State of Kansas

Department for Children and Families Prevention and Protection Services

Child Care Exception Payment Program Timesheet

PPS 5258e REV 10/22/21

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Provider’s Name: E-mail: Month: Address where care occurs: Year: *List all foster children who received same hours of care this month; provide a separate timesheet for each child if different hours of care received this month or if more children involved.*

Child #1’s Name: Hourly Rate: Child #2’s Name: Hourly Rate: Child #3’s Name: Hourly Rate: Child #4’s Name: Hourly Rate:

For DCF Use

Foster Caregiver needing childcare: Childcare During Daytime Respite

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATE | AM | | PM | | (Full & Quarter Hours Only)  # HOURS | NOTES |
| TIME IN | TIME OUT | TIME IN | TIME OUT |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
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| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
| Total Hours: | | | | | 0 |  |

Provider’s Signature: KDHE Lic#: *By signing this timesheet you agree*

Foster Parent’s Signature:

*to the accuracy of the hours listed.*