



Training

Learning to Complete Attendance Sheets Correctly

Introduction

- What is an Attendance Sheet?
 - Documentation required by the California Department of Education and City of Santa Monica that providers submit for payment.
 - It represents who is responsible for the child.
 - It is a legal record for the parent, provider, Connections For Children, and the funders.
 - It is not an invoice or Provider Payment Request (PPR) – Stage 1

Introduction cont.

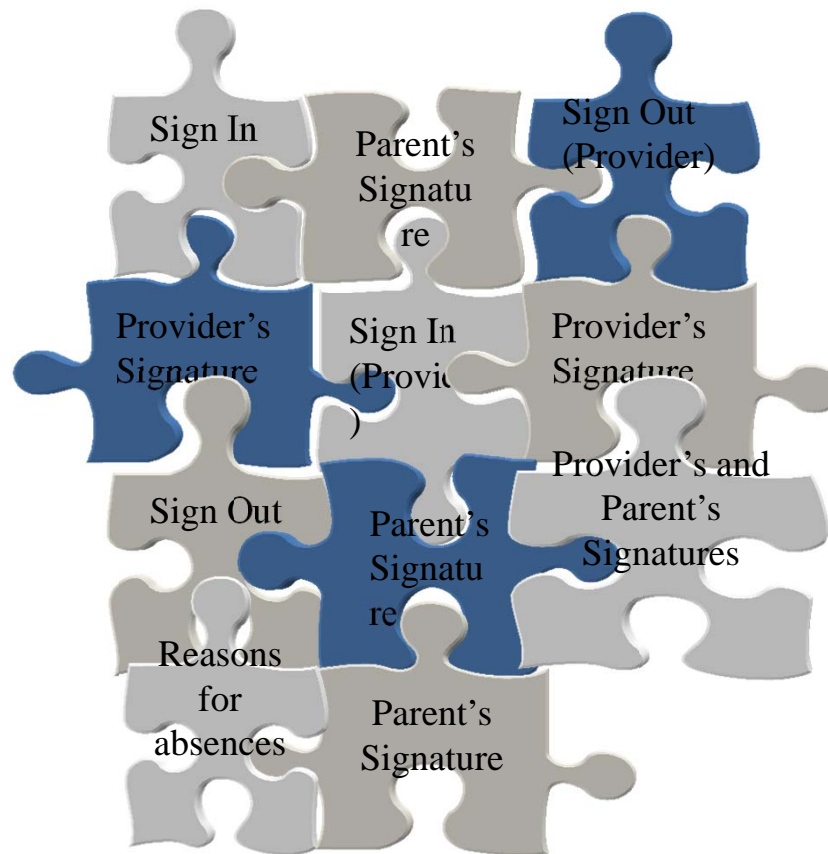
- What are you going to learn in this training?
 - How to properly complete an attendance sheet without any errors.
 - How to avoid most common errors

Agenda

- How to complete an attendance sheet
 - What is a complete and accurate attendance sheet?
 - Signatures (Parent's/Provider's)
 - Time In and Out
 - Reporting absences
 - Ink Pens Only
 - Original Attendance Sheet
- Most Common Errors
- Questions and Answers

Overview

- We want all providers to get paid for service they provide.
- We need attendance sheets to be completed correctly.



How to Complete an Attendance Sheet

- **Parent's Signatures**
- **Provider's Signatures**
- **Time In and Time Out**
- **Absences**
- **Use an Ink Pen Only**
- **Original Attendance Sheet**

Family and Provider's Information

Child's hours and days authorized

Provider's
ONLY time
in/time out
and signatures

Parent's or
Authorized
Person's time
in/time out
and signatures

Parent's signatures ONLY

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

Parent's Signature

- First & last name or legal signature on every line
- Sign in & out exact times on every line
- All parent's signatures need to match
- No Initials will be accepted
- Authorized person may sign in and out child if they are registered with CFC.

Parent's or Authorized Person Signatures

PARENT SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN HAS A SPLIT FOR		CHILD IF		PARENT SIGN IN THIS COLUMN ONLY		OFFICE USE
DATE	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER SIGNATURE	TIME IN	PROVIDER SIGNATURE	TIME OUT	TOTAL HOURS
10/01/07								
10/02/07								
10/03/07								
10/04/07								
10/05/07								
10/06/07								
10/07/07								
10/08/07								
10/09/07								
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10/29/07								
10/30/07								
10/31/07								

Parent's Signatures ONLY

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%

Provider's Signatures

PARENT SIGN IN THIS COLUMN ONLY			PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS 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									
10/08/07									
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10/30/07									
10/31/07									

- First & last name or legal signature on every line
- Sign in & out exact times on every line
- All provider's signatures need to match
- No Initials will be accepted

Provider's Signatures ONLY

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%

Four Scenarios for Provider's Signatures

- If you don't pick-up or drop off child
- If you drop off the child
- If you pick-up the child
- If you pick-up and drop off the child

If you don't pick-up or drop off the child

- Sign at the bottom of the attendance sheet at the end of the month.

	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		
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

You just sign here

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.

