



Date Received
For office use only

Date Paid
For office use only

ATTENDANCE REPORT: Month _____ Year _____

Parent _____ Child _____ Age _____ County _____
 Provider _____ Address _____ Phone (_____) _____
 Case Manager _____ Phone (_____) _____

Certified hours of need:	SUN	MON	TUES	WED	THU	FRI	SAT

Day of Month	Time In	PARENTS SIGN IN THIS COLUMN ONLY	PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS COLUMN ONLY	Absence Reason	Total Hours
		Parent's Signature	Time Out	Provider Initials	Time In	Provider Initials	Time Out		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

OFFICE USE ONLY			
TOTAL HOURS OF CARE _____	x	HOURLY PAY \$ _____	= \$ _____
TOTAL DAYS OF CARE _____	x	DAILY PAY \$ _____	= \$ _____
TOTAL WEEKS OF CARE _____	x	WEEKLY PAY \$ _____	= \$ _____
TOTAL MONTHS OF CARE _____	x	MONTHLY PAY \$ _____	= \$ _____

Meals \$ _____
 Registration \$ _____
 Transportation \$ _____
 Child Care Tuition \$ _____
 Other \$ _____
 Subtotal \$ _____
 Family Fee Collected (Subtract, **attach receipt**) \$ _____
 Total Reimbursement Expected for this Month \$ _____

I certify that this is a true and accurate attendance report for this child. My rate is the same charged to non subsidized families and 25% or more of the families I provide care for are non-subsidized.

Provider Signature

I certify accuracy of the hours on this report and that these hours are not being reimbursed by any other entity. There have been no changes to my eligibility or family size that have gone unreported.

Parent Signature

ATTENDANCE REPORT INSTRUCTIONS

PACEAPP POLICIES AND PROCEDURES

- *Parents and providers must adhere to all PACEAPP policies and procedures.*
- *Both parties are required to read and sign the PACEAPP Parent/Provider Handbook.*
- *Failure to comply with policies and procedures can result in non-payment or termination of services.*

PROVIDER RESPONSIBILITIES

- Provider must drop off attendance report(s) to the PACEAPP office or have attendance report(s) postmarked by 5:00pm on the 5th day of the month following service (example: April attendance report is to be turned in or postmarked by May 5).
- Payment is issued the 15th of each month. Late attendance reports may delay payment until the following payment month.
- Original attendance reports must be submitted. Faxes or photocopies cannot be accepted and will not be paid.
- If a family is assessed a family fee, providers must attach a pre-numbered family fee receipt to the attendance report for payment.

PARENT RESPONSIBILITIES

- A parent, legal guardian, or other authorized person must sign the attendance report for each contracted day. An attendance report for each child being served must be completed. Full and legible signatures are required for all days when care is authorized, including sick days.
- Parents must give a two-week written notice to PACEAPP and the provider before transferring or terminating services. Failing to give advance notice, or transferring without approval, will result in the parent covering the cost of care.
- Parent is responsible for informing the case manager of changes in their need for care.

CODES FOR CHILD ABSENCES

B	Best Interest Day for child <i>(limited to 10 per fiscal year)</i>
C	Provider closure <i>(paid non-operational days must match those indicated on provider's rate agreement)</i>
E	Family emergency
S	Child was sick <i>(or other medically related absence)</i>
U	Unexcused <i>(providers: use this code when you have no information for an absence)</i>

ATTENDANCE REPORT EXAMPLE

Parent <u>Jane Doe</u>		Child <u>John Smith</u>		Age <u>5</u>		County <u>Sunshine County</u>				
Provider <u>Sunshine Day Care Center</u>		Address <u>123 Sunshine Way, Sunshine City 99999</u>		Phone <u>(555) 555-5555</u>						
Case Manager <u>Julie Case Manager</u>				Phone <u>(444) 444-4444</u>						
Certified hours of need:	SUN	MON	TUES	WED	THU	FRI	SAT			
		4	4	4	4	4				
		8	8	8	8	8				
	PARENTS SIGN IN THIS COLUMN ONLY		PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN IN THIS COLUMN ONLY		OFFICE USE	
Day of Month	Time In	Parent's Signature	Time Out	Provider Initials	Time In	Provider Initials	Time Out	Parent's Signature	Absence Reason	Total Hours
1		(Non-School Age Below)								
2	7:01a	Jane Doe					3:01p	Jane Doe		8.0
3	7:03a	Jane Doe					3:02p	Jane Doe		8.0
4	N/A	Sick Day					N/A	Jane Doe	S	N/A
5		(School Age Below)								
6	7:04a	Jane Doe	8:30a	SDCC	12:34a	SDCC	3:01p	Jane Doe		4.0
7	7:02a	Jane Doe	8:29a	SDCC	12:31a	SDCC	3:03p	Jane Doe		4.0