

Child's Name: Baby Special Child's DOB: 03/08/1995 **C2AP**
 Parent's Name: Mommy Special Child's Age: 11:0
 Parent's Phone #: (707) 555-5554 Family Services Specialist: Temporary New
 ABC Preschool Center
 123 Happy Kid Lane
 Fairfield, CA 94533
 Provider's Phone #: (707) 555-5555 Provider Type: Licensed Center-Based
 Provider Services Specialist: Temporary New
 Timesheet #: ~
 102115 1 11

Solano Family & Children's Services
421 Executive Court North
Fairfield, CA 94534-4019
(707) 863-3950

Subsidized Child Care Attendance Form

MARCH 2006

THE MERE ACT OF RECEIVING THIS CHILD CARE ATTENDANCE FORM DOES NOT GUARANTEE PAYMENT FROM SFCS.

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

FOR CHILDREN WHO GO TO SCHOOL OR HAVE A SPLIT SCHEDULE

| DATE/DAY OF WEEK | TIME IN | PARENT'S FULL SIGNATURE | TIME OUT | PROVIDER'S INITIALS | TIME IN | PROVIDER'S INITIALS | TIME OUT | PARENT'S FULL SIGNATURE |
|------------------|---|-------------------------|-----------|---------------------|-----------|---------------------|-----------|-------------------------|
| 1 - Wed | 8:03 a.m. | <i>Mommy Special</i> | | | | | 5:58 p.m. | <i>Mommy Special</i> |
| 2 - Thu | The above example is used when a child does not go to school and does not have his/her child care setting interrupted. | | | | | | | |
| 3 - Fri | | | | | 2:47 p.m. | <i>PS</i> | 5:50 p.m. | <i>Mommy Special</i> |
| 4 - Sat | The above example is used when a child is dropped off at school by the parent and only goes to the child care facility after school. | | | | | | | |
| 5 - Sun | | | | | | | | |
| 6 - Mon | 7:49 a.m. | <i>Mommy Special</i> | 8:13 a.m. | <i>PS</i> | 2:49 p.m. | <i>PS</i> | 6:06 p.m. | <i>Mommy Special</i> |
| 7 - Tue | The above example is used when a child goes to child care in the morning and then leaves for school, and then comes back to child care after school and then goes home with the parent at the end of the day. | | | | | | | |
| 8 - Wed | | | | | | | | |
| 9 - Thu | | | | | | | | |
| 10 - Fri | 8:00 a.m. | ABSENT | 8:15 a.m. | | 2:45 p.m. | | 6:00 p.m. | |
| 11 - Sat | The above example is used when a child is absent on any of the regularly certified days. On the back of this form, the parent MUST write the exact reason for the absence. Remember to answer: Who, What, When, Where, Why and With Whom. | | | | | | | |
| 12 - Sun | | | | | | | | |
| 13 - Mon | | | | | | | | |
| 14 - Tue | 6:27 a.m. | <i>Mommy Special</i> | 8:11 a.m. | <i>PS</i> | | | | |
| 15 - Wed | The above example is used when a child goes to child care in the morning, then leaves for school and does not return to the child care facility that day. | | | | | | | |
| 16 - Thu | | | | | | | | |
| 17 - Fri | | | | | 5:57 p.m. | <i>PS</i> | 7:28 p.m. | <i>Mommy Special</i> |
| 18 - Sat | The above example is used when one provider picks the child up and provides care after the other provider closes for the day. | | | | | | | |
| 19 - Sun | | | | | | | | |
| 20 - Mon | 3:35 p.m. | <i>Mommy Special</i> | | | | | 7:26 a.m. | <i>Mommy Special</i> |
| 21 - Tue | The above Example is used when a child goes to child care one day and doesn't leave until the following day. (The child care setting is not interrupted.) | | | | | | | |
| 22 - Wed | | | | | | | | |
| 23 - Thu | 8:00 a.m. | DNO | 8:15 a.m. | | 2:45 p.m. | | 6:00 p.m. | |
| 24 - Fri | The above example is used when the child care facility is closed due to a Provider's Day of Non Operation (DNO). | | | | | | | |
| 25 - Sat | | | | | | | | |
| 26 - Sun | | | | | | | | |
| 27 - Mon | | | | | | | | |
| 28 - Tue | | | | | | | | |
| 29 - Wed | | | | | | | | |
| 30 - Thu | | | | | | | | |
| 31 - Fri | | | | | | | | |

All Parents: I certify that the hours of attendance (including SFCS observed holidays) as stated above are true and accurate and that child care was necessary for the purpose specified during my last certification of eligibility and 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: *Mommy Special* Date Signed: 3/31/06

Child Care Providers: 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 payment 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 CA that the above statements are true and correct to the best of my knowledge.

Provider's FULL Signature: *Provider Special* Date Signed: 3/31/06

| FOR SFCS USE ONLY | | |
|---------------------------------|-----------------------|-----------------------|
| Contracted Rate Category | Notify FSS of Pattern | Date Processed: _____ |
| 1/2/3/4/5/6/7/8 | PSS Initials: _____ | |
| Used Rate Category | Date Notified: _____ | Processed by: _____ |
| 1/2/3/4/5/6/7/8 | | |