

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

**Child Care Attendance and Provider Reimbursement Timesheet**

Service Month: \_\_\_\_\_ Year: \_\_\_\_\_

Time Entered in NCCS

**Provider Information:**

Actual  Schedule

|                  |         |        |
|------------------|---------|--------|
| Name:            | Tax ID: | Phone: |
| Mailing Address: |         |        |

**Client/Child Information:**

|              |             |            |
|--------------|-------------|------------|
| Child Name:  | Child UPI:  | Child DOB: |
| Client Name: | Client UPI: | Phone:     |

**Client/Child Schedule this Month:**

**School Bell Schedule (if applicable):**

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

| Mon | Tues | Wed | Thurs | Fri |
|-----|------|-----|-------|-----|
|     |      |     |       |     |
|     |      |     |       |     |
|     |      |     |       |     |

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

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

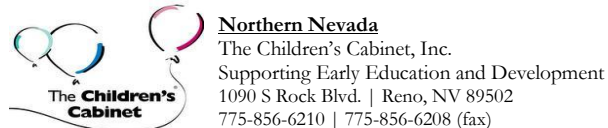
This Timesheet must be completed by the client daily with in and out times for all days the child was in attendance. If a discretionary day is used, a "D" must be placed in Absent Reason box and the client must initial that day. Any other absences to the Client/Child Schedule above must be indicated 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.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Please submit Timesheets for reimbursement to:



**Southern Nevada**  
Las Vegas Urban League  
Early Childhood Connection  
2470 N Decatur Blvd. #150 | Las Vegas, NV 89108  
702-473-9400 | 702-629-6232 (fax)