



connections

for

children

## Entrenamiento

Aprendiendo a Llenar Los Hojas de  
Asistencia Correctamente

# Introducción

- Que es una hoja de asistencia?
  - Documentación requerida por el departamento de educación del estado California y la ciudad de Santa Mónica que los proveedores someten para el pago.
  - Representa quién es responsable del cuidado del niño.
  - Es un expediente legal para el padre, el proveedor, Connections For Children, y los proveedores de fondos.
  - No es una factura o Petición de Pago del Proveedor (PPR) - Etapa 1

# Introducción cont.

- ¿Qué va usted a aprender en este entrenamiento?
  - Cómo completar correctamente las hojas de asistencia sin errores.
  - Cómo evitar la mayoría de los errores comunes

# Agenda

- Cómo llenar una hoja de asistencia
- ¿Que es una hoja de asistencia completa y exacta?
  - Firmas (padre/proveedor)
  - Tiempo de entrada y Tiempo de salida
  - Reportando ausencias
  - Plumaz de tinta solamente
  - Hoja de tiempo original
- La mayoría de los errores comunes
- Repaso

# Resumen

- Quisiéramos que todos los proveedores reciban sus pagos por el servicio que proporcionan.
- Necesitamos que las hojas de asistencia estén llenas correctamente.



# Cómo Llenar Una Hoja de Asistencia

- **Firmas del Padre**
- **Firmas del Proveedor**
- **Tiempo de Entrada y Tiempo de Salida**
- **Ausencias**
- **Use Pluma de Tinta Solamente**
- **Hoja de asistencia original**

# Muestra de Hoja de Asistencia

Información de la familia y del proveedor

**Date Received**  
For office use only

**Connections For Children**  
**October 2007**  
Must Be Received by: 11/5/2007

**Mail To:**  
2701 Ocean Park Blvd, Suite 253  
Santa Monica CA 90405  
(310) 452-3714

**Parent:** Test, Testin1      **Child:** child, test child      **Age:** 0 Yrs 9 Mos      **Child ID:** 3440  
**Provider:** test provider      **Address:** 1234 Provider Lane Santa Monica 90405      **Phone:** (310) 452-3325  
**Program:** CalWORKs Stage 3      **Specialist:** Fiscal Rep      **Family ID:** 3168  
**Provider APID:**      **Provider Type:** Child Care Center      **Provider ID:** 1842

Las horas y los días del niño que son autorizadas

	SUN	MON	TUES	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	08:00A - 05:00P	No Enrollment				
Vacation Schedule	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment

Solamente para el proveedor tiempo de entrada/tiempo de salida y firmas

DATE	PARENT SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS COLUMN ONLY		OFFICE USE TOTAL HOURS
	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER SIGNATURE	TIME IN	PROVIDER SIGNATURE	TIME OUT	PARENT'S SIGNATURE	
10/01/07									
10/02/07									
10/03/07									
10/04/07									
10/05/07									
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10/28/07									
10/29/07									
10/30/07									
10/31/07									

Tiempo de entrada/tiempo de salida del padre o de la persona autorizada y firmas

**OFFICE USE ONLY**

TOTAL HOURS OF CARE \_\_\_\_\_ x HOURLY PAY \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL DAYS OF CARE \_\_\_\_\_ x DAILY PAY \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL WEEKS OF CARE \_\_\_\_\_ x WEEKLY PAY \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL MONTHS OF CARE \_\_\_\_\_ x MONTHLY PAY \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Payment Specialist Initials: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Solamente la firma del padre

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on this sheet.

PROVIDER SIGNATURE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Child ID: 3440 Provider ID: 1842  
149452

\*%T149452%\*

NOTE: Please verify the reasons for absences on the back of this sheet.

# Firma del Padre

- Firme las horas exactas de entrada y salida en cada línea
- Nombre y Apellido o firma legal en cada línea
- Todas las firmas del padre se necesitan estar iguales
- No se aceptarán iniciales
- La persona autorizada puede firmar las horas de entrada y salida del niño si están registradas con CFC.

Firma del padre o de la persona autorizada

DATE	PARENT SIGN IN COLUMN ONLY		PROVIDER MUST SIGN IF HAS A SPLIT SCHEDULE		HOURS	PARENT SIGN IN COLUMN ONLY		OFFICE USE TOTAL HOURS
	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER SIGNATURE		TIME IN	PROVIDER SIGNATURE	
10/01/07								
10/02/07								
10/03/07								
10/04/07								
10/05/07								
10/06/07								
10/07/07								
10/08/07								
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10/30/07								
10/31/07								

SOLAMENTE las firmas del Padre

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 3440 Provider ID 1842  
149452

PROVIDER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

NOTE: Please verify the reasons for absences on the back of this timesheet.

