



ATTENDANCE RECORD

CHILD NAME					DOB	PROGRAM			SERVICE MONTH/YEAR		
CHILD CARE INFORMATION											
Provider Name/ Provider ID #						Family Name/ Family ID #					
ATTENDANCE RECORDKEEPING											
Family Fee (If applicable)											
<input type="checkbox"/> Amount Collect \$ _____ <input type="checkbox"/> Outstanding Balance \$ _____ <input type="checkbox"/> Payment Plan \$ _____											
Date	Time In	Time Out	Time In	Time Out		Date	Time In	Time Out	Time In	Time Out	
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					
PARENT AND PROVIDER ATTENDANCE CERTIFICATION											
<p>As the parent, I declare under penalty of perjury that the information above is an accurate record of child care provided and that during this time period I was employed, or attending training/school, or other qualifying activity. I have read all the program rules printed on the back of this form.</p> <p>Parent Signature: _____ Date: _____</p> <p>As the provider, I declare under penalty of perjury that the information above is true and correct, and that the child care as stated above was provided. I understand that I may be required to repay any overpayment. I have read all the program rules printed on the back of this form.</p> <p>Provider Signature: _____ Date: _____</p>											

Please record the reason for child absences or provider closures below.

Date/Dates	Reason for child absence/provider closure

ATTENDANCE RECORDKEEPING

1. Complete the Attendance Record in blue or black ink and contact the office immediately if you have not received your preprinted Attendance Record in the mail.
2. Providers must remain in compliance with applicable licensing requirements, laws and regulations at all times. The capacity specified on the providers facility license shall be the maximum number of children for whom care can be provided at any one time.
3. Providers must contact the office if the child is no longer in care for seven (7) or more consecutive days. Indicate if the parent is not available to sign or if child care hours have not been recorded for the month. Reimbursement will be limited to 30 consecutive days or up to the family's dis-enrollment date when it is determined that child care services have been abandoned.
4. Mistakes and corrections made on the record of attendance must be lined out, corrected, and initialed by the provider, parent, or authorized representative. Do not use white out and/or correction tape.
5. Record actual time in and time out hours daily; do not round off times. Indicate AM/PM next to each time.
6. Record actual time out and time in hours daily for split schedules and/or school age children in the shaded columns.
7. Parent and Provider must sign and date on or after the last day of child care during the service month in the Attendance Certification section.

Mailing Address

Crystal Stairs, Inc.
P.O. Box 92240
Los Angeles, CA 90009-2240

For child care approval related questions, please contact us at

(323) 421-1038 English

For reimbursement/payment related questions, please contact us at

(323) 421-1087 English