



Community Child Care Council of
 Santa Clara County, Inc.
 150 River Oaks PKWY Suite F-1 San Jose, CA 95134
 Phone: 408.487.0747 Fax: 408.413.5403

ATTENDANCE RECORD

Service Month:

Facility Name or Provider Name / NoHo ID Phone number

Mailing address NEW address (MUST contact the Provider Coordinator) City State Zip Code

Parent Name / NoHo ID: Child Name / NoHo ID:

Form must be received by 4C Council
 on or before the 5th of each month

		PARENT		PROVIDER SCHOOLAGE CHILD ONLY		PARENT		OFFICE USE ONLY		
DATE	DAY	TIME IN	FULL SIGNATURE	TIME OUT TO SCHOOL	TIME IN FROM SCHOOL	TIME OUT	FULL SIGNATURE	REASON FOR ABSENCE / TARDINESS	CODE	HOURS
	SU	AM / PM				AM / PM				
	M	AM / PM				AM / PM				
	T	AM / PM				AM / PM				
	W	AM / PM				AM / PM				
	TH	AM / PM				AM / PM				
	F	AM / PM				AM / PM				
	SA	AM / PM				AM / PM				
	SU	AM / PM				AM / PM				
	M	AM / PM				AM / PM				
	T	AM / PM				AM / PM				
	W	AM / PM				AM / PM				
	TH	AM / PM				AM / PM				
	F	AM / PM				AM / PM				
	SA	AM / PM				AM / PM				
	SU	AM / PM				AM / PM				
	M	AM / PM				AM / PM				
	T	AM / PM				AM / PM				
	W	AM / PM				AM / PM				
	TH	AM / PM				AM / PM				
	F	AM / PM				AM / PM				
	SA	AM / PM				AM / PM				
	SU	AM / PM				AM / PM				
	M	AM / PM				AM / PM				
	T	AM / PM				AM / PM				
	W	AM / PM				AM / PM				
	TH	AM / PM				AM / PM				
	F	AM / PM				AM / PM				
	SA	AM / PM				AM / PM				
	SU	AM / PM				AM / PM				
	M	AM / PM				AM / PM				
	T	AM / PM				AM / PM				
	W	AM / PM				AM / PM				
	TH	AM / PM				AM / PM				
	F	AM / PM				AM / PM				
	SA	AM / PM				AM / PM				

CAPP C2AP C3AP CFCC (signatures required daily) CCTR (signatures required daily)

For Provider use only (RATE X Unit of Care = Reimbursement)

<input type="checkbox"/> FT <input type="checkbox"/> PT	@	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
<input type="checkbox"/> FT <input type="checkbox"/> PT	@	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
<input type="checkbox"/> FT <input type="checkbox"/> PT	@	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$

For office use only

<input type="checkbox"/> FT <input type="checkbox"/> PT	@	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
<input type="checkbox"/> FT <input type="checkbox"/> PT	@	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
<input type="checkbox"/> FT <input type="checkbox"/> PT	@	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$

Total: \$ _____ Adjmt. _____ Date _____ Total: \$ _____

● 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 _____ Parent / Guardian Signature _____ Date _____

ATTENDANCE RECORD SAMPLE and INSTRUCTIONS



Community Child Care Council of
Santa Clara County, Inc.
150 River Oaks PKWY Suite F-1 San Jose, CA 95134
Phone: 408.487.0747 Fax: 408.413.5403

ATTENDANCE RECORD

Service Month:
May 2016

Form must be received by 4C Council:
on or before the 5th of each month

A B C Child Care ID: 2525		(408) 123-1234	
Facility Name or Provider Name / NoHo ID: 1515 Main Street		Phone number San Jose CA 95111	
Mailing address <input type="checkbox"/> NEW address (MUST contact the Provider Coordinator)		City State Zip Code	
Jane Doe ID: 12345		John Doe ID: 1717	
Parent Name / NoHo ID:		Child Name / NoHo ID:	

