

Choices for Children



Child Development Incorporated

Dear Parents and Childcare Providers,

The Choices for Children Attendance Log is the **legal document** used to verify that child care services were provided as authorized by Choices for Children. Parents and providers must maintain an attendance log daily to accurately record the child's attendance with the childcare provider. The following are important reminders regarding our Attendance Log policy, as specified in the Choices for Children Parent & Provider Handbook.

Parent Responsibilities:

- The parent must sign the child in and out on a daily basis reflecting actual times. School-age children's attendance logs must also reflect an actual time in and out for school hours (this can be done by the provider based on school's posted bell schedule)
- Parents must notify the provider and record on the Attendance Log the reason for the child absence (sick, vacation, family emergency, best interest days)
- Parents must notify his/her Family Counselor immediately if care is no longer used and/or needed.
- At the end of each month, the parent must sign the bottom of the Attendance Log certifying that all days and times are correct. Parents cannot sign for the provider.

Please note: Attendance Logs cannot be signed in advance or prior to the last service day of the month. A provider cannot sign for the parent. Parent's signature verifies that the information on the log is accurate, under penalty of perjury.

Provider Responsibilities:

- The provider must make the attendance log available to the parent to sign in and out daily, in order to record accurate attendance. Times entered must accurately reflect the days and hours of care.
- School-age children must also reflect an actual time in and out for school hours (this can be done by the provider based on school's posted bell schedule)
- The provider must promptly notify Choices for Children staff if the family has not used care for seven consecutive calendar days unless the parent notified or communicated the reason for absences to the provider.
- The provider must indicate the reason for the childcare program closure on the Attendance Log for the dates the provider is closed or not available. (vacation, holidays, sick)
- At the end of each month, the provider must sign the bottom of the Attendance Log certifying that all days and times are correct. If both hand-written signatures are not on the Attendance Log, it will be considered incomplete, and reimbursement may be delayed.

Please note: Attendance Logs cannot be signed in advance or prior to the last service day of the month. Providers cannot sign for the parent, as the parent's signature is required for reimbursement. The provider's signature also verifies that all information on the log is accurate, under penalty of perjury.

- After the end of each service month, the provider is responsible for submitting the attendance logs, signed by both the provider and the parent. Reimbursement timing will depend on when the completed attendance log is received. Current reimbursement dates for the year are available at www.cfcsc.org. **Attendance logs cannot be turned in prior to the last service day of the month.**

Attendance Logs must be completed properly by the parent and the childcare provider before payment can be made. Failure to complete the attendance log in a prompt and accurate manner, following our policies and program regulations, including the childcare provider or someone else signing for the parent, could be considered fraud, and may result in the childcare provider's termination from the Choices for Children program.

Date Received

Choices for Children



Counselor's Name (if known)

Attendance Log

20 Great Oaks Blvd., Suite 200, San Jose, CA 95119
(408) 297-3295

MONTH April YEAR 2024
CHILD'S BIRTHDAY XX-XX-XXXX

CHILD'S NAME John Doe CHILD'S ID: 00000
PARENT'S NAME Jane Doe PARENT'S ID: 00000

- Fill out one form per child.
- The parent must record **real time in** and/or **time out** daily.
- Indicate absent reason under **absence reason** for that date.
- Provider is responsible for submitting attendance log(s) to the subsidy office by 5:00 p.m. on the fifth business day of the month following service (example: October 2022 attendance log is to be turned in by November 7th).
- **Do not use white out and/or highlighting on attendance log(s).**

MAKE CHECK PAYABLE TO: Provider/Business Name: Full Business Name Phone #: 408-XXX-XXXX
Payee Name: Full Payee Name
Address: Full Address

DAY OF MONTH	PARENT TIME IN THIS COLUMN ONLY	PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE		PARENT TIME OUT THIS COLUMN ONLY	ABSENCE REASON	OFFICE USE TOTAL HOURS
	PARENT TIME IN	PROVIDER TIME OUT	PROVIDER TIME IN	PARENT TIME OUT		
1		- Provider Closed Holiday -				
2	9:10 AM			5:10 PM		
3	9:05 AM			5:15 PM		
4	9:08 AM			5:06 PM		
5					SICK	
6						
7						
8	9:15 AM			5:10 PM		
9	9:06 AM			5:20 PM		
10	9:10 AM			5:22 PM		
11	9:08 AM			5:09 PM		
12					Parent Vac	
13						
14						
15						
16						
17	9:00			5:15		
18	9:00			5:15		
19	9:00			5:15		
20	9:00			5:15		
21	9:00			5:15		
22						
23						
24	9:00			5:15		
25	9:00			5:15		
26	9:00			5:15		
27	9:00			5:15		
28	9:00			5:15		
29						
30						
31						

Correct

Incorrect

Infant / Toddler Example

Record actual real times (to the minute) in/out daily.

