

How to Fill Out the Timesheet

It is important to follow these instructions and fill out your timesheets correctly to prevent returns and/or delays in processing.

- There are 2 timesheet periods each month. The 1st – 15th and the 16th – the end of the month. Be sure to use the appropriate timesheet and submit it in a timely manner.
- Write neatly and be sure to fill out each of the boxes in the upper section of the timesheet. If the timesheet is not legible it will be returned.

MAIL TO: SC Child Care Council PO Box 186, Ferndale, NY 12734		Sullivan County Dept. of Health and Family Services PO Box 231, Liberty, NY 12754 Rev: 4 2024	
Vendor Name: <i>Donna's Day Care</i>		Client Name: <i>Mary Smith</i>	
Vendor Phone Number: <i>845-123-4567</i>	Case #: PA or SUBSIDY <i>PA</i>	Client PHYSICAL Address: Street: <i>45 Smith Rd.</i> City: <i>Anytown</i> State: <i>NY</i> Zip: <i>56789</i>	
Vendor MAILING Address Street: <i>123 main Street</i> City: <i>Anytown</i> State: <i>NY</i> Zip: <i>56789</i>		Client PHYSICAL Address: Street: <i>45 Smith Rd.</i> City: <i>Anytown</i> State: <i>NY</i> Zip: <i>56789</i>	
Vendor #:	Child's Name: <i>Joseph Smith</i>	Child's DOB: <i>3/27/21</i>	# of Children In Family: <i>3</i>
	Co-Pay Paid? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Child's Current Age: <i>2</i>	<input type="checkbox"/> Foster Care
EXPIRATION DATE: Payments <i>may not</i> be processed if timesheet is received <u>60 days</u> or more after last date of care shown below.		Care provided prior to this pay period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

- ONE CHILD per timesheet. Be sure to fill in the child's name, date of birth, and age in the appropriate sections.
- Enter the month and year and the corresponding Day of the Week for each day of care on the timesheet.

Date	Day of the Week	Begin Time	End Time	Must Note All Absences/Closures (ex: Absent - sick, Closed - holiday)
<i>9/1/23</i>	<i>Friday</i>	<i>8:34</i> (AM) PM	<i>4:37</i> AM (PM)	
<i>9/2/23</i>	<i>Saturday</i>	AM PM	AM PM	
<i>9/3/23</i>	<i>Sunday</i>	AM PM	AM PM	

- When entering the attendance times, enter the time that child came into care under the "Begin Time" and the time the child left care under the "End Time". Be sure to circle AM or PM for each entry.
 - If the child left and returned to care during the same day, use the second line for the second set of times. For example: The child was dropped off at 7:35 AM by his mother. He left on a bus at 10:30 AM for school. A bus brought him back from school at 1:42 PM and his father picked him up for the day at 5:26 PM. You would enter the attendance as follows:

Date	Day of the Week	Begin Time	End Time	Must Note All Absences/Closures (ex: Absent - sick, Closed - holiday)
<i>9/5/23</i>	<i>Tuesday</i>	<i>7:35</i> (AM) PM	<i>10:30</i> (AM) PM	
		<i>1:42</i> AM (PM)	<i>5:26</i> AM (PM)	

- If the child stayed OVERNIGHT (past 12 AM) be sure to enter the time after 12:00 AM onto the next day. For example:

Date	Day of the Week	Begin Time	End Time	Must Note All Absences/Closures (ex: Absent - sick, Closed - holiday)
<i>9/8/23</i>	<i>Friday</i>	AM PM	AM PM	<i>Overnight shift</i>
		<i>3:28</i> AM (PM)	<i>11:59</i> AM (PM)	
<i>9/9/23</i>	<i>Saturday</i>	<i>12:00</i> (AM) PM	<i>12:34</i> (AM) PM	
		AM PM	AM PM	

- c. If the child was Absent, enter the times the child was **scheduled** to attend and write **ABSENT and note the reason why** (ie. Sick, vacation, doctor appt., etc.).

Date	Day of the Week	Begin Time	End Time	Must Note All Absences/Closures (ex: Absent - sick, Closed - holiday)
9/7/23	Thursday	8:00 AM PM	4:30 AM PM	Absent - sick

- d. If the provider was Closed, enter the times the child is **normally scheduled** to attend and write **CLOSED and note the reason for the closure** (ie. Holiday, snow, no power, etc.).

Date	Day of the Week	Begin Time	End Time	Must Note All Absences/Closures (ex: Absent - sick, Closed - holiday)
9/4/23	Monday	7:30 AM PM	5:30 AM PM	Closed - holiday

6. The Parent/Guardian must **sign and date the Client/Recipient certification.**

Client/Recipient: I the undersigned certify that the above listed goods and services were received by me on (dated _____) in a satisfactory manner and in serviceable condition.

Signature: *Mary Smith* Date: *9/16/23*

7. The Provider must **sign and date the Vendor Certification.**

Vendor Certification: I the undersigned, hereby certify that the items shown above are correct and that the materials and services therein have actually been furnished or performed by me and that no part of the claim has been paid or satisfied and that there has been compliance with the Title VI of the Federal Civil Rights Act of 1964 in furnishing these supplies and services.

Signature: *Donna Jones* Date: *9/16/23*

8. Once your timesheet is completed and signed, please **mail** to:

The Sullivan County Child Care Council Inc.
PO Box 186, Ferndale, NY 12734

OR Email scanned timesheets to: timesheets@scchildcare.com

Timesheets which are illegible or need corrections will be returned to you via email from errors@scchildcare.com. Please be sure to **watch for returns** to avoid additional delays in processing.

****Timesheets must be received by the Childcare Council within 60 days of the last date of care listed on the timesheet being submitted.**

Timesheets are available for printing on our website: www.scchildcare.com.

Please contact The Sullivan County Childcare Council at (845) 292-7166 with any questions.