PROVIDER ATTENDANCE RECORD AGREEMENT

IMPORTANT: Following the guidelines stated below will help assure prompt reimbursement.

Provider Responsibilities:
- Attendance Record must remain at the address where care takes place.
- Make Attendance Record available for unannounced visits by Licensing or authorized 4C Council staff.
- Review for accuracy and sign bottom left hand corner. Remember that parents must: always sign in/out DAILY, use actual time with minutes and write reasons for all absences (ex. Child Sick, Family Emergency- car accident).

Payment will be delayed due to the following:
- Provider failed to sign bottom left hand corner of Attendance Record verifying its accuracy.
- Parent failed to sign bottom right hand corner of Attendance Record verifying its accuracy.
- Attendance Record was received at the 4C Council office after the 5th day of the month after the month of service.
- Attendance Record is incomplete and missing daily Time In / Time Out or Signatures.

4C’s will not make payments to a provider under the following circumstances
- The provider was incarcerated during the time s/he claimed to have provided care.
- The provider was out-of-state during the time s/he claimed to have provided care and did not meet the requirements of the Manual of Policies and Procedures, Title 22, Section 102417 (a).
- A licensed provider lost their license and was directed to cease providing care but did not.
- A provider claimed a relationship to the child that would have precluded Trust Lining but, in fact, the relationship did not exist, or the provider had been previously Trust Line denied.
- A provider used a false identity.
- The parent used care without an authorized 4C Council Child Care Certificate.

Initial and Sign Below

_____ I have received and read the above information from the 4C Council regarding Attendance Record procedures for subsidized child care services as regulated by the California Department of Education.

_____ I will comply with all regulations at all times and understand that failure to do so may result in payment being delayed, refused, and/or in cases of fraud I may be required to return funds to the state.

_____ I have read and received the 4C Council Payment schedule and understand that Attendance Record turned in more than two (2) months after the month of services will not be reimbursed.

(Center Name if a Center) ________________________________

Printed Name ___________________________________ Phone __________________________

Signature ________________________ Date _____________