

HOW TO COMPLETE AN ATTENDANCE SHEET

Parents: Column A and Column D – Daily Attendance

- **Column A** and **column D** should only be completed by the parent, or persons authorized to drop off or pick up the child from child care. *The child care provider is not allowed per state regulations to complete these two sections.
- Per state regulations, attendance sheets *must* be completed **on a daily basis with exact times** (to the minute), no rounding allowed.
- Please include a.m. or p.m. after each time. *Time in* should be indicated in **column A** and *time out* should be indicated in the **column D** (regardless if times are a.m. or p.m.).
- For “Parent Signature”, the parent must sign their legal signature. *Please do not print or use initials.*

		A Parent sign in with exact times indicating a.m. or p.m. El padre firma la hora exacta de entrada indicando a.m. o p.m.		B Provider initials only when taking child to school Proveedor llena al llevar niño a la escuela		C Provider initials only when picking up child from school Proveedor llena al recogerlo de la escuela		D Parent sign out with exact times indicating a.m. or p.m. El padre firma la hora exacta de salida indicando a.m. o p.m.		For CCRC	
ESTACION CORRESPONDIENTE	Date Fecha	Time In Entrada	Full Signature Firma Completa	Time Out Salida	Initials Iniciales	Time In Entrada	Initials Iniciales	Time Out Salida	Full Signature Firma Completa	PPS Use	
	Sun	4/1									
	Mon	4/2	7:33 am	Parent Signature					5:56 pm	Parent Signature	
	Tue	4/3									
	Wed	4/4	10:34 pm	Parent Signature					7:18 am	Parent Signature	

Child Care Providers: Column B and Column C – School Days

- **Column B** and **column C** should be completed with times and initials by the approved child care provider when dropping off/picking up the child from school.
 - Example 1: Child has **before and after** school care (**Columns B & C**).
 - Example 2: Child has **before** school care only (**Column B**).
 - Example 3: Child has **after** school care only (**Column C**).

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DATE IN QUESTION FECHA CORRESPONDIENTE	Date Fecha	Time In Entrada	Full Signature Firma Completa	Time Out Salida	Initials Iniciales	Time In Entrada	Initials Iniciales	Time Out Salida	Full Signature Firma Completa	PPS Use
	Sun	4/1								
	Mon	4/2	6:23 am	Parent Signature	7:50 am	PV	2:35 pm	PV	5:37 pm	Parent Signature
	Tue	4/3								
	Wed	4/4	7:33 am	Parent Signature	7:52 am	PV				
	Thu	4/5								
	Fri	4/6					2:30 pm	PV	5:45 pm	Parent Signature
	Sat	4/7								

Parents: Child Absences

- If your child does not attend child care on any authorized day, the specific reason of absence must be recorded on the **front** of the attendance sheet on the line corresponding to the date of the absence.

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ESTACION CORRESPONDIENTE	Date Fecha	Time In Entrada	Full Signature Firma Completa	Time Out Salida	Initials Iniciales	Time In Entrada	Initials Iniciales	Time Out Salida	Full Signature Firma Completa	PPS Use
	Sun	4/1								
	Mon	4/2								
	Tue	4/3	My child was ill on this day							
	Wed	4/4								

Parents: Child Absent from School

- If your child attends child care for the full day on a day when the child was scheduled to go to school, the reason for full day care should be recorded in the Notes/Comments section on the back of the attendance sheet.

Date <i>Fecha</i>	Notes/Comments <i>Notas/Comentarios</i>	Signature <i>Firma</i>
(date)	<i>Child was ill and unable to attend school</i>	<i>Signature</i>

Child Care Providers: Child Absences

- The child care provider must contact the Provider Payments Department at ext. 4721 by the first business day following five (5) consecutive days of absence.

Child Care Providers: Day of Non-Operation

- If the provider is not open for business (no child care services available), the child care provider must write "Provider Closed" on the attendance sheet.

		A Parent sign in with exact times indicating a.m. or p.m. <i>El padre firma la hora exacta de entrada indicando a.m. o p.m.</i>		B Provider initials only when taking child to school <i>Proveedor llena al llevar niño a la escuela</i>		C Provider initials only when picking up child from school <i>Proveedor llena al recogerlo de la escuela</i>		D Parent sign out with exact times indicating a.m. or p.m. <i>El padre firma la hora exacta de salida indicando a.m. o p.m.</i>		For CCRC	
INDIENTE	Date <i>Fecha</i>	Time In <i>Entrada</i>	Full Signature <i>Firma Completa</i>	Time Out <i>Salida</i>	Initials <i>Iniciales</i>	Time In <i>Entrada</i>	Initials <i>Iniciales</i>	Time Out <i>Salida</i>	Full Signature <i>Firma Completa</i>	PPS Use	
	Sun	4/1									
	Mon	4/2		Provider Closed							

Parents and Child Care Providers: Signatures

- At the end of the month, the parent receiving services from CCRC (not a representative) must sign and date the bottom of the attendance sheet.
- The child care provider must also sign and date the bottom of the attendance sheet.
- Signatures at the bottom of the attendance sheet certify that the information is correct.

<p>As the parent, I declare under penalty of perjury that the information above is an accurate record of child care provided and that during the time period I was employed, or attending training/school, or other qualifying activity, I have read all the program rules printed on the back of this form. Como el padre, declaro bajo pena de perjurio que esta hoja refleja el correcto y verdadero cuidado infantil provisto. Durante este periodo de tiempo yo estaba empleado o asistiendo a un entrenamiento / escuela o otra actividad calificante. Yo he leído todas las reglas en la parte posterior de esta forma.</p> <p><i>Parent Signature</i> _____ Parent's Full Signature / Firma Completa Del Padre Family Specialist, Mary Smith Ext. 1234</p> <p style="text-align: right;">_____ (mm/dd/yy) Date / Fecha</p>
<p>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 or repayment. I have read all the program rules printed on the back of this form. Como el proveedor, declaro bajo pena de perjurio que la información indicada es verdadera y correcta, y que este es el cuidado infantil que fue provisto. Yo entiendo que puedo ser requerido a devolver cualquier sobrepago. Yo he leído todas las reglas del programa que están en la parte posterior de esta forma.</p> <p><i>Provider Signature</i> _____ Provider's Full Signature / Firma Completa Del Proveedor</p> <p style="text-align: right;">_____ (mm/dd/yy) Date / Fecha</p>

Mistakes/Corrections

- Do not use correction fluid/tape.
- If you make a mistake, neatly cross through the error and write the correction.

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INDIENTE	Date <i>Fecha</i>	Time In <i>Entrada</i>	Full Signature <i>Firma Completa</i>	Time Out <i>Salida</i>	Initials <i>Iniciales</i>	Time In <i>Entrada</i>	Initials <i>Iniciales</i>	Time Out <i>Salida</i>	Full Signature <i>Firma Completa</i>	PPS Use	
	Sun	4/1									
	Mon	4/2	7:33 am	<i>Parent Signature</i>					5:57 5:54 pm	<i>Parent Signature</i>	

REMINDERS

Missing Attendance Sheets: If you do not receive an attendance sheet by the first week of the month, please contact Provider Payments at 818-717-1000 ext. 4721 or 661-789-1200 ext. 4721.

Pencil: Attendance sheets should not be completed with pencil. *Only use blue or black ink.*

Possession: Attendance sheets must remain in the possession of the provider at all times.

Submission: Submit the attendance sheet after the end of the care month.

Payments: Payment timelines are printed on the back of the attendance sheet.