Cannot be same time every day.

Times must reflect actual in and out times daily.

OFFICE USE ONLY		Last Month's Payment Week Pro-rated:			
TOTAL HOURS OF CARE _____	X HOURLY PAY \$ _____	= \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL DAY OF CARE _____	X DAILY PAY \$ _____	= \$ _____			
TOTAL WEEKS OF CARE _____	X WEEKLY PAY \$ _____	= \$ _____			
TOTAL MONTHS OF CARE _____	X MONTHLY PAY \$ _____	= \$ _____			

Counselor

Signature box for Counselor

I declare under penalty of perjury this is a true and accurate log of attendance for this child for the month indicated. This is the same rate charged to non-subsidized families.

Both provider and parent must sign on the last day of the service month – certifying all times and days are correct, including absences. Cannot sign ahead of time or blank copies.

[Signature]
**SIGNATURE OF PROVIDER (Required)

[Signature]
**SIGNATURE OF PARENT (Required)

Date Received

Choices for Children



Counselor's Name (if known)

Attendance Log

20 Great Oaks Blvd., Suite 200, San Jose, CA 95119 (408) 297-3295

MONTH April YEAR 2024 CHILD'S BIRTHDAY XX-XX-XXXX

CHILD'S NAME John Doe CHILD'S ID: 00000 PARENT'S NAME Jane Doe PARENT'S ID: 00000

- Fill out one form per child. The parent must record real time in and/or time out daily. Indicate absent reason under absence reason for that date. Provider is responsible for submitting attendance log(s) to the subsidy office by 5:00 p.m. on the fifth business day of the month following service (example: October 2022 attendance log is to be turned in by November 7th). Do not use white out and/or highlighting on attendance log(s).

MAKE CHECK PAYABLE TO: Provider/Business Name: Full Business Name Payee Name: Full Payee Name Address: Full Address Phone #: 408-XXX-XXXX

Table with columns: DAY OF MONTH, PARENT TIME IN THIS COLUMN ONLY, PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE (PROVIDER TIME OUT, PROVIDER TIME IN), PARENT TIME OUT THIS COLUMN ONLY, ABSENCE REASON, OFFICE USE TOTAL HOURS. Includes handwritten entries for days 1-14 and 17-28, with annotations like 'Provider Closed Holiday', 'Sick', 'Dr. Appt.', 'Correct', and 'Incorrect'.

Times must reflect actual in and out times daily.

OFFICE USE ONLY Last Month's Payment Week Pro-rated: [X] HOURLY PAY [] DAILY PAY [] WEEKLY PAY [] MONTHLY PAY

Counselor [Signature]

I declare under penalty of perjury this is a true and accurate log of attendance for this child for the month indicated. This is the same rate charged to non-subsidized families.

Both provider and parent must sign on the last day of the service month - certifying all times and days are correct, including absences. Cannot sign ahead of time or blank copies.

**SIGNATURE OF PROVIDER (Required) [Signature] **SIGNATURE OF PARENT (Required) [Signature]

Choices for Children



Child Development Incorporated

Estimados Padres y Proveedores de Cuidado Infantil,

La hoja de asistencia de Choices for Children es un **documento legal** usado para verificar los servicios de cuidado infantil autorizados por Choices for Children. El padre y el proveedor deben firmar las hojas de asistencia diariamente con los horarios exactos de cuidado infantil. Por favor lea estos recordatorios de nuestras pólizas acerca de las hojas de asistencia como se especifica en nuestro Manual de Padres y Proveedores de Choices for Children.

Responsabilidades de Padre:

- Los padres deben firmar los horarios de entrada y de salida todos los días y deben reflejar los horarios exactos (incluyendo minutos). Las hojas de asistencia de los niños/as escolares también deben reflejar los horarios de entrada y de salida de la escuela (El proveedor puede basarse en los horarios de campana de la escuela).
- Si los niños/as están ausentes, los padres deben notificarle al proveedor y deben escribirlo en las hojas de asistencia (enfermedad, vacaciones, emergencia familiar, días de mejor interés).
- Los padres deben notificar a su consejero/a de cuidado infantil **inmediatamente** si desean cancelar sus servicios de cuidado infantil.
- Al fin del mes, los padres deben firmar la hoja de asistencia certificando los días y horarios de cuidado infantil. El padre no puede firmar por el proveedor.
Por favor tome en cuenta: Las hojas de asistencia no pueden ser firmadas antes del último día del mes. El proveedor no puede firmar por el padre. Bajo pena de perjurio, la firma del padre certifica que la información en las hojas de asistencia esta correcta

