Require Centers to Certify Attendance Records

Some states require attendance records to be certified and signed by center staff. You can toggle this requirement on for your centers in KidKare. When you enable this requirement, your centers will be prompted to acknowledge and sign their attendance records upon saving attendance in KidKare. 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.

Note: This setting affects KidKare only.

To enable this requirement:

1. Click . The Settings page opens.

2. In the **General Settings** section, click 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.
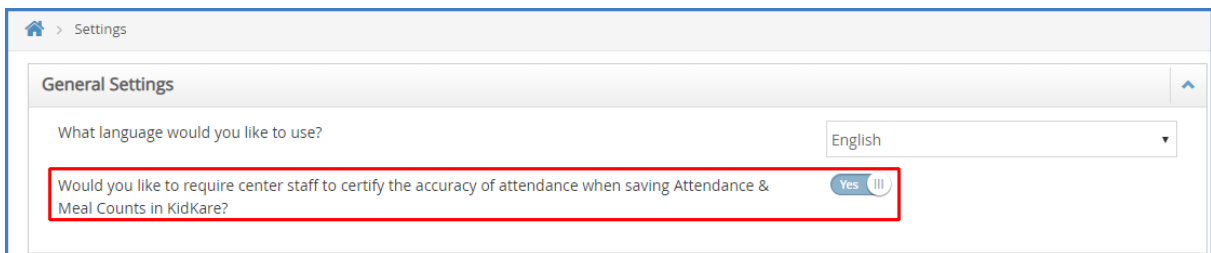
When your centers record attendance and meal counts in KidKare and click **Save**, the following pop-up displays:
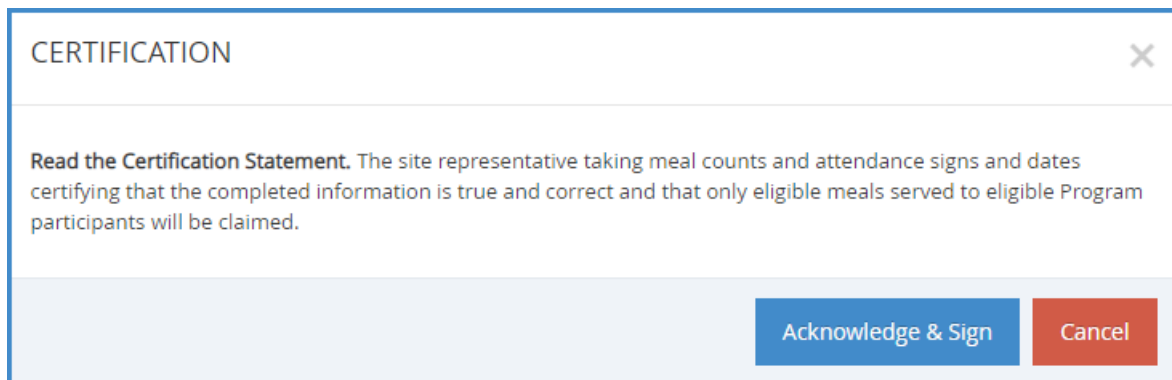
The electronic signature will appear at the bottom of the Weekly + Attendance Report, as shown below.

Jess Center (123)

(817) 123-4567

Weekly Attendance & Meal Count Report
Week Of: 2/8/2021 - 2/12/2021
TX Program No:

Alternate Form No. 1535

Sponsor: MM Test
2145550330

					02/08/2021 MONDAY						02/09/2021 TUESDAY						02/10/2021 WEDNESDAY						02/11/2021 THURSDAY						02/12/2021 FRIDAY				
CLASSROOM #: Blue																																				
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 0y 4m	16	PETERS, CHICO	X	X	-			-	-		-			-	-		-			-	-		-			-	-		-			-	-			
2 6y 1m	13	SCHWAB, JAMIE	X	X	-			-	-		-			-	-		-			-	-		-			-	-		-			-	-			
3 4y 1m	8	SMITH, LINDSEY	X	X	-			-	-		-			-	-		-			-	-		-			-	-		-			-	-			
4 6y 8m	6	TARTT, DONNA	X	X	-			-	-		-			-	-		-			-	-		-			-	-		-			-	-			
5					-			-	-		-			-	-		-			-	-		-			-	-		-			-	-			
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22					-			-	-		-			-	-		-			-	-		-			-	-		-			-	-			

* Special Diet

	02/08					
# of Program Participants (Att & Meal Count)	4	4				
# of Program Participant Meals to be Claimed		4				
# of Program Staff & Non-Program Meals						

CXFORMID1008
74311

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursment 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: Administrator Center

Date: 02/08/2021 9:27 am CST