\*%T149452%\*

# Firmas del Proveedor

DATE	PARENT SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHLD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS COLUMN ONLY		OFFICE USE
	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER SIGNATURE	TIME IN	PROVIDER SIGNATURE	TIME OUT	PARENT'S SIGNATURE	TOTAL HOURS
10/01/07									
10/02/07									
10/03/07									
10/04/07									
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10/06/07									
10/07/07									
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10/28/07									
10/29/07									
10/30/07									
10/31/07									

- Firme las horas exactas de entrada y salida en cada línea
- Nombre y Apellido o firma legal en cada línea
- Todas las firmas del proveedor se necesitan estar iguales
- No se aceptarán iniciales

SOLAMENTE las firmas del Proveedor

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 3440 Provider ID 1842  
149452

PROVIDER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

NOTE: Please verify the reasons for absences on the back of this timesheet.

\*%T149452%\*

# Cuatro casos para las firmas del proveedor

- Si usted no deja y no recoge el niño
- Si usted solamente deja el niño
- Si usted solamente recoge el niño
- Si usted deja y recoge el niño

# Si usted no deja y no recoge el niño

- Después de verificar la forma, firme en la parte de abajo de la hoja de asistencia al final del mes

	SUN	MON	TUE	WED	THU	FRI	SAT		
Regular Schedule	8am to 4pm	No Enrollment	8am to 4pm	8am to 4pm	8am to 4pm	8am to 4pm	No Enrollment		
Vacation Schedule									
	PARENT'S SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE OR IS PICK-UP				PARENT'S SIGN IN THIS COLUMN ONLY		TOTAL HOURS
DATE	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER'S SIGNATURE	TIME IN	PROVIDER'S SIGNATURE	TIME OUT	PARENT'S SIGNATURE	TOTAL HOURS
03/01/04									
03/02/04	8a	Parent signs					4p	Parent signs	8
03/03/04	7:55a	Parent signs					4:05p	Parent signs	8
03/04/04	8:01a	Parent signs					4:02p	Parent signs	8
03/05/04	8a	Parent signs					4:05p	Parent signs	8
03/06/04									
03/07/04	8:10a	Parent signs					4:05p	Parent signs	8
03/08/04	8a	Parent signs					3:58p	Parent signs	8

Tiene que firmar aquí

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 3440 Provider ID 1842  
149452

PROVIDER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

\*%T149452%\*

NOTE Please verify the reasons for absences on the back of this timesheet.

# Si usted solamente deja el niño

- Firme el tiempo exacto que usted deja el niño
- Firme su nombre y apellido en cada línea del proveedor
- Después de verificar la forma, firme en la parte de abajo de la hoja de asistencia al final del mes

	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	7am to 12pm	No Enrollment				
Vacation	No Enrollment	7am to 4pm	No Enrollment				

  

DATE	PARENT'S SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE OR IS PICK-UP			PARENT'S SIGN IN THIS COLUMN ONLY		TOTAL HOURS
	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER'S SIGNATURE	TIME IN	PROVIDER'S SIGNATURE	TIME OUT	
03/01/04	7:08a	Parent signs	12pm	Provider signs				
03/02/04	7:01a	Parent signs	12:01p	Provider signs				
03/03/04	7a	Parent signs	12:05p	Provider signs				
03/04/04	7:05a	Parent signs	11:58a	Provider signs				
03/05/04	6:57a	Parent signs	11a	Provider signs				
03/06/04								
03/07/04								
03/08/04	7a	Parent signs	12:04p	Provider signs				

Firme el tiempo exacto

Firme aquí

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named months, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 3440 Provider ID 1842  
149452

PROVIDER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

\*%T149452%\*

NOTE: Please verify the reasons for absences on the back of this timesheet.

# Si usted solamente recoge el niño

- Firme el tiempo exacto que usted recoge el niño
- Firme su nombre y apellido en cada línea del proveedor
- Después de verificar la forma, firme en la parte de abajo de la hoja de asistencia al final del mes

	SUN	MON	TUE	WED	THU	FRI	SAT		
Regular Schedule	No Enrollment	12pm to 6pm	12pm to 6pm	12pm to 6pm	12pm to 6pm	12pm to 6pm	No Enrollment		
Vacation Schedule	No Enrollment	10am to 6pm	10am to 6pm	10am to 6pm	10am to 6pm	10am to 6pm	No Enrollment		
PARENT'S SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE OR IS PICK-UP				PARENT'S SIGN IN THIS COLUMN ONLY		TOTAL HOURS	
DATE	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER'S SIGNATURE	TIME IN	PROVIDER'S SIGNATURE	TIME OUT	PARENT'S SIGNATURE	TOTAL HOURS
03/01/04					12pm	Provider signs	7:08a	Parent signs	
03/02/04					12:01p	Provider signs	7:01a	Parent signs	
03/03/04					12:05p	Provider signs	7a	Parent signs	
03/04/04					11:58a	Provider signs	7:05a	Parent signs	
03/05/04					11a	Provider signs	6:57a	Parent signs	
03/06/04									
03/07/04									
03/08/04					12:04p	Provider signs	7a	Parent signs	

Firme el tiempo exacto

Firme aquí

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 3440 Provider ID 1842  
149452

PROVIDER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

NOTE: Please verify the reasons for absences on the back of this timesheet.

