



Community Child Care Council of SCC, Inc.

SUBSIDIZED PROGRAMS
 2515 N. FIRST STREET SAN JOSE, CA 95131
 (408) 487-0747/FAX (408) 943-8037

MANDATORY

DAILY SIGN IN/OUT and ACTUAL TIME

FACILITY NAME or PROVIDER NAME _____ CHILD NAME _____ SCHOOLAGE Y N
 MAILING ADDRESS (NUMBER, STREET NAME) _____ PARENT NAME _____
 CITY, STATE, ZIP CODE _____ BILLING PERIOD: _____ (MONTH, YEAR)

NEW address (MUST contact the Provider Coordinator)

ATTENDANCE SHEET → (Must be received by 4C Council on or before the 5TH WORKING DAY of each month)

PARENT				PROVIDER				PARENT			OFFICE USE ONLY		
DATE	DA	TIME IN (A)M OR (P)M	FULL SIGNATURE	FOR SCHOOLAGE CHILD ONLY				TIME OUT (A)M OR (P)M	FULL SIGNATURE	REASON & EXPLANATION FOR ABSENCES, ILLNESS BEST INTEREST & CHANGE	CODE	RT/DY OR HRS/DY	REF.
				OUT TO SCHOOL	INITIALS	BACK FROM SCHOOL	INITIALS						
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REFERENCE:

I CERTIFY UNDER PENALTY OF PERJURY THAT SERVICES PROVIDED TO THE ABOVE NAMED CHILD AND THE DAILY ATTENDANCE RECORDING ARE ACCURATE. (FORM MUST BE SIGNED IN INK)

PARENT SIGNATURE _____ DATE _____

I CERTIFY UNDER PENALTY OF PERJURY THAT SERVICES PROVIDED TO THE ABOVE NAMED CHILD AND THE DAILY ATTENDANCE RECORDING ARE ACCURATE. (FORM MUST BE SIGNED IN INK)

PROVIDER SIGNATURE _____ DATE _____ PHONE NUMBER _____

PROVIDER ZIP CODE: _____

FOR OFFICE USE ONLY
 CAPP 11-41
 C2AP 12-39
 C3AP 13-40
 CFCC 14-42

FT PT _____ @ _____ H D W O M = _____
 FT PT _____ @ _____ H D W O M = _____
 FT PT _____ @ _____ H D W O M = _____
 FT PT _____ @ _____ H D W O M = _____
 BI _____ E _____ U _____ O _____

TOTAL _____
 ADJ PMT: _____ DATE: _____



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Main Street Day Care Center **John Doe**
FACILITY NAME or PROVIDER NAME CHILD NAME
 1234 Main Street **Jane Doe**
MAILING ADDRESS (NUMBER, STREET NAME) PARENT NAME
 San Jose, CA 95112 **December 2004**
CITY, STATE, ZIP CODE BILLING PERIOD: (MONTH, YEAR)

MANDATORY

DAILY SIGN IN/OUT and ACTUAL TIME

NEW address (MUST contact the Provider Coordinator)

