

# Require Centers to Certify Attendance Records



Last Modified on 02/08/2021 2:30 pm  
CST

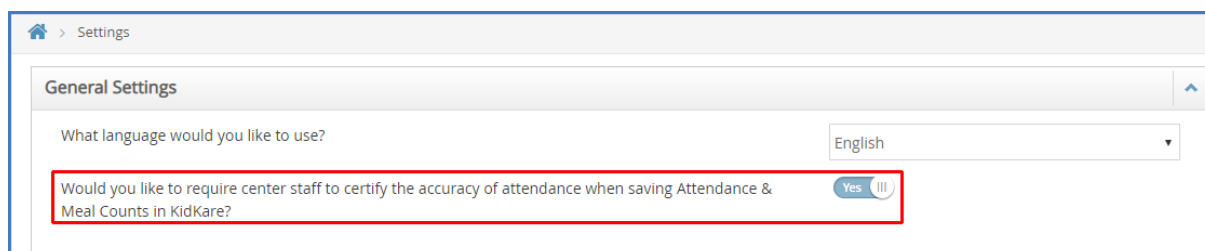
Some states require attendance records to be certified and signed by center staff.

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.

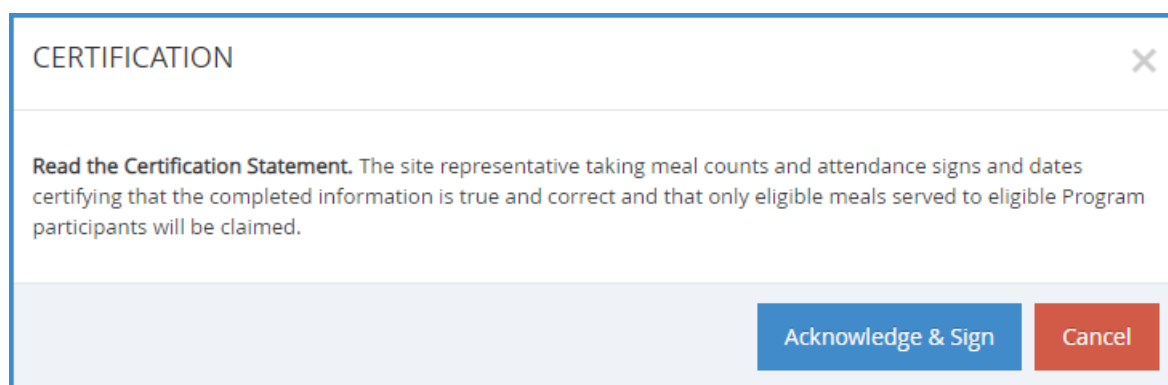
**Note:** This setting affects KidKare only. The process for recording attendance and meal counts in Minute Menu CX will not change.

To enable this requirement:

1. Log in to [app.kidkare.com](https://app.kidkare.com). Use the same credentials you use to access Minute Menu CX.
2. Click . The Settings page opens.
3. 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:

Sponsor: MM Test  
2145550330

CLASSROOM #: Blue			02/08/2021 MONDAY					02/09/2021 TUESDAY					02/10/2021 WEDNESDAY					02/11/2021 THURSDAY					02/12/2021 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	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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22																											
* Special Diet																											
# 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 belief. I understand that 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: Administrator Center

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