\*%T149452%\*

# Si usted deja y recoge el niño

- Firme el tiempo exacto que usted deja y recoge el niño
- Firme su nombre y apellido en cada línea del proveedor
- Después de verificar la forma, firme en la parte de abajo de la hoja de asistencia al final del mes

	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	7am to 8am 2:30pm to 6pm	No Enrollment				
Vacation Schedule	No Enrollment	7am to 6pm	No Enrollment				

  

DATE	PARENT'S SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE OR IS PICK-UP				PARENT'S SIGN IN THIS COLUMN ONLY		TOTAL HOURS
	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER'S SIGNATURE	TIME IN	PROVIDER'S SIGNATURE	TIME OUT	PARENT'S SIGNATURE	
03/01/04	7a	Parent signs	8a	Provider Signs	2:30p	Provider Signs	6p	Parent signs	
03/02/04	7:02a	Parent signs	8:01a	Provider Signs	2:31p	Provider signs	6:01p	Parent signs	
03/03/04	7:05a	Parent signs	7:59a	Provider Signs	2:35p	Provider signs	6p	Parent signs	
03/04/04	6:58a	Parent signs	8a	Provider Signs	2:30p	Provider signs	6:05p	Parent signs	
03/05/04	7a	Parent signs	8:02a	Provider Signs	2:32p	Provider signs	5:57p	Parent signs	
03/06/04									
03/07/04									
03/08/04	8:04a	Parent signs	8a	Provider Signs	2:30p	Provider signs	6p	Parent signs	

Firme el tiempo exacto y firma aquí

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Child ID 3440 Provider ID 1842  
140452

PROVIDER SIGNATURE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

\*%T149452%\*

NOTE Please verify the reasons for absences on the back of this timesheet.

# Tiempo de Entrada y Tiempo de Salida

- Tiempo exacto
  - Tiempo por el minuto
    - Ejemplos: 8:01, 4:36 P.M., 12:08 P.M., 9:39 P.M.
- Bajo ningunas circunstancias redonde las horas, utilice los tiempos exacta solamente (véase arriba por ejemplos de tiempos correctos)
- Siempre cuando usted firma tiempo de entrada o tiempo de salida el niño, usted necesita utilizar los tiempos exactos (padre/proveedor)

PARENT SIGNER P-3 COLUMN ONLY			PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE			PARENT SIGNER TIME COLUMN ONLY		OFFICE USE	
DATE	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER SIGNATURE	TIME IN	PROVIDER SIGNATURE	TIME OUT	PARENT'S SIGNATURE	TOTAL HOURS
10/01/07									
10/02/07									
10/03/07									
10/04/07									
10/05/07									
10/06/07									
10/07/07									
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10/28/07									
10/29/07									
10/30/07									
10/31/07									

Solamente el Padre o la persona autorizada pone el tiempo de entrada y tiempo de salida

Solamente el Proveedor tiempo de entrada y tiempo de salida

# Reportando ausencias

- Se requiere que los padres reporten TODAS las ausencias en la parte posterior de la hoja de asistencia.
- Si el niño está ausente por 3 días consecutivos se requiere al padre y al proveedor reportarlo a su especialista del programa/del proveedor.



# Utilice una pluma de tinta SOLAMENTE

- NO SE ACEPTA lápiz o tinta de corrección
- Si usted necesita hacer una corrección, pase una línea por la información incorrecta, fírmela con iniciales, y escriba en la información correcta.

# Hoja de asistencia original

- NINGUNAS photo copias
- NINGUNOS faxes
- SOLAMENTE Connections For Children hojas de tiempo

# La mayoría de los errores comunes

- Proveedor que firma los tiempos para el padre o vice versa
- Firmas que faltan
- Redondeo de tiempos
- No reportan ausencias correctamente



# Firmas que faltan

**RECEIVED NOV 1 8 2007**

**Connections For Children**  
**October 2007**  
**Must Be Received by: 11/8/2007**

State Title: 2704 Center Park Blvd, Suite 150  
 Santa Monica, CA 90405  
 (310) 402-0704

Parent: \_\_\_\_\_ Child: \_\_\_\_\_  
 Address: Los Angeles 90018 Phone: \_\_\_\_\_  
 Program: CALWORKS/Step 2 Specialist: Angelina Collins Family ID: \_\_\_\_\_  
 Provider NPI: \_\_\_\_\_ Provider Type: (select one) Non-employee \_\_\_\_\_

