



**PACEAPP**  
PROFESSIONAL ASSOCIATION FOR CHILDHOOD EDUCATION  
 ALTERNATIVE PAYMENT PROGRAM SINCE 1976  
 Improving the Quality of Life for Families and Children

Date Received

For office use only

Date Paid

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## ATTENDANCE REPORT

Parent \_\_\_\_\_ Child \_\_\_\_\_ Age \_\_\_\_\_ County \_\_\_\_\_  
 Provider \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 Case Manager \_\_\_\_\_ Month: \_\_\_\_\_ Year \_\_\_\_\_

Certified Hours of Need:	<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>

PARENTS SIGN IN THIS COLUMN ONLY			PROVIDER MUST INITIAL IF CHILD HAS A SPLIT SCHEDULE				PARENT SIGN OUT 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										
2										
3										
4										
5										
6										
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PACEAPP 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.

I certify accuracy of the hours on this report. There have been no changes to my eligibility or family size that have gone unreported.

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 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>B</b>	<b>Best Interest Day for child</b> <i>(limited to 10 per fiscal year)</i>
<b>C</b>	<b>Provider closure</b> <i>(paid non-operational days must match those indicated on provider's rate agreement)</i>
<b>E</b>	<b>Family emergency</b>
<b>S</b>	<b>Child was sick</b> <i>(or other medically related absence)</i>
<b>U</b>	<b>Unexcused</b> <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>						
<b>Certified hours of need:</b>	SUN	MON	TUES	WED	THU	FRI	SAT			
		4	4	4	4	4				
	8	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