PROVIDER SIGNATURE

PARENT SIGNATURE

Child ID 3440 Provider ID 1842

149452

%T149452%

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

If you only drop off the child

- Sign your first and last name on each line
- Enter the exact time you drop off the child
- Sign on the provider line at the bottom of the attendance sheet at the end of the month

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

Enter exact times

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		
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	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					

Enter exact times

Sign here

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%

If you only pick-up the child

- Sign your first and last name on each line
- Enter the exact time you pick-up the child
- Sign on the provider line at the bottom of the attendance sheet at the end of the month

	SUN	MON	TUE	WED	THU	FRI	SAT	
Regular Schedule	No Enrollment	12pm to 6pm	12pm to 6pm	12pm 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		
DATE	TIME IN	PARENT'S SIGNATURE	TIME OUT	PROVIDER'S SIGNATURE	TIME IN	TIME OUT	PARENT'S SIGNATURE	TOTAL HOURS
03/01/04					12pm			
03/02/04					12:01p			
03/03/04					12:05p			
03/04/04					11:58a			
03/05/04					11a			
03/06/04								
03/07/04								
03/08/04					12:04p			

Enter exact times

Sign here

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.

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If you pick-up & drop off the child

- Sign your first and last name on each line (provider signs twice/day)
- Enter the exact times you drop off and pick-up the child
- Sign on the provider line at the bottom of the attendance sheet at the end of the month

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

Enter exact times & sign here

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.

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Time In and Time Out

Parent or Authorized
person ONLY Time
In & Time Out

- Exact Time
 - Time by the minute
 - Examples:
8:01am, 4:36pm,
12:08pm, 9:39am
- Under no circumstances round off times, use exact times only (see above for examples of correct times)
- When ever you sign in or out the child, you need to use exact times (parent/provider)

PARENT SIGN IN THIS COLUMN ONLY			PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE			PARENT SIGN IN THIS 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
12/01/07									
12/02/07									
12/03/07									
12/04/07									
12/05/07									
12/06/07									
12/07/07									
12/08/07									
12/09/07									
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12/25/07									
12/26/07									
12/27/07									
12/28/07									
12/29/07									
12/30/07									
12/31/07									

Provider ONLY Time
In & Time Out

Reporting Absences

- Parents are required to report ALL absences on the back of the attendance sheet.
- If a child is absent for 3 consecutive days the parent and the provider are required to report it to their program/provider specialist.

Use an ink pen ONLY

- Pencil and white out are NOT ACCEPTED.
- If you need to make a correction, please put a line through the incorrect information, initial it, and write in the correct information.

Original Attendance Sheet

- NO copies
- NO Faxes
- ONLY Connections For Children Attendance Sheets

Most Common Errors

- Provider signing in times for parent or vice versa
- Missing signatures
- Rounding off times
- Not reporting absences correctly

Provider Signing In Time For Parent or Vice Versa

Date Received
For office use only

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

Mail To:
2781 Ocean Park Blvd, Suite 201
Santa Monica, CA 90405
(310) 451-7004

RECEIVED NOV 02 2007

Parent: _____ **Child:** _____ **Age:** _____ **Child ID:** _____

Provider: _____ **Address:** _____ **Phone:** _____

Program: _____ **Specialist:** _____ **Family ID:** _____

Provider A/E/C: _____ **Provider/Supervisor Child Care Center:** _____ **Provider ID:** _____

	SUN	MON	TUE	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	08:00A - 06:00P	08:00A - 06:00P	08:00A - 06:00P	08:00A - 06:00P	08:00A - 06:00P	No Enrollment
Flextime Schedule	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment

DATE	PARENT SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE		PARENT SIGN IN THIS COLUMN ONLY		OFFICE USE ONLY TOTAL HOURS
	IN	PARENTS SIGNATURE	PROVIDER SIGNATURE	IN	PROVIDER SIGNATURE	TIME OUT	
10/01/07	8:15	[Signature]				8:15	
10/02/07	8:15	[Signature]				8:15	
10/03/07	8:15	[Signature]				8:15	
10/04/07	8:15	[Signature]				8:15	
10/05/07	8:15	[Signature]				8:15	
10/06/07	8:15	[Signature]				8:15	
10/07/07	8:15	[Signature]				8:15	
10/08/07	8:15	[Signature]				8:15	
10/09/07	8:15	[Signature]				8:15	
10/10/07	8:15	[Signature]				8:15	
10/11/07	8:15	[Signature]				8:15	
10/12/07	8:15	[Signature]				8:15	
10/13/07	8:15	[Signature]				8:15	
10/14/07	8:15	[Signature]				8:15	
10/15/07	8:15	[Signature]				8:15	
10/16/07	8:15	[Signature]				8:15	
10/17/07	8:15	[Signature]				8:15	
10/18/07	8:15	[Signature]				8:15	
10/19/07	8:15	[Signature]				8:15	
10/20/07	8:15	[Signature]				8:15	
10/21/07	8:15	[Signature]				8:15	
10/22/07	8:15	[Signature]				8:15	
10/23/07	8:15	[Signature]				8:15	
10/24/07	8:15	[Signature]				8:15	
10/25/07	8:15	[Signature]				8:15	
10/26/07	8:15	[Signature]				8:15	
10/27/07	8:15	[Signature]				8:15	
10/28/07	8:15	[Signature]				8:15	
10/29/07	8:15	[Signature]				8:15	
10/30/07	8:15	[Signature]				8:15	
10/31/07	8:15	[Signature]				8:15	

