

AmeriCorps Child Care Attendance Sheet Example



Privacy Act Statement (PAS) Authorities – This information is requested pursuant to the National and Community Service Act of 1990 as amended (42 USC 12501 *et seq.*), the Domestic Volunteer Service Act of 1973 as amended (42 USC 4950 *et seq.*), and E.O. 9397 as amended. **Purposes** – It is requested to manage, administer, and evaluate the childcare benefits program offered to eligible AmeriCorps Service Members. **Routine Uses** – Routine uses of this information may include disclosure to (1) contractors to assist with administering the childcare benefit, (2) individuals and organizations providing childcare, and (3) federal, state, or local agencies pursuant to lawfully authorized requests. A complete list of uses can be found in the system of records notice associated with this collection of information, [CNCS-06-CPO-ACB-AmeriCorps Childcare Benefit System \(ACB\)](#). **Effects of Nondisclosure** – This request is voluntary, but not providing the information will likely affect your ability to receive childcare benefits.

Member Name: John Doe Member's E-Mail Address: johndoe@gmail.com

Provider Name: Mary's Little Lambs Daycare Provider's E-Mail Address: littlelambs@yahoo.com

Month of Care: September Year of Care: 2022 State: CA

TABLE A: CHILDREN IN CARE		
Child Name	Age	Provider's Rate for this child (ex: \$100/weekly)
1. Kevin	2	\$150
2. John Jr.	4	\$100
3.		

Instructions:

- Fill in the total # of hours each day the child(ren) were in care. Example - if care is provided from 8am- 5pm you would write 9 in the boxes. **DO NOT USE** ☒, ☑, "8-5", "FT", "PT," etc. The hours are needed to determine what benefit rate will be used.
- Mark any no-care days as "A" for absent, "H" for holiday, or "W" for weekend. Care provided on weekends will require verification of service hours from the AmeriCorps member/Site Supervisor.
- Add up the charges for the month. Please note: Payment will be processed in accordance with the member's benefit award.
- Sign and submit the attendance sheet via email: support@americorpschildcare.com, Fax: 1-888-979-8216, or Mail - AmeriCorps Child Care Program, 205 Van Buren St., Suite 205, Herndon, VA 20170.

TABLE B: Fill in the total # of hours each day the child was in care (Ex: 8am - 5pm = 9)																
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Child 1: Kevin	9	9	W	W	9	9	9	9	A	W	W	9	9	9	9	
Child 2: John Jr.	9	9	W	W	9	9	9	9	9	W	W	A	9	9	9	
Child 3:																
Days of the Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Child 1: Kevin	9	W	W	9	A	A	9	9	W	W	H	9	9	9	9	W
Child 2: John Jr.	9	W	W	9	9	9	9	9	W	W	H	9	9	9	9	W
Child 3:																

TABLE C: INVOICE CHARGES	
WEEK 1	\$100.00
WEEK 2	\$250.00
WEEK 3	\$250.00
WEEK 4	\$250.00
WEEK 5	\$250.00
TOTAL INVOICE CHARGES	\$1,100.00

I certify that the provider information and attendance record entered on this attendance sheet are true and accurate. I understand that my payment will be in accordance with the CCDF Block Grant program guidelines for my state. I further understand that any misrepresentation of information may result in legal action.

X Mary Rodriguez
Provider Signature

10/3/2022
Date

X John Doe
Member Signature

10/3/2022
Date

***Upon receipt of a completed Attendance Sheet, payment will be made within 10 business days (Incomplete attendance sheets will NOT be processed)**

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