# Require Attendance Certification
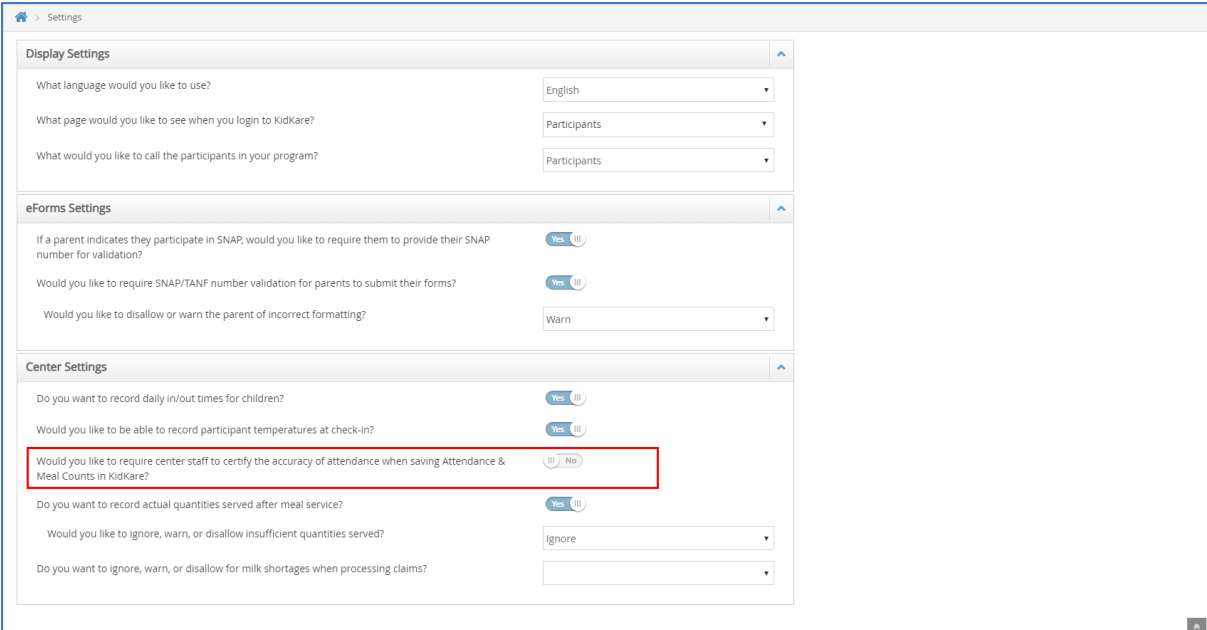
Some states require attendance records to be certified and signed by center staff. When you enable this requirement, center staff will be prompted to acknowledge and sign attendance records upon saving attendance. The electronic signature will appear at the bottom of the Weekly + Attendance Report and consist of the teacher name (first and last) of the last record where the user certified attendance for the classroom for the day, as well as the date and time of the last certification for the classroom for the day.

> **Notes:** This article pertains to independent centers only. If you are a sponsored center, your food program sponsor determines whether you are required to certify attendance. You must have the **View/Modify Center Staff** permission to access and update center settings.

To enable this requirement:

1. Click ⚙️ . The Settings page opens.

2. In the **Center Settings** section, click Ⅲ next to **Would you like to require center staff to certify the accuracy of attendance when saving Attendance & Meal Counts in KidKare**. Your changes are saved automatically.



When your centers record attendance and meal counts in KidKare and click **Save,** the following pop-up displays:

## CERTIFICATION

**Read the Certification Statement.** The site representative taking meal counts and attendance signs and dates certifying that the completed information is true and correct and that only eligible meals served to eligible Program participants will be claimed.

**Acknowledge & Sign**    **Cancel**

The electronic signature will appear at the bottom of the Weekly + Attendance Report, as shown below.

All CACFP forms and documents must be kept for three (3) years after the end of the program year.

**KidKare9 (1)**

(000) 555-1234

**Weekly Attendance & Meal Count Report**
Week Of: 3/1/2021 - 3/5/2021
**TX Program No:**

Alternate Form No. 1535
**Sponsor: KidKare9**
(000) 555-1234

CLASSROOM #:  2yrs

| | | | 03/01/2021 MONDAY | | | | | | 03/02/2021 TUESDAY | | | | | | 03/03/2021 WEDNESDAY | | | | | | 03/04/2021 THURSDAY | | | | | | 03/05/2021 FRIDAY | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AGE | NBR | CHILD NAME | Att | B | A | L | P | | Att | B | A | L | P | | Att | B | A | L | P | | Att | B | A | L | P | | Att | B | A | L | P | |
| 1 7y 3m | 1 | JONES, MICHAEL | | | | | - | - | | | | | - | - | X | | | | - | - | | | | | - | - | | | | | - | - |
| 2 6y 5m | 4 | PITT, DANIELLE* | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 3 2y 2m | 43 | SMITH, JENNIFER  P | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 4 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 5 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 6 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 7 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 8 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 9 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 10 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 11 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 12 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 13 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 14 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 15 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 16 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 17 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 18 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 19 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 20 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 21 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |
| 22 | | | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - | | | | | - | - |

* Special Diet

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| # of Program Participants (Att & Meal Count) | | | | | | 1 | | |
| # of Program Participant Meals to be Claimed | | | | | | | | |
| # of Program Staff & Non-Program Meals | | | | | | | | |

CXFORMID1008
74478

I certify that the information on this form is true and correct to the best of my knowledge and that I 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.

**Mark only an "X" within the lines!    This may be read by a machine.**

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**Teacher:** _____    **Date:** _____