OFFICE USE ONLY

a. HOURLY PAY \$ _____ = \$ _____

b. DAILY PAY \$ _____ = \$ _____

c. WEEKLY PAY \$ _____ = \$ _____

d. MONTHLY PAY \$ _____ = \$ _____

Parental Signature: _____

Reviewed By: _____

Provider Signature: _____

Parent Signature: _____

Child ID: _____ **Provider ID:** _____

NOTE: (Please verify the reasons for absences on the back of this document.)

11/5/2007

*****T143025*****

Provider signed times for parent

NOTE: Different color ink

Missing Signatures

Date Received
FOR OFFICE USE ONLY
RECEIVED NOV 1 8 2007

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

Child ID: _____
Phone: _____
Family ID: _____
Provider ID: _____

Parent: _____
Address: _____
City/State/Zip: _____
Provider Type: _____

Program: _____
Age: _____
Gender: _____

	SEVEN	NOON	TWO	THREE	FOUR	FIVE	SIX
Regular Schedule	No Enrollment	Variable	Variable	Variable	Variable	Variable	No Enrollment
Vacation Schedule	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment	No Enrollment

DATE	PARENT SIGN IN THIS COLUMN ONLY		PROVIDER MUST SIGN IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS COLUMN ONLY IF PARENTS SHARE RESPONSIBILITY		OFFICE USE ONLY
	TIME IN	PARENT SIGNATURE	PROVIDER SIGNATURE	TIME IN	PROVIDER SIGNATURE	TIME OUT	PARENT SIGNATURE		
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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10/31/07									

TOTAL HOURS OF CARE: _____
TOTAL DAYS OF CARE: _____
TOTAL WEEKS OF CARE: _____
TOTAL MONTHS OF CARE: _____

PROVIDER SIGNATURE: _____
PROVIDER ID: _____

Parent Signature: _____
Parent ID: _____

Office Use Only: _____
Printed By: _____

Child ID: _____
Provider ID: _____

14-0234
%T143224%

Time out on incorrect column

Missing signature

Rounding Off Times

Provider rounding off times

Date Received
For office use only
RECEIVED NOV 5 5 2007

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

2301 Drexel Park Blvd, Suite 115
Santa Monica, CA 90405
(310) 453-3114

Parent:
Provider:
Program: Alternative Payment Program
Provider APO:

Child: _____ **Age:** 4 Yrs 11 Mos **Child ID:** _____
Address: San Diego 90008 **Phone:** _____
Specialist: Barbara Ponce **Family ID:** _____
Provider Type (Example: Therapist): _____ **Provider ID:** _____

	MON	TUE	WED	THUR	FRI	SAT	SUN
Regular Schedule	No Enrollment	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	No Enrollment
Vacation Schedule	No Enrollment	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	07:00A - 08:00A 08:00A - 09:00A	No Enrollment

DATE	PARENT SIGN IN TIME (COLGARY ONLY)		PARENT SIGN OUT TIME (COLGARY ONLY)	PROVIDER SIGN IN TIME (COLGARY ONLY)		PROVIDER SIGN OUT TIME (COLGARY ONLY)	PARENT SIGN IN TIME (COLGARY ONLY)	PARENT SIGN OUT TIME (COLGARY ONLY)	TOTAL TOTAL
	TIME IN	TIME OUT		TIME IN	TIME OUT				
10/01/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/02/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/03/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/04/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/05/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/06/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/07/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/08/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/09/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/10/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/11/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/12/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/13/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/14/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/15/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/16/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/17/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/18/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/19/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/20/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/21/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/22/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/23/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/24/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/25/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/26/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/27/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/28/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/29/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/30/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	
10/31/07	7:00	8:00	8:00	8:00	8:00	8:00	8:00	8:00	

OFFICE USE ONLY

TOTAL WEEKS OF CARE: _____
TOTAL DAYS OF CARE: _____
TOTAL WEEKS OF CARE: _____
TOTAL MONTHS OF CARE: _____

1. WEEKLY PAY: _____
2. DAILY PAY: _____
3. WEEKLY PAY: _____
4. MONTHLY PAY: _____

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 current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Parent Signature: *Jacqueline Cortez*
Provider Signature: *Chandra Martinez*

Parent ID: _____ **Provider ID:** _____

NOTE: Please verify the amount for amount on the back of this invoice.

Printed Name: _____ **Printed Name:** _____

%T143116%

Not Reporting Absences Correctly

[illegible]

Missing Parent's Signature

Where to Get More Information

- Contact Payments Department
 - (310) 452-3325
- California Department of Education – Child Development Division
 - 1430 N. Street
Sacramento, CA 95814