Responsabilidades del Proveedor:

- El proveedor debe asegurar que las hojas de asistencia sean accesibles a el padre para que firme los horarios de entrada y de salida todos los días. Los horarios deben reflejar los días y horarios exactos (incluyendo minutos).
- Las hojas de asistencia de los niños/as escolares también deben reflejar los horarios de entrada y de salida de la escuela (El proveedor puede basarse en los horarios de campana de la escuela)
- El proveedor debe notificar a Choices for Children **si la familia no esta usando el cuidado infantil más de 7 días** consecutivos al menos que el padre le haya notificado que estaría ausente durante este tiempo y deben comunicarle la razón de la ausencia.
- Si el proveedor no esta disponible para cuidar a los/as niños/as, debe indicar la razón en las hojas de asistencia (vacaciones, días festivos, enfermedad)
- Al fin del mes el proveedor la hoja de asistencia certificando los días y horarios de cuidado infantil. Las dos firmas deben **ser escritas a mano** o las hojas de asistencia serán consideradas incompletas.
Por favor tome en cuenta: Las hojas de asistencia no pueden ser firmadas antes del último día del mes. El proveedor no puede firmar por el padre. Bajo pena de perjurio, la firma del padre certifica que la información en las hojas de asistencia esta correcta
- Ya que sean firmadas las hojas de asistencia por el proveedor y el padre es la responsabilidad del proveedor entregar las hojas de asistencia al fin del mes. El pago de reembolso será procesado dependiendo en la fecha que recibamos la hoja de asistencia. Si usted desea revisar las fechas de reembolso puede visitar nuestra pagina www.cfcsc.org. **Las hojas de asistencia no pueden ser firmadas antes del último día del mes.**

Las hojas de asistencia deben ser completadas correctamente por el padre y el proveedor de cuidado infantil o no se procesará el pago. Si ustedes no completan las hojas de asistencia correctamente como es indicado en nuestras pólizas y regulaciones del programa, esto incluye que el proveedor o alguien más firme por el padre, será considerado fraude y puede resultar en la terminación del proveedor con Choices for Children.

English

Date Received

Choices for Children



Child Development Incorporated

Attendance Log

20 Great Oaks Blvd., Suite 200, San Jose, CA 95119
(408) 297-3295

Counselor's Name (if known)

MONTH April YEAR 2024
CHILD'S BIRTHDAY XX-XX-XXXX

CHILD'S NAME John Doe CHILD'S ID: 00000
PARENT'S NAME Jane Doe PARENT'S ID: 00000

- Fill out one form per child.
- The parent must record **real time in and/or time out daily**.
- Indicate absent reason under **absence reason** for that date.
- Provider is responsible for submitting attendance log(s) to the subsidy office by 5:00 p.m. on the fifth business day of the month following service (example: October 2022 attendance log is to be turned in by November 7th).
- **Do not use white out and/or highlighting on attendance log(s).**

Provider/Business Name: Full Business Name
 Payee Name: Full Payee Name Phone #: 408-XXX-XXXX
 Address: Full Address

MAKE CHECK PAYABLE TO:

DAY OF MONTH	PARENT TIME IN THIS COLUMN ONLY	PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE		PARENT TIME OUT THIS COLUMN ONLY	ABSENCE REASON	OFFICE USE TOTAL HOURS
	PARENT TIME IN	PROVIDER TIME OUT	PROVIDER TIME IN	PARENT TIME OUT		
1		<i>Proveedor Cerrdo / día festivo</i>				
2	9:10 AM			5:10 PM	sick	Por favor indique horarios exactos de entrada y salida (incluyendo minutos).
3	9:05 AM			5:15 PM		
4	9:08 AM			5:06 PM		
5						
6						
7						
8	9:15 AM			5:10 PM	Parent Val	
9	9:06 AM			5:20 PM		
10	9:10 AM			5:22 PM		
11	9:08 AM			5:09 PM		
12						
13						
14						
15	Ejemplo: Infante / Niño Pequeño					
16						
17	9:00 AM			5:15 PM	No pueden ser los mismos horarios todos los días.	
18	9:00 AM			5:15 PM		
19	9:00 AM			5:15 PM		
20	9:00 AM			5:15 PM		
21	9:00 AM			5:15 PM		
22						
23						
24	9:06 AM			5:15 PM		
25	9:00 AM			5:15 PM		
26	9:00 AM			5:15 PM		
27	9:00 AM			5:15 PM		
28	9:00 AM			5:15 PM		
29						
30						
31						

Los horarios deben reflejar minutos exactos.

