

STATE OF NEVADA
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Care and Development Program

Service Month & Year must be entered. 1 month per timesheet.

Child Care Attendance and Provider Reimbursement Timesheet

Service Month: _____ Year: _____

Time Entered in NCCS

Provider Information:

Actual Schedule

Name:	Tax ID:	Phone:
Mailing Address:		

Provider name, mailing address, and Tax ID/Social must be on the timesheet.

Client/Child Information:

Child Name:	Child UPI:	Child DOB:
Client Name:	Client UPI:	Phone:

1 Child per Timesheet

Child/Client Name & UPI are used to correctly identify case.

Client/Child Schedule this Month:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2	X						
Week 3							
Week 4		X					
Week 5							

Place a mark in the box for days attended each week of the month. Enter any schedule notes if necessary.

Mon	Tues	Wed	Thurs	Fri
8:30				
2:40				

School-age children must have bell times entered.

Schedule Notes:

Date	Day	Over night	Time In	Time Out	Time In	Time Out	Total Hours	Absent *	Initials	Date	Day	Over night	Time In	Time Out	Time In	Time Out	Total Hours	Absent *	Initials	
1	M		9:00 AM	9:00 PM						17									D	WD
2	T									18										
3	W									19										
4	R	X	10:00PM	2:30AM																
5	F																			
6										22										
7			6:00AM	8:30AM	3:30PM	5:30PM	4.5			23										
8										24										
9										25										
10										26									S	
11										27										
12										28										
13										29										
14										30										
15										31										

AM/PM must be indicated. Day will be denied if not marked.

Discretionary Days require that the D be entered along with the client/parent's initials.

Child was dropped off at 10pm on the 4th and picked up at 2:30am on 5th. Enter time on the same line. The child does not need to be clocked out at 11:59 pm and in at 12:00 am. This would result in an overpayment.

School aged children must be signed in when parent drops off and signed out when they are dropped off at school by the provider. They must be signed in when they are picked up from school by the provider and signed out when parent takes the child. Note: children who attend an accredited in-center kindergarten or are home-schooled must also be signed in/out for school.

Days that a child does not attend must have a reason explaining the absence. Use the *Absent Reasons codes below to select the letter.

Notification of client's copy. If the client is behind, please indicate balance.

Billing for Registration or Annual Fee (\$40.00/child/calendar year).

***Absent Reasons: Sick = S Vacation = V Track Break = T Discretionary Day = D Un-enrolled = U Loss of Contact = L Closed = C**

This Timesheet must be completed by the client daily with in and out times for all days the child was in attendance. If a discretionary day is used, a "D" must be placed in Absent Reason box and the client must initial that day. Any other absences to the Client/Child Schedule above must be indicated by an Absent Reason code (these do not need initials). All Timesheets must be submitted to the appropriate child care office no later than thirty days following the month of service. Timesheets submitted after thirty days are subject to non-payment.

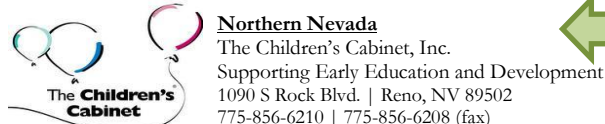
We, the undersigned, certify the accuracy of the information submitted on this Timesheet and understand that this information may be audited by the State of Nevada, Division of Welfare and Supportive Services or its designee's and that any incorrect benefits paid will be recovered.

Must have signature of client and provider along with date signed.

Client Signature _____ Date _____ Provider Signature _____ Date _____

client's co-payment current? Yes No- Balance \$ _____ Bill Annual Fee- Amount: \$ _____ Bill Registration Fee- Amount \$ _____

Please submit Timesheets for reimbursement to:



Timesheets must be turned in no later than 30 days after the month of service. Timesheets can be mailed, faxed or dropped off at this location.