



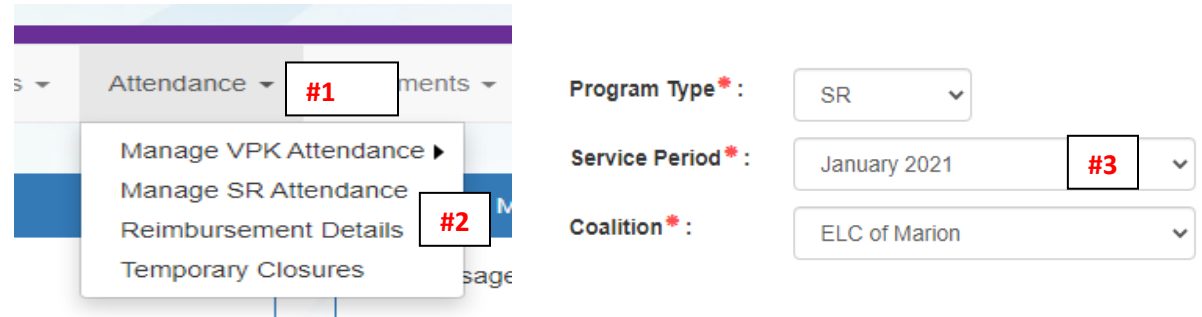


# Quick Guide to Attendance Submission

**PURPOSE:** How to complete attendance for each child enrolled. **IMPORTANT:** Before starting attendance make sure the following three step have been completed. **1) Accept all new enrollments** (See How To: [Accept-Reject Enrollment directions](#)). **2) Submit all termination requests** for any children who are no longer enrolled. **3) Submit any Temporary Closure request** (See How To: [Temporary Closure directions](#))

From the provider dashboard

1. Click on the *Attendance Tab*
2. Click on *Manage SR Attendance*
3. Click on the *Service Period* drop down and select the correct service month to work on
4. Click on the *child name* to record attendance (child name will be highlighted in green. The calendar will populate each day defaulted with a X = present, \* = Provider Closed/Temporary closure or H = Holiday)
5. Click on the *X* to change attendance to absent



1 to 3 of 3 enrolled

	Child Name	DOB	Age	Billing G	Status
1.	[REDACTED]	[REDACTED]	10y	BG8	PND
2.	[REDACTED]	[REDACTED]	5y	BG8	PND
3.	[REDACTED]	[REDACTED]	8y	BG8	PND
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Previous Next

Indicate the child's attendance below. Supporting documentation may be uploaded to the

Attendance Calendar						
January 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	31	1	2
					H	*
3	4	5	6	7	8	9
*	X PT	X PT	X PT	X PT	X PT	*
10	11	12	13	14	15	16
*	X PT	X PT	X PT	X PT	X FT	*
17	18	19	20	21	22	23
*	H	X PT	X PT	X PT	X PT	*
24	25	26	27	28	29	30

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6. A pop-up box will appear to record the absence
  - a. Click on the drop down to select the *Absent reason*
  - b. Click in the *Note Box* to type in a comment to support the absence
  - c. Click on the *Chose File* box to upload any supporting documentation
  - d. Click *Save*

## RULE 6M-4.500

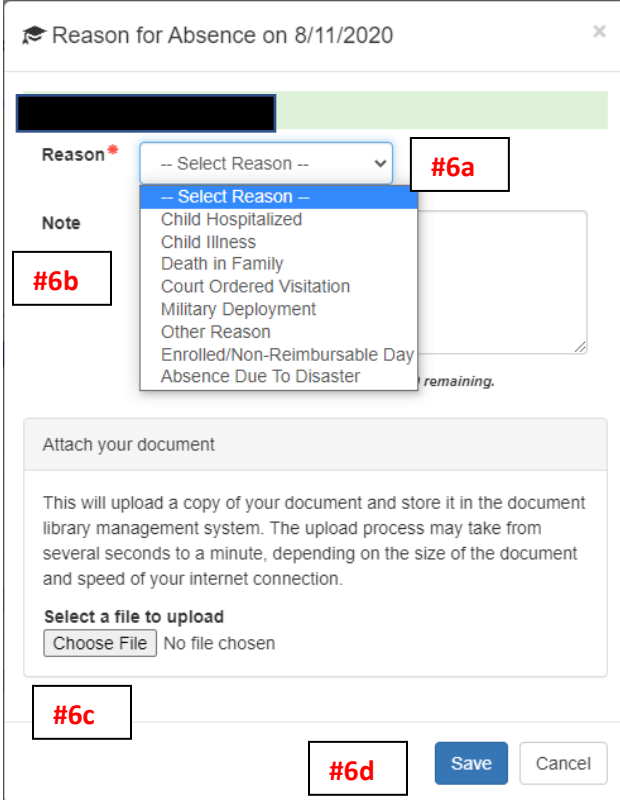
### (4) Absences.

- (a) Reimbursement shall be **authorized for no more than three (3) absences** per calendar month per child except in the event of extraordinary circumstances in which case the coalition or its designee shall document approval for payment based on written documentation provided by the parent justifying the **excessive absence for up to an additional seven (7) days**. Extraordinary circumstances **does not include vacation or recreational time**.

Examples of extraordinary circumstances include the following:

1. Hospitalization of the child or parent with appropriate documentation (i.e., doctor's note, hospital admission),
2. Illness requiring home-stay as documented (doctor's note, parent statement),
3. Death in the immediate family with appropriate documentation (i.e., obituary, death certificate, parent statement),
4. Court ordered visitation with appropriate documentation (i.e., court order), or
5. Unforeseen documented military deployment or exercise of the parent(s) (i.e., military orders of deployment, reserve duty),

- b) Total monthly reimbursed absences shall **not exceed ten (10) calendar days**.



Reason for Absence on 8/11/2020

Reason\* -- Select Reason --

Note

Attach your document

This will upload a copy of your document and store it in the document library management system. The upload process may take from several seconds to a minute, depending on the size of the document and speed of your internet connection.

Select a file to upload

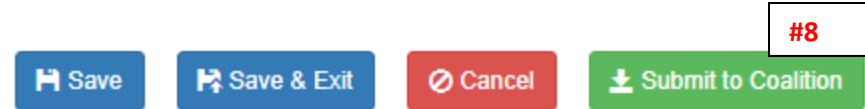
Choose File No file chosen

Save Cancel

**\*\*All Absences beyond 10 should be marked "Enrolled / Non-Reimbursable Day"**

# Quick Guide to Attendance Submission

7. Complete this process for every child on the attendance roster based on the parents signature on the Sign In / Sign Out sheet (SISO).  
**IMPORTANT: The SISO MUST match the attendance submitted and certified to the coalition.**
8. To submit attendance, Click on the **green button** at the bottom right side of the screen
9. Review the summary of the attendance that is being submitted
10. Complete your **Full Name** just the way it is in the portal
11. Click the box next to **Certify by Electronic Signature**
12. Click **Submit**



By signing this form I certify that:

- I have examined this SR monthly attendance for payment reimbursement and, to the best of my knowledge and belief, the information provided is true and correct.
- I understand sign in/out sheets must be maintained for monitoring purposes and may be uploaded to the Document Library.

**Authorized Electronic Signature**

Full Name: \* #10

#11  **Certify by electronic signature\***

Submission Date: 1/23/2021

↓ Submit

#12

Cancel