



ATTENDANCE RECORD INSTRUCTIONS

Please follow these rules and instructions when completing Attendance Records. Submitting inaccurate or incomplete Attendance Records can delay your payment.

RULES FOR COMPLETING ATTENDANCE RECORDS

1. Use an ink pen **only**. Do not use pencil, white out, and erasable ink.
2. Submit Attendance Records no later than 60 days from the last day of the month of service. Attendance Sheets submitted after the 60-day mark, may result in non-payment.
3. Ensure all information at the top portion of the Attendance Record is complete and correct **prior** to using it. Do not use incomplete or incorrect Attendance Records.

Provider:		Month/Year:		Program:	
		Child Name:			
		Child DOB:			
		Parent Name:			
		Case Worker:			
Provider Type:					
Provider Phone:					

4. Acknowledge and collect information and signatures for the Family Fee Certification & Receipt section, if applicable. Only complete this section if parent has a Family Fee. If this section is not completed for a parent with a Family Fee, payment will be held until proof of payment (i.e. a receipt) is provided to the Payments Division.

FAMILY FEE CERTIFICATION & RECEIPT	
PART TIME MONTHLY FEE: \$0.00	FULL TIME MONTHLY FEE: \$63.00
<i>(Please Check One Box)</i>	Parent Signature & Date
<input checked="" type="checkbox"/> All Family Fees have been paid. Amount Collected: \$ <u>63.00</u>	<i>Mary Smith 04/30/2017</i>
<input type="checkbox"/> A Payment Plan is in place between the parent and provider. Amount Collected: \$ _____	Provider Signature & Date
<input type="checkbox"/> Family Fees have not been paid and I do not have a payment plan in place. Outstanding Balance: \$ _____	<i>Jane Doe 04/30/2017</i>

IMPORTANT REMINDERS

- Attendance Records are due by the fifth day of the month unless otherwise noted on the Reimbursement & Fiscal Schedule.
- Review the Attendance Record carefully before submitting it to Pathways LA.
- Missing or incorrect information may result in payment delay and or non-payment.
- Reimbursements are issued in accordance with the Reimbursement & Fiscal Schedule.
- For questions about your reimbursement amount, contact the Payments Division.
- For case-related or non-reimbursement questions or to report changes within 5 business days, contact your Program Specialist.

INSTRUCTIONS FOR READING AND COMPLETING ATTENDANCE RECORDS

Steps 4 and 5 apply only to children with a split schedule. (e.g. Child left the facility to attend school but will return after school for additional services.)

1. Indicate the date.
2. Indicate the day.
3. Enter the exact time child care services begin.
4. Enter the exact time child left the facility.
5. Enter the exact time the child returned to the facility.
6. Enter the exact time child care services end.

①	②	③	④	⑤	⑥
Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)
Apr 1	Sat				
Apr 2	Sun				
Apr 3	Mon				
Apr 4	Tue				

7. When a child is absent, complete the absences section on the back of the Attendance Record.

⑦

Please enter the reason for absences below / Indique la razon por la ausencia aqui.

Date/Fecha	Reason for absence or early pick up (i.e. early release from school)/ <i>Razon de la ausencia o recogida temprano (ejemplo: escuela cerro temprano)</i>	Parent's Full Signature/ <i>Firma Complete del Padre</i>
04/15/2017	<i>John had the flu.</i>	<i>Mary Smith</i>

8. Sign and date the Attendance Record at the end of the service month. Both Parent and Provider must sign.

⑧

PARENT Self-Certification		PROVIDER Self-Certification	
<i>As a parent, I declare under penalty of perjury that the information above is an accurate record of child care provided and that during this time period I was employed, or attending training/school, or other qualifying activity.</i>		<i>As the provider, I declare under penalty of perjury that the information above is true and correct, and that the child care as stated above was provided. I understand that I may be required to repay any overpayment.</i>	
Parent/Guardian Signature: <i>Mary Smith</i>	Date: <i>4/30/17</i>	Provider Signature: <i>Jane Doe</i>	Date: <i>4/30/17</i>