**Attendance Processing**

Hello, by now, you have received your first few payments for the fiscal year and some of you probably have a few questions. We also want to refresh and update you on changes you may or may not see with this upcoming year’s paperwork. Please take the time to review this document and if you have questions please feel free to contact:

**\*Carla Eatmon 386-961-0137** **ceatmon@elcgateway.org**

**Completing the Attendance Sheet**

**Please use the codes on the attendance sheet:**

 X = Enrolled/Present (SR & VPK)

 A = Authorized Absence beyond 3 Days (SR = day 7-10)(VPK List all absences as “A”)

 T = Terminated (disenrolled) (SR & VPK)

 E = Excused Absence (first three days SR only)

 H = Reimbursable Holiday (SR only)

 N = Enrolled Non Reimbursable (SR only)

 TC = Temporary Closure (SR only – for use during sudden unexpected events)

**Your attendance is taken directly from your daily sign in and out sheets. Inaccurately documenting days can result in adjustments to future payments. It is imperative that the person completing your attendance sheet accurately records attended days as well as absences.**

**Make sure all your attendance rosters are signed at the bottom right corner before submission (SR & VPK)**

**Pease use BLACK or DARK BLUE ink when completing attendance rosters and for sign in/out rosters. Pencil, crayons, or other markers do not print or copy well. Make sure all notations are legible and coded correctly before submitting to the ELCFG**

**Attendance rosters for SR and VPK are due the 3rd business day of the month. If the 3rd falls on a holiday, it is due on the next business day.**

**SR**

1. Count all X’s, E’s and A’s (if you have notes), and place that amount in the DAYS ATTND column on the Attendance Sheet (SR Only)
2. Any child that you noticed that is left off the attendance roster, please add and notate the days that they attended.
3. If a child no longer attends your facility, please mark “T” on the last day he/she attended.

**Absence Notification**

1. If a child is absent for five (5) consecutive days of the child’s regulary scheduled attendance, during a calendar month, with no contact from the parent, the **provider shall submit written notification to the local coalition or its designee** who in turn shall determine the need for continued care. The coalition shall document in the case file all attempts to contact the parent by the coalition, provider, or referring agency, if applicable.
2. If the child has ten (10) unexplained absenses during a total calendar month of attendance, with no contact from the parent, the **provider shall submit written notification to the local coalition or its designee** who in turn shall determine the need for continued care. The coalition shall document in the case file all attempts to contact the parent by the coalition, provider, or referring agency, if applicable.

If a determination is made that school readiness services are no longer needed, the local coalition or designee shall send a notice of termination to the parent and school readiness provider at least 2 weeks prior to disenrollment pursuant to Rule 6M-4.200, F.A.C. If the authorized eligibility period ends in less than 2 weeks, the notice of disenrollment will be sent stating that services will end on the last day of the current eligibility period. However, an at-risk child may not be disenrolled from the program without the written approval of the Child Welfare Program Office of the Department of Children and Families or the community-based lead agency. A notice of termination shall be maintained in the case file and provided to the parent, provider and referring agency.

1. When an **at-risk child has an unexcused absence or seven consecutive days of excused absences,** the school readiness provider shall notify the Department of Children and Families or community-based lead agency and the early learning coalition. The coalition shall document any contact made with the provider, referring agency and parent in the case file. This paragraph shall apply to all at-risk children under the age of school entry.

**Absence Documentation**

1. Only – 3 unexcused absences are paid to you without notes. These days should be marked with an E.
2. On the fourth day that a child is absent, an “A” should be used to mark the attendance. In addition, a note must be included in order for those days to be paid. You can have up to (7) additional “A” days for a TOTAL of 10 absences in all. 3 excused + 7 with notes = 10.
3. \*Any days beyond these 10 are N days and non-reimbursable.
4. In order to be paid for the 7 additional absences, the attendance must be coded properly. Once again, please use the “A” code when notating days that require absence documentation.
5. Only the codes listed on the Absence Documentation form can be paid. This information comes straight from the Florida Administrative Code 6M-4.5. Those reasons are listed on the Absence Documentation form provided with this packet.
6. The ELC must receive the absence documentation with the attendance sheet in order to pay for the “A” days. If you fail to submit the absence documentation, you will not be reimbursed for those days. You will have to submit documentation for a PPA with the next reimbursement cycle.

**VPK**

1. **Notate all absences for VPK with an A: No notes are required for VPK**
2. Any child that you noticed that is left off the attendance roster, please add and notate the days that they attended.
3. If a child no longer attends your facility, please mark T on the last day he/she attended.

 **Reimbursement Adjustments**

**(Form included with this packet)**

In case there are errors, the **Final Reimbursement Report** can help you in reconciling payments. If you should happen to notice a payment error, please use the following steps in submitting your adjustment.

1. Complete every section of the Provider Prior Period Adjustment form. All sections marked with an (\*) must be completed in order for the PPA to be processed.
2. When submitting a PPA please provide backup. Here are some examples.
3. When requesting a payment for missed “A” days (authorized absences), please provide the appropriate absence documentation with the PPA (Prior Period Adjustment Form)
4. When requesting a payment for missed days, please provide a completed attendance form for the month in question. For instance, if John was not paid for 5 days in August, you will need to mark these days on an August attendance sheet. This can be done by making a copy of your existing sheet or just adding him to a blank space on an August sheet. Submit the updated attendance with the PPA for payment.
5. If submitting a PPA to deduct days that were paid in error, only the PPA Form is needed.
6. Email the completed form to Carla Eatmon at the email addresses given at the beginning of this document.

