

# SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North - Fairfield, CA 94534-4019 – (707) 863-3950 – Fax: (707) 863-3975

NOTE: PLEASE **DO NOT** TURN IN THIS TEMPORARY CCAF **WITHOUT** AN ORIGINAL CCAF – AS WE CANNOT PROCESS PAYMENT WITH THIS FORM ALONE

## Temporary Child Care Attendance Form (CCAF)

**Please Print All Information In the Spaces Below:**

Child's Name: \_\_\_\_\_ Month Services Were Provided: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Year Services Were Provided: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Provider's Address: \_\_\_\_\_

ALL TIMES AND SIGNATURES ON THIS FORM MUST BE IN INK.  
 If the child is absent, explain why on the corresponding date(s) below:

*Please remember to include AM & PM on in/out times.*

### FOR CHILDREN WHO GO TO SCHOOL

DATE	TIME IN	PARENT'S FULL SIGNATURE	TIME OUT	PROVIDER'S INITIALS	TIME IN	PROVIDER'S INITIALS	TIME OUT	PARENT'S FULL SIGNATURE	Office Use Only
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2									
3									
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31									

In completing and signing this form, we (parent and provider) understand that this form is NOT an agreement or contract of any type with Solano Family and Children's Services (SFCS). We understand that this form is only to be used as a temporary means of tracking days and hours of child care. We understand that reimbursements will not be made by SFCS until certain criteria have been met - including, but not limited to, parent and provider eligibility. Reimbursements will only be made by SFCS with valid, signed, current Certificates for Child Care Services, with terms agreed upon between SFCS, the parent, and the provider.

**Parent:** I certify that the hours of attendance (including holidays) as stated above are true and accurate and that child care was necessary for the purpose specified during my last certification of eligibility. In my absence, other signatures appearing on this Attendance Form are those of persons I authorized to take my child to and from the child care facility. I certify that I have reported all changes in my income, employment, training, family size or other eligibility/need during the month listed above to my assigned Family Services Specialist. I further certify under penalty of perjury and the laws of the state of California that the above statements are true and correct to the best of my knowledge.

Parent's FULL Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Child Care Provider:** I certify that I provided the child care services stated above. I have claimed ALL child care hours provided by me at the address on file with SFCS with the understanding that SFCS will ONLY pay for the approved child care hours. I certify that I operated within compliance of all subsidized child care program regulations and SFCS Provider Policies (as they apply to my type of care) while providing child care services during the month listed above. I understand that if I am found to be over capacity, a negative adjustment to my reimbursement will be made by SFCS and that SFCS may terminate some or all of my Child Care Certificates. I further certify under penalty of perjury and the laws of the state of California that the above statements are true and correct to the best of my knowledge.

Provider's FULL Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FAMILY FEE STATEMENT: This section must be completed by ALL Providers who have Parents Paying Family Fees.**

This is to certify that on \_\_\_\_\_, I, \_\_\_\_\_ received/collected family fees in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_.  
Date Received Provider's Name  
Month/Year

This is to certify that I, \_\_\_\_\_ did not receive/collect family fees for the month of \_\_\_\_\_.  
Provider's Name Month/Year

because (explain): \_\_\_\_\_