		PARENT		PROVIDER <small>SCHOOLAGE CHILD ONLY</small>		PARENT		PARENT		OFFICE USE ONLY	
DATE	DAY	TIME IN	FULL SIGNATURE	TIME OUT TO SCHOOL	TIME IN FROM SCHOOL	TIME OUT	FULL SIGNATURE	REASON FOR ABSENCE / TARDINESS	CODE	HOURS	
1	SU	AM / PM				AM / PM					
2	M	7:15 AM / PM	Jane Doe	8:05	3:09	5:05 AM / PM	Jane Doe				
3	T	7:10 AM / PM	Jane Doe	8:03	3:07	5:16 AM / PM	Jane Doe				
4	W	7:19 AM / PM	Jane Doe	8:05	3:12	5:12 AM / PM	Jane Doe				
5	TH	7:14 AM / PM	Jane Doe	8:06	3:10	5:20 AM / PM	Jane Doe				
6	F	7:12 AM / PM	Jane Doe	8:05	3:09	5:16 AM / PM	Jane Doe				
7	SA	AM / PM				AM / PM					
8	SU	AM / PM				AM / PM					
9	M	7:17 AM / PM	Jane Doe	8:07	3:08	5:15 AM / PM	Jane Doe				
10	T	7:16 JD 7:23 AM / PM	Jane Doe	8:05	3:08	5:22 AM / PM	Jane Doe				
11	W	7:13 AM / PM	Jane Doe	No school today		7:21 AM / PM	Jane Doe				
12	TH	AM / PM				AM / PM	Jane Doe	Sick			
13	F	AM / PM				AM / PM	Jane Doe	No Work			
14	SA	AM / PM				AM / PM					

- Attendance Records are due on the 5th of the following month. Any Attendance Record not received in the office by the due date is considered late. Late Attendance Records may not be reimbursed if submitted more than 60 days after the month of care.
- The parent, provider, or other authorized person is responsible to enter the exact time of arrival and departure.
- For children attending school, the provider is responsible to enter the exact time of departure to school and arrival after school.
- Parents and providers are responsible for completing Attendance Records on a daily basis.
- Attendance Record must be completed in ink only. Whiteout/correction fluid is not allowed.
- All changes/corrections need to be initialed by the person making the change/correction.
- Any changes in schedule must be recorded on the Attendance Record and reported to the Case Manager within 5 days.
- All absences are to be recorded on the line corresponding to the day of occurrence. Include a specific reason for each day of absence followed by parent's signature for verification.
- On the last day of care, parent and provider must sign and date the bottom of the form in the space provided, attesting under penalty of perjury that all information is true and correct.
- For CCTR and CFCC Programs Only: Absences that are not considered excused are unexcused absences. Parent may be financially responsible for all unexcused absences not reimbursed by the agency. Best Interest Days are limited to 10 per fiscal year.
- For additional Attendance Record instructions or reimbursement information, refer to the Agency Policies and Procedures.

REIMBURSEMENTS ISSUED BY THE 4C COUNCIL ARE SUBJECT TO ADEQUATE PROGRAM FUNDING

Provider is encouraged to show the child care cost for each child as the billing invoice for each month. See example below:

For Provider use only (RATE X Unit of Care = Reimbursement)				For office use only			
<input checked="" type="checkbox"/> FT	<input type="checkbox"/> PT	\$220	@ 1	<input type="checkbox"/> M <input checked="" type="checkbox"/> W	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER				<input type="checkbox"/> D <input type="checkbox"/> H = \$	\$220	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
<input type="checkbox"/> FT	<input checked="" type="checkbox"/> PT	\$8.50	@ 50	<input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> M <input type="checkbox"/> W
<input type="checkbox"/> OTHER				<input type="checkbox"/> D <input checked="" type="checkbox"/> H = \$	\$425	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
<input type="checkbox"/> FT	<input type="checkbox"/> PT	\$100	@ 1	<input type="checkbox"/> M <input type="checkbox"/> W	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> M <input type="checkbox"/> W
<input checked="" type="checkbox"/> OTHER				<input type="checkbox"/> D <input type="checkbox"/> H = \$	\$100	@	<input type="checkbox"/> D <input type="checkbox"/> H = \$
Total: \$				\$745			
				Adjmt.	Date	Total: \$	