

CCSA Child Care Scholarship Monthly Attendance Worksheet

ABCD Sample Child Center (87654321) 919-555-5555
 Month: January Year: 2021

1.

2.

Signature of Scholarship Agent

Date

Child's Name	Care Start	Care End	Start/End Date (if different)	# Days Present	# Days Absent	# Days Closed	Total Days	Reason Absent	Parent Fee Unpaid (check)
	3.		4.	5.	6.	7.	8.	9.	10.
John Doe							23		<input type="checkbox"/>
Jane Doe							23		<input type="checkbox"/>
James Smith							23		<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

Comments: Please use this space to communicate about excessive absences, past due parent fees, exits or notice of service termination from families, reasons for facility closures, or any issue requiring our attention.

11.

Attendance Submission:

- Please **SCAN** and **E-MAIL** to scholarship@childcareservices.org; **FAX** to **919-403-6959**, Attn: Scholarship; or **MAIL** to or **DROP OFF** at the front desk at 1201 S. Briggs Ave. in Durham or 1829 E. Franklin St., Bldg 1000 in Chapel Hill.
- All attendance worksheets must be received by the due date on the Attendance Worksheet Due Date Calendar, and signature is required for reimbursement.

With my signature above, I attest to the following and confirm that I am authorized to do so:

- The information provided on this form accurately reflects attendance for the children listed.
- The above named facility is in compliance with the Scholarship Program's General Provider Agreement and Licensure & Regulatory Compliance Policies, including having notified the Scholarship program of any child maltreatment investigation open at the facility.

Instructions for Completing Attendance

There are a few changes to the attendance sheet highlighted below. Each month, you will receive an attendance sheet by e-mail along with your payment details from the previous month. This attendance sheet will have the names and Care Start/End Date of the children at your site pre-populated on them. Occasionally, a child may be left off of your attendance sheet if they just had a care plan renewal or started after the first of the month. If you have a child at your program on CCSA Scholarship who is not listed on your attendance sheet, please write the child's name at the bottom and include their # Days Present, # Days Absent, # Days Closed, and Total Days along with any notes regarding absences.

Please remember that since attendance is due before the end of the month, you will need to project attendance through the end of the month based on the child's attendance pattern up until that point.

The following tips are designed to help you fill out the monthly attendance sheet. If you ever have any questions about filling out the attendance sheet, you can e-mail scholarship@childcareservices.org or give us a call at 919-403-6950. The numbers below correspond to the different parts of the attendance sheet on the opposite side of this page.

1. **Signature:** Your signature affirms the statement that follows it. Attendance sheets cannot be accepted if they are not signed. If you need to notify us of any issues related to your facility's compliance so that you can sign the statement, you may call us at 919-403-6950 or e-mail us at scholarship@childcareservices.org.
2. **Date:** Attendance sheets cannot be accepted if they do not have a valid date. To be valid, the attendance sheet must be dated on or after the 10th business day of the month.
3. **Care Start and Care End:** These are the care start and end dates we have in the system for the child. If these boxes are blank, this means the child has a pending renewal that is not yet approved.
4. **Start/End Date (if different):** If you have a different start date or date the child left your facility, please enter it here.
5. **# Days Present:** Include the number of days the child has attended + the number of expected days of attendance through the end of the month. Please take into account care start and end dates, if applicable, and exclude days not covered by the care plan.
6. **# Days Absent:** Include the number of days the child has been absent + the number of expected absences through the end of the month. Please take into account care start and end dates, if applicable, and exclude days not covered by the care plan.
7. **# Days Closed:** Include the number of days your program has been or will be closed this month. Days closed include days you are closed for any reason, including, but not limited to, holidays, teacher work days, closures for inclement weather, etc. These do not count against your payment.
8. **Total Days:** This box will pre-populate with the total number of business days, including holidays, for the month. The Total Days' number can be altered if need be, for example, if a child is attending the facility on a part-time basis or they have enrolled or left mid-month. The Total Days column should be the sum of the days present, days absent, and days closed.
9. **Reason Absent:** Please indicate the reason for any absences. If not known, write "unknown."
10. **Parent Fee Unpaid (check):** Check the box if the parent fee has not been paid
11. **Comments:** Please use the comments to describe any situations that may be unclear or that need additional attention.