

STATE PAY SIGN IN SHEET FOR September 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Nova Lindsey

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
9/1/16	8:00			5pm	J
9/2/16	7AM			5pm	J
9/5/16	7AM	Holiday		5pm	J
9/6/16	7AM			5pm	J
9/7/16	7AM			5pm	J
9/8/16	7AM			5pm	J
9/9/16	7pm			5pm	J
9/12/16	7AM			3:24	J
9/13/16	7AM			6:00	J
9/14/16	7pm			5pm	J
9/15/16	7AM			6:30 to 3:50	J
9/16/16	7AM			5pm	J
9/19/16	7AM			6:30	J
9/20/16	7AM			6:50	J
9/21/16	7AM			5pm	J
9/22/16	7AM			5pm	J
9/23/16	7AM			5pm	J
9/26/16	7AM			6:50	J
9/27/16	7AM			5pm	J
9/28/16	7:AM			5pm	J
9/29/16	7AM			5pm	J
9/30/16	7AM			5pm	J

Signatures

Shanae Jackson

Director

Carolyn A. Fraser

STATE PAY SIGN IN SHEET FOR September 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Jayse McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
9/1/16	7:00			5:00	
9/2/16	7:00			5pm	
9/5/16	7:00		<i>holiday</i>	5pm	
9/6/16	7:00			5pm	
9/7/16	7:00			5pm	
9/8/16	7:00			5pm	
9/9/16	7:00			5pm	
9/12/16	7:00			5pm	
9/13/16	7:00			8:21	BM
9/14/16	7:00			6:00	
9/15/16	7:00			6:30 to 3:50	
9/16/16	7:00			5pm	
9/19/16	7:00			6:30	
9/20/16	7:00			6:50	
9/21/16	7:00			5pm	
9/22/16	7:00			5pm	
9/23/16	7:00			5pm	
9/26/16	7:00			6:50	
9/27/16	7:00			5pm	
9/28/16	7:00			5pm	
9/29/16	7:00			5pm	
9/30/16	7:00			5pm	

Signature: *Shanae Jackson*

Director

Erin A. Fraser

STATE PAY SIGN IN SHEET FOR September 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Terryiah Morrow

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
9/1/16	6:00			5 pm	
9/2/16	7:00			5 pm	
9/5/16	7:00		Holiday	5 pm	
9/6/16	7:00			5 pm	
9/7/16	7:00			5 pm	
9/8/16	7:00			5 pm	
9/9/16	7:00			5 pm	
9/12/16	7:00			5 pm	
9/13/16	7:00			5 pm	
9/14/16	7:00			5 pm	
9/15/16	7:00			5 pm	
9/16/16	7:00			5 pm	
9/19/16	7:00			5 pm	
9/20/16	7:00			5 pm	
9/21/16	7:00			5 pm	
9/22/16	7:00			5 pm	
9/23/16	7:00			5 pm	
9/26/16	7:00			5 pm	
9/27/16	7:00			5 pm	
9/28/16	7:00			5 pm	
9/29/16	7:00			5 pm	
9/30/16	7:00			5 pm	

Signature: _____

Director

Errolyn A. Fraser

STATE PAY SIGN IN SHEET FOR September 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Camauri McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
9/1/16	8:00	Holiday		5pm	J
9/2/16	7:00			5pm	J
9/5/16	7:00	Holiday		5pm	J
9/6/16	7:00			5pm	J
9/7/16	7:00			5pm	J
9/8/16	7:00			5pm	J
9/9/16	7:00			5pm	J
9/12/16	7:00			5pm	J
9/13/16	7:00			3:21	J
9/14/16	7:00			6:00	J
9/15/16	7:00			6:30 TO 3:55	J
9/16/16	7:00			5pm	J
9/19/16	7:00			6:30	J
9/20/16	7:00			6:50	J
9/21/16	7:00			5pm	J
9/22/16	7:00			5pm	J
9/23/16	7:00			5pm	J
9/26/16	7:00			6:50	J
9/27/16	7:00			5pm	J
9/28/16	7:00			5pm	J
9/29/16	7:00			5pm	J
9/30/16	7:00			5:00	J

Signature:

