CHILD CARE LINKS

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

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	/					**Office Use**

	Parent to complete this section		Provider to fill out this section for school age care			Parent to complete this section				
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 **or** 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										
13										
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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

- Payment may be delayed if the Attendance Sheets are not completed correctly

- Child Care Links will not make payments to providers who have submitted Attendance Sheets after the required due date. Effective March 1st, 2013 Attendance Sheets must be submitted no later than 30 days after the month of child care has been provided.

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.

Office Use Only

ALL CHILD CARE LINKS PAYMENTS ARE SUBJECT TO ADEQUATE FUNDING FROM PROGRAM SOURCES.

PLEASE ALLOW 15 BUSINESS DAYS (MONDAY THRU FRIDAY EXCLUDING HOLIDAYS) FOR PROCESSING