OFFICE USE ONLY

Last Month's Payment Week Pro-rated: Yes No

TOTAL HOURS OF CARE _____ X HOURLY PAY \$ _____ = \$ _____

TOTAL DAY OF CARE _____ X DAILY PAY \$ _____ = \$ _____

TOTAL WEEKS OF CARE _____ X WEEKLY PAY \$ _____ = \$ _____

TOTAL MONTHS OF CARE _____ X MONTHLY PAY \$ _____ = \$ _____

Counselor

I declare under penalty of perjury this is a true and accurate log of attendance for this child for the month indicated. This is the same rate charged to non-subsidized families.

**El proveedor y el padre deben firmar – verificando los horarios y días incluyendo ausencias.
No puede ser firmado antes de tiempo o firmar una hoja en blanco.**

**SIGNATURE OF PROVIDER (Required)
Jane Doe
**SIGNATURE OF PARENT (Required)

Date Received

Choices for Children



Child Development Incorporated

Attendance Log

20 Great Oaks Blvd., Suite 200, San Jose, CA 95119
(408) 297-3295

Counselor's Name (if known)

MONTH Abril YEAR _____
CHILD'S BIRTHDAY XX-XX-XXXX

CHILD'S NAME John Doe CHILD'S ID: 00000
PARENT'S NAME Jane Doe PARENT'S ID: 00000

- Fill out one form per child.
- The parent must record **real time in and/or time out daily**.
- Indicate absent reason under **absence reason** for that date.
- Provider is responsible for submitting attendance log(s) to the subsidy office by 5:00 p.m. on the fifth business day of the month following service (example: October 2022 attendance log is to be turned in by November 7th).
- **Do not use white out and/or highlighting on attendance log(s).**

Provider/Business Name: _____ Full Business Name
 MAKE CHECK Payee Name: _____ Full Payee Name Phone #: 408-XXX-XXXX
 PAYABLE TO: Address: _____ Full Address

DAY OF MONTH	PARENT TIME IN THIS COLUMN ONLY	PROVIDER MUST TIME IN & OUT IF CHILD HAS A SPLIT SCHEDULE		PARENT TIME OUT THIS COLUMN ONLY	ABSENCE REASON	OFFICE USE TOTAL HOURS	
	PARENT TIME IN	PROVIDER TIME OUT	PROVIDER TIME IN	PARENT TIME OUT			
1		<i>Proveedor Cerrdo / día festivo</i>					
2	7:05 AM	8:10	2:15	5:25 PM			
3	7:07 AM	8:09	2:10	5:17 PM			
4					<i>Enfermas</i>		
5	7:02 AM	8:06	2:16	5:31 PM			
6							
7							
8	7:03 AM	8:10	2:15	5:30 PM			
9	7:05 AM	8:09			<i>Dr. Appt.</i>		
10	7:08 AM	8:09	2:10	5:15 PM			
11	7:15 AM	8:10	1:15	5:18 PM			
12	7:04 AM	8:09	2:15	5:25 PM			
13							
14							
15	Ejemplo: Niño Escolar						
16							
17	7:00	8:10	2:16	5:36			
18	7:00	8:10	2:10	5:30			
19	7:00	8:10	2:10	5:30			
20	7:00	8:10	1:15	5:30			
21	7:00	8:10	2:10	5:30			
22							
23							
24	7:00	8:16	2:10	5:30			
25	7:00	8:10	2:10	5:30			
26	7:00	8:10	2:10	5:30			
27	7:00	8:10	1:15	5:30			
28	7:00	8:10	2:10	5:30			
29							
30							
31							

Por favor indique horarios exactos de entrada y salida (incluyendo minutos).

No pueden ser los mismos horarios todos los días.

Los horarios deben reflejar minutos exactos.

OFFICE USE ONLY

TOTAL HOURS OF CARE _____	X	HOURLY PAY	\$ _____	= \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL DAY OF CARE _____	X	DAILY PAY	\$ _____	= \$ _____	
TOTAL WEEKS OF CARE _____	X	WEEKLY PAY	\$ _____	= \$ _____	
TOTAL MONTHS OF CARE _____	X	MONTHLY PAY	\$ _____	= \$ _____	

Counselor

I declare under penalty of perjury this is a true and accurate log of attendance for this child for the month indicated. This is the same rate charged to non-subsidized families.

El proveedor y el padre deben firmar – verificando los horarios y días incluyendo ausencias. No puede ser firmado antes de tiempo o firmar una hoja en blanco.

[Signature]
**SIGNATURE OF PROVIDER (Required)
[Signature]
**SIGNATURE OF PARENT (Required)