Shanae Jackson
 Director
 Carolyn A. Fraser



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

CHILD CARE PROVIDER NAME Glad Tidings Christian Academy		PROVIDER DEPARTMENTAL VENDOR NUMBER (DVN) 000783264		PROVIDER TELEPHONE NUMBER 8163331054	
PARENT OR DESIGNEE NAME Shanae Jackson				PARENT OR DESIGNEE DCN	
PARENT OR DESIGNEE ADDRESS					
PARENT OR DESIGNEE TELEPHONE NUMBER					
MONTH/ YEAR 11/16	CHILD #1 NAME (FIRST/LAST) Jayse McNeely			CHILD #2 NAME (FIRST/LAST) Terryiah Morrow	
	CHILD #1 DCN 0064433847			CHILD #2 DCN 0063618219	
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM	PARENT MUST INITIAL EACH DAY OF CARE
1	6:58		4:57		
2	7:01		4:59		
3	6:59		5:03		
4	7:00		5:01		
5					
6					
7	7:00		4:45		
8	6:57		4:58		
9	6:53		5:02		
10	7:03		5:07		
11	7:00		4:58		
12					
13					
14	7:02		4:51		
15	7:07		5:02		
16	6:58		4:53		
17	6:57		4:58		
18	6:59		4:51		
19					
20					
21	6:57		5:13		
22	6:59		4:59		
23	7:02		4:50		
24					
25					
26					
27					
28	7:00		4:58		
29	6:53		4:59		
30	6:58		5:06		
31	7:02		5:12		

I certify that the hours and days of care listed above were provided to the above named children.

PARENT SIGNATURE: *Shanae Jackson* CHILD CARE PROVIDER SIGNATURE: *Donalyn A. Fraser*

PROVIDER NOTE: All child care providers are required to maintain daily attendance records for subsidy eligible children. Daily attendance records must include the time care began and the time care ended, initialed by the parent/designee, on each day of care. Attendance must be recorded on the same day care is provided. Complete and legible, original attendance records must be submitted with original invoices, for payment.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

CHILD CARE PROVIDER NAME Glad Tidings Christian Academy	PROVIDER DEPARTMENTAL VENDOR NUMBER (DVN) 000783264	PROVIDER TELEPHONE NUMBER 8163331054
PARENT OR DESIGNEE NAME Shanae Jackson		PARENT OR DESIGNEE DCN
PARENT OR DESIGNEE ADDRESS		

PARENT OR DESIGNEE TELEPHONE NUMBER

MONTH/ YEAR 11/16	CHILD # 1 NAME (FIRST/LAST) Nova Lindsay				PARENT MUST INITIAL EACH DAY OF CARE	CHILD # 2 NAME (FIRST/LAST) Camauri McNeely				PARENT MUST INITIAL EACH DAY OF CARE
	CHILD # 1 DCN 0065179117					CHILD # 2 DCN 0064433849				
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM		TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM	
1	6:58			4:57	J	6:58			4:57	J
2	7:01			4:59	J	7:01			4:59	J
3	6:59			5:03	J	6:59			5:03	J
4	7:00			5:01	J	7:00			5:01	J
5	[REDACTED]									
6	[REDACTED]									
7	7:00			4:45	J	7:00			4:45	J
8	6:57			4:58	J	6:57			4:58	J
9	6:53			5:02	J	6:53			5:02	J
10	7:03			5:07	J	7:03			5:07	J
11	7:00			4:58	J	7:00			4:58	J
12	[REDACTED]									
13	[REDACTED]									
14	7:02			4:51	J	7:02			4:51	J
15	7:07			5:02	J	7:07			5:02	J
16	6:58			4:53	J	6:58			4:53	J
17	6:57			4:58	J	6:57			4:58	J
18	6:59			4:51	J	6:59			4:51	J
19	[REDACTED]									
20	[REDACTED]									
21	6:57			5:13	J	6:57			5:13	J
22	6:59			4:59	J	6:59			4:59	J
23	7:02			4:57	J	7:02			4:50	J
24	[REDACTED]									
25	[REDACTED]									
26	[REDACTED]									
27	[REDACTED]									
28	7:00			4:57	J	7:00			4:58	J
29	6:53			4:58	J	6:53			4:59	J
30	6:58			5:06	J	6:58			5:00	J
31	7:02			5:12	J	7:02			5:12	J

I certify that the hours and days of care listed above were provided to the above named children.

PARENT SIGNATURE

Shanae Jackson

CHILD CARE PROVIDER SIGNATURE

Steph A. Fraser

PROVIDER NOTE: All child care providers are required to maintain daily attendance records for subsidy eligible children. Daily attendance records must include the time care began and the time care ended, initialed by the parent/designee, on each day of care. Attendance must be recorded on the same day care is provided. Complete and legible, original attendance records must be submitted with original invoices, for payment.

