



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
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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31										

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:

Child Care Links Attendance Sheet Guidelines:

PLEASE ALLOW 15 BUSINESS DAYS FOR THE ATTENDANCE SHEETS TO BE PROCESSED

- Child Care Links will not make payments to providers who have submitted Attendance Sheets after the required due date. **Attendance Sheets must be submitted no later than 30 days after the month of child care has been provided.**
- Attendance Sheets will not be returned for corrections. Participants and child care providers must abide by the Attendance Sheet guidelines. Failure to do so may result in a delay of payment or no payment being issued.

Licensed Providers Only: Payment for Excused Absences, Best Interest Days and provider Non-Operational days

On a daily basis, please record the reason your child was absent from care.

Excused absences will only be paid to licensed providers.

Excused Absences (Limited to 10 per month):

1. Illness of the child
2. Illness of the parent
3. Quarantine
4. Family emergency requiring the parent and child to travel away from home.
5. Time spent away from home with a parent or relative as required by a court of law

Best Interest Days (Limited to 10 per year):

1. Limited to ten (10) per year from July 1st thru June 30th.

Examples: Vacation, school program, field trip, transportation problems, any other reason not listed under 'excused absences' that is clearly in the best interest of the child.

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

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

Provider Non-Operational Days :

- Paid up to a maximum of 10 per year. See Child Care Links Program Policies and Participation Procedures for further information.

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