

BERENDO NETWORK ATTENDANCE RECORD INSTRUCTIONS

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

RULES FOR COMPLETING ATTENDANCE RECORDS

- A. Use an ink pen **only**. Do not use pencil, white out, and erasable ink.
- B. 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.
- C. Ensure all information at the top portion of the Attendance Record is complete and correct **prior** to using it. Check that the month and provider, parent and child names are correct.



Case Manager:

SIGN IN/OUT SHEET				Month: /	Period: -
Provider Name / ID:	/	(#)		Program:	
Child / DOB / Age:	/	()		Svc / Total Days:	/
Parent Name / ID:		(#)		Claim ID:	0



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- D. Berendo Network Attendance Records **require** daily in and out times and parent signatures.
- E. Provider drops-offs/pick-ups of child from school must be time noted and initialed.

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.
 - Exact in and out times must be recorded.
 - Absences must be indicated and properly on the back of the Attendance Record.
 - Missing times, signatures or initials may result in a non-payment after third error.
 - Corrections must be made in person at the Pathways LA office.
- 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 5-8 should only be completed if child has a split schedule. (e.g. Child left the facility to attend school but will return after school for additional services.)

1. Indicates the date and day.
 - a. If there is an asterisk (*) next to the date, child care is approved on a Set Schedule.
2. Indicates the number of approved child care hours.
3. Parents need to enter the actual time childcare services begin.
4. Parents need to enter their full legal signature.
5. Providers need to enter the time the child left the facility.
6. Providers need to enter their initials.
7. Providers need to enter the time the child returned to the facility.
8. Providers need to enter their initials.
9. Parents need to enter the actual time childcare services end.
10. Parents need to enter their full legal signature.

①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
Date	Enrolled Hour	Time In	Signature	Out	Initials	In	Initials	Time Out	Signature
*1Mon									
*2Tue	8:00AM - 4:00PM	8:15am	<i>June Doe</i>	08:20am	PV	02:30pm	PV	4:05pm	<i>June Doe</i>
*3Wed	8:00AM - 4:00PM	8:15am	<i>June Doe</i>	08:20am	PV	01:44pm	PV	04:30pm	<i>June Doe</i>
*4Thu	8:00AM - 4:00PM	8:09am	<i>June Doe</i>	08:20am	PV	02:30pm	PV	03:55pm	<i>June Doe</i>
*5Fri	8:00AM - 4:00PM	08:08am	<i>June Doe</i>	08:20am	PV	02:35pm	PV	03:30pm	<i>June Doe</i>

11. If parent is responsible for a Family Fee, the Family Fee Certification & Receipt section **must be acknowledged**. All the required sections and signatures must be provided.
 - a. If the parent has a Family Fee, it will be noted at the bottom of sheet above PT/PV signature for family fee.
 - b. If the section applies to the parent but is not acknowledged, the payment will be held until proper documentation (i.e. receipt) is received by the Payments Division.

FAMILY FEE CERTIFICATION & RECEIPT	
PART TIME MONTHLY FEE: \$0.00	FULL TIME MONTHLY FEE: \$130.00
<input checked="" type="checkbox"/> All Family Fees have been paid. Amount collected: \$ <u>130.00</u>	
<input type="checkbox"/> A Payment Plan is in place between the parent and provider. Amount Collected: \$ _____	
<input type="checkbox"/> Family Fees have not been paid and I do not have a payment plan in place. Outstanding Balance: \$ _____	
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.	As the provider, I declare under penalty of perjury that the information above is true and correct, and that the child care as state above was provided. I understand that I may be required to repay any overpayment.
Parent Signature & Date: <i>June Doe 1/31/19</i>	Provider Signature & Date: <i>Provider 1/31/19</i>

12. Ensure the Attendance Record has the required parent and provider signatures at the end of the month.