



YMCA Childcare Resource Service

Attendance Sheet Certification

Parents and providers participating in YMCA CRS Alternative Payment Program must follow the Attendance Sheet guidelines, complete Attendance Sheets thoroughly and accurately, and ensure the following:

1. **Exact** time is indicated at the time **in** for each day of care
2. Middle section was used only for reporting additional time in and out of care within the same day such as when child attended school; the provider enters the time a school age child leaves or returns from school during the day.
3. **Exact** time is indicated at the time **out** for each day of care
4. Any Family Fees owed by and collected from the parent are recorded at the bottom of Attendance Sheet
5. Any child absences or variations of approved schedule are explained in the comments column.
6. Provider indicates invoiced amount/ payment expected for the child care provided.
7. Provider invoices an amount consistent with their rates on file or the rates charged to non-subsidy families.
8. Bottom of Attendance Sheet has a full signature and date from client and provider.
9. Parent and provider use approved YMCA CRS Attendance Sheet; no other attendance record can be used.

JULY 2014						SUZIE SMITH						
Date/day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment	Date/day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment	
Jul 1	M					Jul 16						
Jul 2		Child in care before and after school.					Jul 17	Example of a child in care for morning only				
Jul 3	W					Jul 18	TH	8:01am	8:43am			
Jul 4	TH	8:02am	8:45am	2:15pm	4:59pm	Jul 19	F					
Jul 5		Example of a child in care full day.					Jul 20	Example of a child in care after school only				
Jul 6						Jul 21	SU					
Jul 7	SU	7:59am			5:02pm	Jul 22	M	2:13pm	5:04pm			
Jul 8	M					Jul 23	TU					
Jul 9	TU				Sick/Full	Jul 24	W				Last day of care	
Jul 10	W					Jul 25	TH					

Use the Comment column to indicate reason for absence, OR last day of care, if applicable.

Recording family fee paid.

Part Time Monthly: \$ 100.00	Full Time Monthly: \$	ATTENTION: Enter amount of family fees paid for the current month only. \$ 100.00
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Provider indicates invoiced amount. **PROVIDER BILLING/INVOICING**

provider's child care services. Total amount billed by provider for this period (do not deduct family fees): \$ 350.00

Parent Self-Certification	Provider Self-Certification
I declare under penalty of perjury that the information herein is true and correct and that I am not receiving any other child care subsidy. I understand these child care hours are to be used only during pre-approved activities that entitle me to receive subsidized child care services. I understand any Family Fees that I am required to pay, as stated above, have been paid in full.	I declare under penalty of perjury that the information herein is true and correct and this child care was provided for the sole purpose for which this child was certified. I am not receiving child care payment for the child care services provided from any other source. I understand family fees may not be waived under any circumstances. I understand that I may be required to repay any overpayment.
Parent/Guardian Signature: <i>[Signature]</i> Date: 7/21/14	Provider Signature: <i>[Signature]</i> Date: 7/21/14

Full parent and provider signatures at end of month.

I declare under penalty of perjury that I understand the requirements, and the importance of printing Attendance Sheets (at <https://careportal.mcttechnology.com>) by the first of each month to have available for daily recording of child care hours. I understand that repeated failure to comply with Attendance Sheet requirements will result in child care payments being delayed or discontinued.

Provider _____ **Provider Signature** _____ **Date** _____