Date:	Provider Signature:	Date:

Pathways

Please enter the reason for absences below / Indique la razon por la ausencia aqui

Date/*Fecha*	Reason for absence or early pick up (i.e. early release from school)/ *Razon de la ausencia o recogida temprano (ejemplo: escuela cerro temprano)*	Parent's Full Signature/ *Firma Complete del Padre*

- All absences must be indicated. /Todas ausencias deben ser indicadas.

Licensed Providers Only/*Proveedores con licencia solamente*:

- Please refer to pages 13-14 & 28 of your handbook for more details regarding absences.
  In order to receive proper reimbursement for excused absences, providers must notify a CDE Program Specialist immediately if a child is absent for five (5) consecutive days.
  Favor de revisar paginas 13-14 y 28 de su Manual de Proveedor para obtener información adicional sobre ausencias. para recibir reembolso apropiado por ausencias con excusa, debe notificar a un especialista del programa de CDE inmediatamente si un niño está ausente por cinco (5) días consecutivos.

Additional Information/*Información adicional*:

- Ensure that both the parent and provider are completing the AS daily. Authorized adult must indicate the time when they drop off/pick up the child. Providers must indicate the time if they drop off/pick up the child from school or other activity.
  Use EXACT time, do not round up or down.
  El padre y el proveedor deben completar la hoja diariamente. El adulto autorizado debe indicar el tiempo y la firma cuando entrega/recoge el niño. Proveedores deben indicar la hora si lleva/recoge el niño de la escuela u otras actividades. ***Indique tiempo EXACTO,*** *no debe redondear hacia arriba o hacia abajo.*

- Pathways does not issue retroactive AS. You will be required to submit your own record if you request reimbursement and did not have a Pathways AS at the time child care was provided. The record must indicate the following: provider, parent, and child name, dates, daily time in/out, and parent/provider signatures at the end of the month under penalty of perjury. Pathways will only be responsible for reimbursement as indicated via a written notice.
  Pathways no emite AS retroactivamente. Se le pedirá que entregue su propio registro si solicita reembolso para un periodo que no tenía una AS de Pathways cuando proveo el cuidado de niños. El registro debe contener lo siguiente: nombre del proveedor, padre y niño, fechas, tiempo de entrada/salida, y las firmas de padre/proveedor al final del mes y bajo pena de perjurio. Pathways sólo reembolsara como se indica en una notificación escrita.

- Correction fluid/tape ("white-out") is not allowed./*Corrector "white out" no es permitido.*
- Please do not use "military time."/*Favor de no usar hora militar.*
- As a reminder, please use permanent ink to fill out the AS instead of using pencil or erasable ink.
  Como recordatorio, por favor use tinta permanente para llenar la hoja de asistencia en lugar de utilizar lápiz o tinta borrable.

- At the end of the month, both parent and provider must review the information and sign and date the AS under penalty of perjury, certifying that the information indicated is accurate and as applicable, indicate the family fee amount paid and collected.
  Al fin del mes, el padre y proveedor deben revisar la información, firmar y fechar la AS, y si aplica, firmar que las cuotas de familia se han pagado bajo pena de perjurio certificando que la información esta correcta.
- Please refer to the "Payment and Fiscal Schedule" for AS due dates and reimbursement distribution.
  Consulte al "Horario Fiscal y de Pagos" para las fechas que deben ser entregadas las AS y la distribución del reembolso.

The AS must be complete at the time of submission. Any missing/incorrect information will likely result in delays to the provider reimbursement.
La AS debe ser completa cuando la entregue. Cualquier información que hace falta o que esta incorrecta resultara en retrasos del reembolso del proveedor.

Child care providers are independent contractors and are not employees of Pathways or the State of California.
Los proveedores son contratistas independientes y no empleados de Pathways o del estado de California.

Date Stamp1

Date Stamp 2

Date Stamp 3