

[VIDEO] Import Attendance Data

Last Modified on 08/31/2023 4:39 pm
CDT

Prior to completing these steps, make sure all paper Weekly Attendance & Meal Count sheets have been scanned to your computer using the correct [Scanner Settings](#).

1. From the menu to the left, click **Import**.
2. Click **Import Attendance Data**.
3. Click the blue box that says **Browse files to import**.
4. Select one or multiple files that have been scanned to import into KidKare.
5. Once the files selected show up on this screen, click **Import**.

 > Import > Import Attendance Data

Report has been successfully generated

Import Files

[Browse files to import](#)

[Import](#)

ma peppas 7-15-23.tif
ma peppas 7-22-23.tif

6. Files will show as **validated** or **failed**.

 > Import > Import Attendance Data

Import Files

[Browse files to import](#)

[Import](#)

1 file(s) validated.

1 file(s) failed.

0 hand-written or unmatched children on 0 pages were not recognized. Click the [Error List](#) to review and correct them now.

- a. **Validated** files are uploaded successfully and now reflect on your Meals & Attendance screen and in reports. No further action required.
- b. **Failed** files should be reviewed, fixed, re-scanned, and re-uploaded. Click on **Error List** to view error details. You can fix some errors from the **Error List**, or you may need to re-scan for a better image.
 - i. Check [scanner settings](#) to ensure the document meets all scanning requirements.

- ii. Check to ensure the centers completed the forms correctly and there are not abstract marks, tears, etc. Review how to [fill out forms correctly](#).

Completed Import Sheet Sample - No Errors

07/20/2023 1:47 pm CST All CACFP forms and documents must be kept for three (3) years after the end of the program year.
 Peppa's Play Yard TX #9999 (1234) (214) 548-6633

Weekly Attendance & Meal Count Report
 Week Of: 7/10/2023 - 7/14/2023
 TX Program No: 12345678

Alternate Form No. 1535
 Sponsor: Test Childcare Services (972) 111-1111

CLASSROOM #	Apple	07/10/2023 MONDAY				07/11/2023 TUESDAY				07/12/2023 WEDNESDAY				07/13/2023 THURSDAY				07/14/2023 FRIDAY							
		A	B	L	P	A	B	L	P	A	B	L	P	A	B	L	P	A	B	L	P				
1	6y 0m	10	BING, CHANDLER*	X	X	-	X	X	-	-	-	X	X	-	X	X	-	X	X	-	X	X	-	-	
2	6y 7m	36	BRAXTON, TAMAR*	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
3	4y 6m	124	BROWN, AMBER	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
4	5y 8m	110	BROWN, CHRIS	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
5	5y 6m	116	DIESEL, VIN	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
6	5y 6m	69	ELBA, EDRIS	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
7	3y 8m	109	GRAHM, DRAKE (AUBREY)*	-	-	-	-	-	-	-	-	-	X	X	-	X	X	-	X	X	-	X	X	-	-
8	7y 4m	26	JACKSON, SAMUEL*	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
9	6y 11m	78	JORDAN, MICHAEL	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
10	8y 2m	23	KUTCHER, ASHTON*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11	5y 2m	13	LATHAN, SANAA*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	X	-	-
12	5y 6m	71	LEGEND, JOHN*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
13	7y 6m	31	PALMER, KEKE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
14	4y 6m	120	PRATT, CHRIS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
15	6y 6m	147	ROCK, CHRIS*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
16	85y 3m	145	ROGERS, MR.*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
17	4y 6m	16	SHEPHARD, DEREK*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
18	6y 5m	27	SULLIVAN, JAZMINE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
19	4y 4m	139	WATSON, EMMA*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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22				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
* Special Diet																									
# of Program Participants (Att & Meal Count)																									
# of Program Staff & Non-Program Meals																									

CXFORMID1008 72154 I certify that the information on this form is true and correct to the best of my knowledge and that I Mark only an "X" within the boxes. This may be read by a machine. will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes. Teacher:  Date: 7/20/23 Page 1 of 14

Completed Import Sheet Sample - With Errors

Error 1: Top right corner is torn. All four corners should be visible on the image.

Error 2: There should be no marks on the page outside of Meals and Attendance boxes and there should be no color.

Error 3, 4, & 5: These are examples of incorrect ways to mark Meals and Attendance. Must be a solid "X" and be contained in the box that is marked. No check marks, slashes, or over sized X's that bleed into other boxes.

Error 6: No handwritten notes, marks, or comments should be on this page.

Weekly Attendance & Meal Count Report
 Week Of: 7/10/2023 - 7/14/2023
 TX Program No: 12345678

⑥ PICK UP TOMORROW @ 9am!

CLASSROOM #: Apple			07/10/2023 MONDAY				07/11/2023 TUESDAY				07/12/2023 WEDNESDAY				07/13/2023 THURSDAY				07/14/2023 FRIDAY					
AGE	NBR	CHILD NAME	Att	B	L	P	Att	B	L	P	Att	B	L	P	Att	B	L	P	Att	B	L	P		
1	0m	10 BING, CHANDLER*	X	X	-	X	X	-	-	-	-	X	X	-	X	X	-	X	X	-	X	X	-	-
2	7m	36 BRAXTON, TAMAR*	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
3	4y 6m	124 BROWN, AMBER	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-	
4	5y 6m	110 BROWN, CHRIS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5	5y 6m	116 DIESEL, VIN	X	X	-	X	X	-	X	X	-	-	-	-	X	X	-	X	X	-	X	X	-	-
6	5y 6m	69 ELBA, EDRIS	X	X	-	X	X	-	X	X	-	-	-	-	X	X	-	X	X	-	-	-	-	-
7	3y 6m	109 GRAHM, DRAKE (AUBREY)*	-	-	-	-	-	-	-	-	-	X	X	-	X	X	-	X	X	-	X	X	-	-
8	7y 4m	26 JACKSON, SAMUEL*	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
9	6y 11m	78 JORDAN, MICHAEL	X	X	-	X	X	-	-	-	-	X	X	-	X	X	-	X	X	-	-	-	-	-
10	8y 2m	23 KUTCHER, ASHTON*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
11	5y 2m	13 LATHAN, SANAA*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	X	-
12	5y 6m	71 LEGEND, JOHN*	✓	✓	-	✓	-	✓	✓	-	✓	-	✓	-	✓	✓	-	✓	✓	-	✓	✓	-	-
13	7y 6m	31 PALMER, KEKE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	4y 6m	120 PRATT, CHRIS	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
15	6y 6m	147 ROCK, CHRIS*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16	85y 3m	145 ROGERS, MR.*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	4y 6m	16 SHEPHARD, DEREK*	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	X	X	-	-
18	6y 5m	27 SULLIVAN, JAZMINE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	4y 4m	139 WATSON, EMMA*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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22			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
* Special Diet																								
# of Program Participants (Att & Meal Count)																								
# of Program Staff & Non-Program Meals																								

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CXFORMID1008
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I certify that the information on this form is true and correct to the best of my knowledge and that I Mark only an "X" within the lines! This may be read by a machine. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher: [Signature]

Date: 7/20/23