ATTENDANCE SHEET SAMPLE, INSTRUCTIONS, & BILLING INVOICE

PARENT				PROVIDER <small>FOR SCHOOLAGE CHILD ONLY</small>				PARENT			OFFICE USE ONLY		
DATE	DAY	TIME IN (A)M OR (P)M	FULL SIGNATURE	OUT TO SCHOOL	INITIALS	BACK FROM SCHOOL	INITIALS	TIME OUT (A)M OR (P)M	FULL SIGNATURE	REASON & EXPLANATION FOR ABSENCES, ILLNESS BEST INTEREST & CHANGE	CODE	RT/DY OR HRS/DY	REF.
TIP: "Always Match the 1st Day of the Month With the Right DAY of the Week"													
1	M	7:29A	Jane Doe	8:02 A	MD					(School Age A.M. care only - SAMPLE)			
2	T					2:32 P	MD	5:27P	Jane Doe	(School Age P.M. care only - SAMPLE)			
3	W	7:19A	Jane Doe	8:06 A	MD	2:35 P	MD	5:31P	Jane Doe	(School Age A.M. & P.M. care - SAMPLE)			
4	TH								Jane Doe	Child Sick - FEVER (Specify illness)			
5	F	7:34A	Jane Doe	No school				5:23P	Jane Doe	Inservice Day			
TIP: "Always Sign In/Out on a DAILY Basis With Actual Times To The ACTUAL Minutes."													
7	SU	TIP: "Make Sure That Your Attendance Sheet is Complete and Do Not Leave Blanks"											
8	M	7:37A	Jane Doe	8:04 A	MD			Mom picked up at school early for doctor appt.					
9	T	7:23A	Jane Doe	8:01 A	MD			Mom took off early from work					
10	W	Mom works late - Took child to school					2:31 P	MD	5:43P	Jane Doe	No morning care		
11	TH	7:19A	Jane Doe					5:32P	Jane Doe	(Non-School Age all day care - SAMPLE)			
12	F								Jane Doe	Mom Sick - COLD (Illness Optional)			
13...	SA	WARNING: "4C's Will Not be Responsible For Attendance Sheets Dropped Off During Non-Business Hours"											
...21	SU	Business Hours: Monday through Friday from 8:30AM to 5:00PM (Excluding Holidays)											
22	M	7:31A	Jane Doe	No school				5:29P	Jane Doe	Winter break			
23	T								Jane Doe	BI- requested in advance			
24	W	7:19A	Jane Doe					5:32P	Jo Doe	Emergency - PICK-UP BY SISTER			
25	TH			Holiday, Christmas Day					Jane Doe	Non-Operation (NOP)			
26	F								Jane Doe	Emergency - CAR ACCIDENT			

Parent responsibilities:

- Parent is in charge of filling and signing all columns under PARENT sections on a **DAILY BASIS with ACTUAL TIMES**. Also, sign on the bottom left corner at the end of the month.
- If child needs Before School Care only, refer to 12/8-12/9 above; If child needs After School Care only, refer to 12/10 above.
- Request Best interest (BI) days in advance. Have BI days approved by Case Manager before actually using them. (10 BI days per child, per fiscal year)
- Write explanation whenever care used different than schedule and hours stipulated on the contract (be concise and specific), and provide reasons for all absences.
- Parent will be **financially liable for all unexcused absences**. Excused absences include family emergency such as funeral, car accident, court appearance..., and illness of child, child's siblings, and parent(s).
- Always** give current provider at least **two weeks advance notice** before the last day of care, or the parent will be responsible for paying the provider.

Provider responsibilities:

- Monitor parent's **daily** signing in/out routine. Have parent write down reasons for absences and changes in schedule and hours (cold, fever, doctor appt., court...).
- Initial and record on a DAILY BASIS the ACTUAL TIMES** in columns under PROVIDER sections when a school age child *goes to and comes back from* school.
- Payment will **automatically** be disallowed and deducted for all the days with **incomplete and inaccurate attendance records**.
- Sign** on the bottom left corner and **send** attendance sheet on the 1st of every month to meet the **5th working day** deadline. Attendance sheet **not** received by 4C Council **before 5:00PM on the 5th working day will not be processed and mailed until the next payment period. (10th working day of the following month)**

Important (This does not apply to Exempt-providers)

The 4C Council will reimburse each provider a maximum of TEN (10) paid days of **Non-operation (NOP)** per fiscal year only if provider can provide documentaion that the contractual terms used by the provider for services to non-subsidized/private pay families requires payment for such days of **Non-operation (NOP)**.

Please list the days of **Non-operation** you charge for this billing period. These days of **Non-operation** should be part of the same TEN (10) days submitted on your rate sheet.

Date	Description	Date	Description

Billing Invoice:	Formula:	RATE X UNITS OF CARE	Days of operation this month
Contract rate: <input type="checkbox"/> FT, <input type="checkbox"/> PT \$	per	<input type="checkbox"/> Day <input type="checkbox"/> Hr (no conversion needed)	@ <input type="checkbox"/> days, <input type="checkbox"/> hrs = \$
Contract rate: <input type="checkbox"/> FT, <input type="checkbox"/> PT \$	per	<input type="checkbox"/> Day <input type="checkbox"/> Hr (no conversion needed)	@ <input type="checkbox"/> days, <input type="checkbox"/> hrs = \$
Contract rate: <input type="checkbox"/> FT, <input type="checkbox"/> PT \$	per	<input type="checkbox"/> Day <input type="checkbox"/> Hr (no conversion needed)	@ <input type="checkbox"/> days, <input type="checkbox"/> hrs = \$

**Always refer to appropriate Child Care Certificate for contracted and converted rates.

Total \$