STATE PAY SIGN IN SHEET FOR October 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Camauri McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
10/3/16	8:00	Monday		5pm	J
10/4/16	8:00			5:00	J
10/5/16	8:00			5:00	J
10/6/16	7:45			5:00	J
10/7/16	8:00			5:00	J
10/10/16	7:30			5:30	J
10/11/16	6:30			5:30	of
10/12/16	6:50			5:30	of
10/13/16	7:30			5:30	J
10/14/16	7:30			5:50	J
10/17/16	6:50			5:30	of
10/18/16	7:30			5:30	J
10/19/16	7:30			5:30	J
10/20/16	6:45			5:30	J
10/21/16	7:00			5:30	J
10/24/16	7:05			5:30	of
10/25/16	7:00			5:30	of
10/26/16	7:00			5:30	of
10/27/16	7:00			5:30	J
10/28/16	7:00			5:30	J
10/31/16	7:00			5:30	J

Signature

Director

Emolyn A. Fraser

STATE PAY SIGN IN SHEET FOR October 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Jayse McNeely

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
10/3/16	8:00	8:00		5:00	J
10/4/16	8:00			5:00	J
10/5/16	8:00			5:00	J
10/6/16	7:45			5:00	J
10/7/16	8:00			5:00	J
10/10/16	7:00			5:30	J
10/11/16	6:30			5:30	J
10/12/16	6:50			5:30	J
10/13/16	7:00			5:30	J
10/14/16	7:00			5:30	J
10/17/16	6:50			5:30	J
10/18/16	6:45			5:30	J
10/19/16	6:45			5:30	J
10/20/16	6:45			5:30	J
10/21/16	7:00			5:30	J
10/24/16	7:05			5:30	J
10/25/16	7:00			5:30	J
10/26/16	7:00			5:30	J
10/27/16	7:00			5:30	J
10/28/16	7:00			5:30	J
10/31/16	7:00			5:30	J

Signature: Shanae Jackson Director

Cynthia A. Fraser

STATE PAY SIGN IN SHEET FOR October 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

PARENT: Shanae Jackson

CHILD: Terryiah Morrow

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
10/3/16	8:00	Holiday		5pm	J
10/4/16	8:00			5:00	J
10/5/16	8:00			5:00	J
10/6/16	7:45			5:00	J
10/7/16	8:00			5:00	J
10/10/16	8:00			5:00	J
10/11/16	6:30			5:30	J
10/12/16	6:50			5:30	J
10/13/16	7:30			5:30	J
10/14/16	7:30			5:30	J
10/17/16	6:50			5:30	J
10/18/16	7:30			5:30	J
10/19/16	7:30			5:30	J
10/20/16	6:45			5:30	J
10/21/16	6:00			5:30	J
10/24/16	7:05			5:30	J
10/25/16	7:00			5:30	J
10/26/16	7:00			5:30	J
10/27/16	7:00			5:30	J
10/28/16	7:00			5:30	J
10/31/16	7:00			5:30	J

Signature: _____

Director _____

Shanae Jackson
Carolyn A. Fraser

STATE PAY SIGN IN SHEET FOR October 2016

GLAD TIDINGS ACADEMY AND CHILD DEVELOPMENT CENTER #000783264

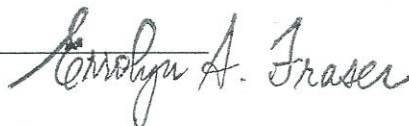
PARENT: Shanae Jackson

CHILD: Nova Lindsey

DATE	TIME BEGAN	TIME END/WILL RETURN	TIME BEGAN/RETURNED	TIME ENDED	PARENT MUST INITIAL
10/3/16	8:00	Holiday		5:00	J
10/4/16	8:00			5:00	J
10/5/16	8:00			5:00	J
10/6/16	7:45			5:00	J
10/7/16	8:00			5:00	J
10/10/16	8:00			5:00	J
10/11/16	6:30			5:30	J
10/12/16	6:50			5:30	J
10/13/16	7:00			5:30	J
10/14/16	7:00			5:30	J
10/17/16	6:50			5:30	J
10/18/16	7:00			5:30	J
10/19/16	6:45			5:30	J
10/20/16	6:45			6:00	J
10/21/16	6:00			6:00	J
10/24/16	7:05			5:30	J
10/25/16	7:00			5:30	J
10/26/16	7:00			5:30	J
10/27/16	7:00			5:30	J
10/28/16	7:00			5:30	J
10/31/16	7:00			5:30	J
				5:30	J

Signature: _____

Director _____


 Emelyn A. Fraser