	SEN	MOON	TUES	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	Variable	Variable	Variable	Variable	Variable	No Enrollment
Exception Schedule	No Enrollment						

DATE	PARENT SIGN IN THE COLUMN ONLY		TIME OUT	PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE			TIME OUT	PARENT SIGN IN THE COLUMN ONLY	SERVICE USE ONLY
	TIME IN	PARENTS SIGNATURE		PROVIDER SIGNATURE	TIME IN	PROVIDER SIGNATURE			
11/01/07									
11/02/07									
11/03/07									
11/04/07									
11/05/07									
11/06/07									
11/07/07									
11/08/07									
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11/28/07									
11/29/07									
11/30/07									

TOTAL HOURS OF SERVICE: \_\_\_\_\_  
 TOTAL DAYS OF SERVICE: \_\_\_\_\_  
 TOTAL WEEKS OF CARE: \_\_\_\_\_  
 TOTAL MONTHS OF CARE: \_\_\_\_\_

Payment Specifics (select one):  
 DAILY PAY \$ \_\_\_\_\_  
 WEEKLY PAY \$ \_\_\_\_\_  
 MONTHLY PAY \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
 PROVIDER SIGNATURE

Child ID: \_\_\_\_\_ Provider ID: \_\_\_\_\_

14-0234  
 \*%T143224%\*

El tiempo de salida esta en la columna incorrecta

Las firmas faltan

# Redondeo de tiempos

El proveedor rodeo las horas

**State Received**  
**RECEIVED NOV 5 5 2007**

**Connections For Children**  
**October 2007**  
**Must Be Received by: 11/5/2007**

Client: [Name] Age: 4 Yrs 11 Mos  
 Address: [Address]  
 Specialist: [Specialist]  
 Provider Type: [Type]

Center: [Center]  
 Phone: [Phone]  
 Family ID: [Family ID]  
 Provider ID: [Provider ID]

REGULAR SCHEDULE	NO ENROLLMENT	07/20/07 - 08/20/07	08/20/07 - 09/18/07	09/18/07 - 10/16/07	10/16/07 - 11/13/07	11/13/07 - 12/11/07	12/11/07 - 01/08/08	01/08/08 - 02/05/08	02/05/08 - 03/04/08	03/04/08 - 04/01/08	04/01/08 - 04/29/08	NO ENROLLMENT
Regular Schedule	No Enrollment	07/20/07 - 08/20/07	08/20/07 - 09/18/07	09/18/07 - 10/16/07	10/16/07 - 11/13/07	11/13/07 - 12/11/07	12/11/07 - 01/08/08	01/08/08 - 02/05/08	02/05/08 - 03/04/08	03/04/08 - 04/01/08	04/01/08 - 04/29/08	No Enrollment
Vacated Schedule	No Enrollment	07/20/07 - 08/20/07	08/20/07 - 09/18/07	09/18/07 - 10/16/07	10/16/07 - 11/13/07	11/13/07 - 12/11/07	12/11/07 - 01/08/08	01/08/08 - 02/05/08	02/05/08 - 03/04/08	03/04/08 - 04/01/08	04/01/08 - 04/29/08	No Enrollment

DATE	TIME IN	PARENT SIGN IN TIME (SEE COLUMN ONLY)	PROVIDER SIGN OUT TIME	PROVIDER SIGN IN TIME	PROVIDER SIGN OUT TIME	PARENT SIGN IN TIME (SEE COLUMN ONLY)	CHARGE PER HOUR
10/01/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/02/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/03/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/04/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/05/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/06/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/07/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/08/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/09/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/10/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/11/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/12/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/13/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/14/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/15/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/16/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/17/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/18/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/19/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/20/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/21/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/22/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/23/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/24/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/25/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/26/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/27/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/28/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/29/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/30/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00
10/31/07	7:00	7:00	5:00	7:00	5:00	7:00	10.00

**DETAILS OF CARE**

DAILY FEES OF CARE	DAILY PAY	\$	10.00
TOTAL DAYS OF CARE	DAILY PAY	\$	10.00
TOTAL WEEKS OF CARE	WEEKLY PAY	\$	10.00
TOTAL MONTHS OF CARE	MONTHLY PAY	\$	10.00

I certify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that it will be paid only for hours authorized on the signed Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

*Jacqueline Cortez* (Parent Signature)      *Clayton Martinez* (Provider Signature)

NOTE: Please verify the amount to be billed on the back of this invoice.

CHARGE ID: [ID]      PROVIDER ID: [ID]      10/11/07

\*%T143116%\*



# Preguntas y Respuestas



# Donde conseguir más información

- Contacte el departamento de pagos
  - (310) 452-3325
- Departamento de California de la Educación -  
División del Desarrollo del Niño
  - 1430 N. Street  
Sacramento, CA 95814