**Fiscal Compliance Reviews/Monitoring**

**SR&VPK**

**ELCFG Internal Compliance Review**

During the fiscal year, each provider is asked to submit sign in/out sheets for monitoring purposes. Please understand that this is a requirement of our grant agreement with the state. A monitor check list will be e-mailed to you a month prior to your monitor visit. In the event you are asked to submit sign in/out sheets to our office, please submit them with the specified attendance rosters. In addition, VPK monitoring will be completed at the time of your scheduled monitor visit.

If there are discrepancies, you will be notified and possibly have an adjustment in the form of a deduction performed to correct the issue. If you are able to produce the proper documentation, you may avoid the deduction.

**\*\*Please remember that you are required to have 5 years of sign in/out sheets and parent payment records on hand, for monitoring purposes. A list of requested children’s files will be e-mailed to you with your monitor checklist.**

**State Audit**

The ELCFG is audited annually by the Office of Early Learning (OEL) If you are asked to submit your sign in/out sheets or other documentation, please do so in a timely manner. In addition, if you are asked questions due to a noted discrepancy, please make the corrections and resubmit in a timely manner.

**Note:** The ELC does not select the audit samples and must pass on the auditor’s requests

There are times when one provider can be audited for more than one funder (VPK AND SR) and for multiple audits. Please remember that we have no control over what the auditor requests. We simply ask that you submit all documentation as requested. If we are able to use prior submitted sign in out sheets, then we will. But this is a rare occurrence. WE appreciate your patience and cooperation in helping us supply the auditor’s request.

**Holiday Payments**

1. Rule changes and guidance by Florida’s Office of Early Learning (OEL) were revised to address provider reimbursement for holidays and breaks of school-age children. As a result, school-age children enrolled in a facility or program on a holiday(s) that the provider is closed the provider will receive a PT rate, not FT rate.
* School age children will be paid PT on holidays on which the provider is closed. For example, if your facility or program is closed on Labor Day, the provider will be reimbursed a PT rate for school age children.

**Changes in schedules**

If a child normally attends your facility as part of a part time schedule but attends for a FT day, please circle that day on your attendance sheet. ELCFG will review the child’s schedule to determine if the FT payment is allowable.

**FAQs**

1. **Who are my contacts for payment questions and contracts?**

Carla Eatmon 386-961-0137 or ceatmon@elcgateway.org

* Payment questions

Cheryl Madeiros 386-961-0130 or cmadeiros@elcgateway.org

* VPK or SR Contract questions
1. **Can I email my attendance sheet to the finance department?**

No, this may result in a breach of confidentiality and should not be emailed to ELCFG. Please consider other modes of communication (i.e. fax)

1. **I faxed my attendance in for payment, should I call the coalition or email them to make sure they were received.**

Yes, in fact, you can choose to email or call Van Brown or Carla Eatmon to ensure the facsimile was received and in its entirety.

1. **A parent said that he/she has re-determined or receives coalition financial assistance and wants to enroll a child(ren). You don’t have any paperwork from the parent at this time. Should you enroll the child(ren)?**

No, do not enroll the child(ren) without the authorized enrollment paperwork from ELCFG. Feel free to contact Family Services Coordinator Paula Howell at 386-961-0141 or Family Services/Data Integrity Director Van Brown (386) 961-0133 to assist with any questions or concerns.

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\*Provider name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date Submitted to Coalition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*PPA Request for Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Prior Period Adjustment Request Form**

**The provider agrees to notify ELC-FG in writing within fifteen (15) days of reimbursement regarding any discrepancies requiring resolution and/or adjusted reimbursement payment.** **The provider agrees that no adjustments will be submitted for payment after sixty (60) days.**

 \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Provider Signature**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child's Name****PLEASE PRINT****\*** | **Age****\*** | **Child SS#/last 4-digits****\*** | **Funder****\*** | **Parent Fee****\*** | **Classroom Letter/VPK Only****\*** | **VPK Absences** **(# of days x hours of program)** **\*** | **Total Days(SR)****\*** | **Reason for PPA-Please use code(s)****\*** |
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**PPA Codes:**

1. Provider not Paid 3. Incorrect provider rate 5. Child did not attend but paid 7. Parent fee not deducted 9. Incorrect Provider

2. Incorrect carelevel 4. Incorrect parent fee 6. Child not on attendance sheet 8. Incorrect schedule 10. Absences not recorded

**Reason for Denial:**

[ ]  Exceeded absence limit w/no proper docs [ ]  Child not enrolled with provider [ ]  Child terminated/Not re-determined

[ ]  Provider paid in previous month(s) [ ]  No VPK cert at time of enrollment with provider [ ]  Exceeds 15 day limit (needs other approval)

**Action Taken PPA Amount $\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Reviewed and Processed by Date***

**[ ]**

\*\***Executive Director or Designee Date**

**\*\*Needed if PPA is 15-30 days past the actual payment month**

 **Approved**

**Child Absence Documentation**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please circle the days the child was absent***

**1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31**

\_\_\_\_ Temporary Closure (Weather)\_\_\_\_\_ \_\_\_\_ Death in Family

\_\_\_\_ Hospitalization of child or parent \_\_\_\_ Court Ordered Visitation

\_\_\_\_ Child Illness \_\_\_\_ Military Deployment

**Child Absence Documentation**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please circle the days the child was absent***

**1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31**

\_\_\_\_ Temporary Closure (Weather etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Death in Family

\_\_\_\_ Hospitalization of child or parent \_\_\_\_ Court Ordered Visitation

\_\_\_\_ Child Illness \_\_\_\_ Military Deployment

**Child Absence Documentation**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Child Absence Documentation**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please circle the days the child was absent***

**1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31**

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\_\_\_\_ Child Illness \_\_\_\_ Military Deployment