

**4C's of Alameda County
August 2013
Must Be Received by: 9/3/2013**

Mail To:
22351 City Center Drive Suite 200
Hayward CA 94541
(510) 584-3101

Parent:	Child:	Age: 9 Yrs 9 Mos	Family Fee: \$0.00 FT \$0.00 PT
Provider:	Address:	Phone:	
Stop Date: 6/30/2014	Program Specialist: Aireen M	Program: CDSS	
Max Weekly Hours: 14.2	Prov. Type: Family Child Care Home	Family ID: 13978	Family Phone:

	SUN	MON	TUES	WED	THU	FRI	SAT
Regular Schedule	No Enrollment	06:30A - 08:40A 03:20P - 04:00P	06:30A - 08:40A 03:20P - 04:00P	06:30A - 08:40A 03:20P - 04:00P	06:30A - 08:40A 03:20P - 04:00P	06:30A - 08:40A 03:20P - 04:00P	No Enrollment
Vacation Schedule	No Enrollment	06:30A - 04:00P	06:30A - 04:00P	06:30A - 04:00P	06:30A - 04:00P	06:30A - 04:00P	No Enrollment

Day	Date	PARENT/REPRESENTATIVE SIGN IN IN THIS COLUMN ONLY		PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENT/REPRESENTATIVE SIGN OUT IN THIS COLUMN ONLY		
		TIME IN	PARENT/REPRESENTATIVE SIGNATURE	TIME OUT	PROVIDER INITIALS	TIME IN	PROVIDER INITIALS	TIME OUT	PARENT/REPRESENTATIVE SIGNATURE	ABSENCE REASON
Thu	1	6:29am	parent Signature	8:40am	PI	3:20pm	PI	3:59pm	parent Signature	
Fri	2	6:30am	parent Signature	8:41am	PI	3:21pm	PI	4:00pm	parent Signature	
Sat	3									
Sun	4									
Mon	5	6:31am	parent Signature	8:40am	PI	3:20pm	PI	4:01pm	parent Signature	
Tue	6	6:35am	parent Signature	8:40am	PI	3:21pm	PI	4:00pm	parent Signature	
Wed	7	6:30am	parent Signature	8:41am	PI	3:21pm	PI	4:02pm	parent Signature	
Thu	8	6:32am	parent Signature	8:42am	PI	3:20pm	PI	4:00pm	parent Signature	
Fri	9	6:30am	parent Signature	8:39am	PI	3:21pm	PI	4:03pm	parent Signature	
Sat	10									
Sun	11									
Mon	12	6:28am	parent Signature	8:40am	PI	3:25pm	PI	4:00pm	parent Signature	
Tue	13	6:30am	parent Signature	8:45am	PI	3:20pm	PI	4:01pm	parent Signature	
Wed	14	6:34am	parent Signature	8:40am	PI	3:21pm	PI	4:01pm	parent Signature	
Thu	15	6:29am	parent Signature	8:42am	PI	3:22pm	PI	4:02pm	parent Signature	
Fri	16	6:31am	parent Signature	8:41am	PI	3:24pm	PI	4:06pm	parent Signature	
Sat	17									
Sun	18									
Mon	19	6:31am	parent Signature					4:00pm	parent Signature	
Tue	20	6:25am	parent Signature					4:01pm	parent Signature	
Wed	21	6:36am	parent Signature					4:01pm	parent Signature	
Thu	22	6:30am	parent Signature					4:01pm	parent Signature	
Fri	23	6:35am	parent Signature					4:00pm	parent Signature	
Sat	24									
Sun	25									
Mon	26	6:26am	parent Signature					3:58pm	parent Signature	
Tue	27	6:31am	parent Signature					3:59pm	parent Signature	
Wed	28	6:34am	parent Signature					4:03pm	parent Signature	
Thu	29	6:30am	parent Signature					4:00pm	parent Signature	
Fri	30	6:29am	parent Signature					4:03pm	parent Signature	
Sat	31									

PARENT AND PROVIDERS: READ AND SIGN MONTHLY DECLARATION

I verify under penalty of perjury that by signing this attendance sheet for services provided in the above named month, that the hours and days of child care provided for this child are true and correct. This is the same rate charged to non-subsidized families. I understand that I will be reimbursed only for hours authorized on the current Child Care Certificate. I certify the accuracy of the hours on this attendance sheet.

Parent Signature: _____ Date: 8/1/13
 Provider Signature: _____ Date: 8/1/13

FOR 4C'S OF ALAMEDA COUNTY USE ONLY

TOTAL HOURS OF CARE _____	x HOURLY PAY \$ _____	= \$ _____	Child Care Fees: _____
TOTAL DAYS OF CARE _____	x DAILY PAY \$ _____	= \$ _____	Less Family Fees: _____
TOTAL WEEKS OF CARE _____	x WEEKLY PAY \$ _____	= \$ _____	Provider Reimbursement: _____
TOTAL MONTHS OF CARE _____	x MONTHLY PAY \$ _____	= \$ _____	

Child ID: 22984 Provider ID: 2609

616799



ATTENDANCE RECORD and FAMILY FEE INSTRUCTIONS

The Attendance record verifies attendance for eligible children and is used to reimburse providers. It must be kept where care is provided, use blue or black ink only.

1. Parents and providers are responsible to complete and submit monthly attendance records that include the following:
 - The actual times the child entered and left care each day, recorded on a daily basis in blue or black ink.
 - Signatures of both the parent and the provider at the end of each month, attesting under penalty of perjury that the information provided on the attendance record is accurate.
2. Reimbursements will be made as follows:
 - Attendance records received by 5pm on the 3rd of the month will be issued on the 15th of the month
 - If the 3rd falls on a weekend or holiday, the attendance records are due the next business day.

Family Fee instructions, if applicable

1. The parent and the provider must sign the Family Fee Receipt if applicable.
2. Family fees are paid directly to the child care provider each month, and are due in advance of services.
3. Families on a set schedule are assessed family fees based on enrollment. If a parent has a varied schedule, fees are assessed based on the average hours of the child's actual attendance for the preceding three to four months.

Calculate the Family Fee payment as follows:

Family Fee Calculation:

Certified hours per week x 4.33 = total monthly hours

- Families with certified need of less than 130 hours per month are assessed a part time monthly fee.
- Families with certified need of 130 hours or more per month are assessed a full time monthly fee.

Example: Certified hours in a week are 29 hours (29 *4.33=125.57) will yield a PT Monthly fee
Certified hours in a week are 32 hours (32 *4.33=138.56) will yield a FT Monthly fee

FAMILY FEE RECEIPT

I certify that the days of enrollment reported are correct and that a Family Fee of \$_____ has been collected for the month of _____ by me the provider.

I understand that, as a provider, I am an independent contractor and NOT an employee of 4C's of Alameda County.

I affirm under penalty of perjury that this Attendance Sheet is true and correct and the family fee has been paid for this month of care.

Parent Signature

Date

Provider Signature

Date