



Provider Name:	Child Name:	
Address:	Child DOB:	
	Parent Name:	
	Specialist:	

Date	Day	Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	REASON FOR ABSENCE	OFFICE USE ONLY	
							PT	FT
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TOTALS								

# Instructions for Completing the Attendance Record

- 1 All information must be written in ink.
- 2 **No copies, faxes or emailed attendance records will be accepted.**
- 3 Do not use white out or correction tape. If you make an error, cross it out, and write in the correct information.  
**All changes/corrections must be initialed** by the person making the change.
- 4 The parent or other authorized adult must fill in the **actual times** the child entered or left care **each day** (no rounding off). Pre-or post-completion of Attendance Record is in violation of state regulations.
- 5 For school-age children, indicate the reason for any care provided during school hours to be considered for reimbursement.
- 6 If the child leaves and returns during the day, the provider must fill in the times of departure and return.
- 7 The **reason for absence** must be given whenever a child does not attend on a **regularly** scheduled day (for example: flu, cold, with dad/mom/grandparent, vacation, etc.).
- 8 **Provider** must notify their local CocoKids office when a child has been absent for seven (7) or more consecutive days and the parent has not contacted their provider with the reason of not using services.
- 9 **Provider** must write **CLOSED** on all days of non-operation and state reason for closure.
- 10 **Provider** must complete the Family Fee section on the back of the Attendance Record when fees apply.  
The family fee is paid directly to the provider.
- 11 **Parent and Provider** must sign and date at the bottom of the Attendance Record on or after the last day of care in the service month certifying that the information is true and correct for payment to be processed. Signatures cannot be dated prior to last day of care.
- 12 The Parent is financially liable for any **unauthorized use of care**.

Reimbursement will be made as follows:

- Attendance Records received by the 5<sup>th</sup> of the month will be processed and uploaded to the bank on the 20<sup>th</sup>.
- Attendance Records received by the 10<sup>th</sup> of the month will be processed and uploaded to the bank on the 25<sup>th</sup>.
- Attendance Records received by the 29<sup>th</sup> of the month will be processed and uploaded to the bank on the last day of the month.
- Attendance Records for the month of June (the end of the fiscal year), must be submitted by July 15<sup>th</sup>.
- Attendance Records received later than the 30 days after the month of services rendered may not be reimbursable.

**PLEASE MAKE SURE ATTENDANCE RECORD IS SIGNED, DATED AND RECEIPT OF FAMILY FEE IS NOTED PRIOR TO SUBMISSION OR ATTENDANCE RECORD MAY NOT BE PAYABLE.**

FAMILY FEE:			FOR OFFICE USE ONLY			
Comments:			#	Rate Type	Rate	Total
						\$
						\$
<b>PARENT Self-Certification</b>						\$
<i>I declare under penalty of perjury that the information above is an accurate record of child care provided and was for the sole purpose for which child care was authorized.</i>						\$
Parent/Guardian Signature:		Date:				\$
Date Fee Received:	Amount:	Provider Initial:				\$
<b>PROVIDER Self-Certification</b>						
<i>I declare under penalty of perjury that the information above is true and correct and this is the same rate charged to non-subsidized families. I understand that I will be paid only for hours authorized on the current Child Care Certificate. By signing and submitting this attendance record or invoice without the parent's signature, I attest, under the penalty of perjury, that I have made and documented attempts to contact the parent, and the parent is either unavailable or unable to sign this attendance records/invoice due to the COVID-19 pandemic.</i>						
Provider Signature:		Date:				
			<b>Minus</b>		Monthly Family Fee	\$
			<b>Total Child Care Charges</b>			\$

Notification(s) Issued:

☐ Family Fee Notification

☐ SDM

Analyst Initials \_\_\_\_\_