

# Attendance Entry

**Child Care Provider Portal**

Home Provider Home **CCA Attendance** CCA BiWeekly Attendance CCA Daily Attendance

Location: [ ] You will be logged out in: 1 8 4 0 Logout

**CCA Child Attendance**

**NOTICE**

If you do not see children under your care listed here, please contact the centralized child care unit at 1-866-448-4605.

**Child Search**

Child Last Name: [ ] Child First Name: [ ] Status: ☒ All ☒ Ready for Entry ☒ Saved ☒ Complete ☒ Submitted

Billing Period: **< Prev** October 17, 2011 - October 30, 2011 **Next >** Clear

Billing Period: October 17, 2011 - October 30, 2011 Number of Records Per Page: 10 25 50 100




	ChildID	KT Case Number	Child Last Name	Child First Name	Status	Submit Attendance <input type="checkbox"/> All	Print <input type="checkbox"/> All
S	52357	KT10	B	A	Ready for Entry		<input type="checkbox"/>
S	29564	KT09	C	T	Ready for Entry		<input type="checkbox"/>
S	109803	KT09	D	J	Ready for Entry		<input type="checkbox"/>
S	30785	KT09	D	K	Ready for Entry		<input type="checkbox"/>
S	29563	KT09	G	A	Ready for Entry		<input type="checkbox"/>
S	49106	KT09	G	A	Ready for Entry		<input type="checkbox"/>
S	44584	KT09	G	E	Ready for Entry		<input type="checkbox"/>
S	35580	KT09	J	A	Ready for Entry		<input type="checkbox"/>
S	104142	KT11	J	N	Ready for Entry		<input type="checkbox"/>
S	44280	KT10	K	B	Ready for Entry		<input type="checkbox"/>

1 2

NOTE: Timesheets that have time entered for future dates entered cannot be submitted to DHS.

Submit Selected Print Selected

- Are you viewing the appropriate **Billing Period** to enter attendance?
  - If yes, continue with step 2.
  - If *no*, move to the correct Billing period by clicking the **< Prev** or **Next >** buttons or select the week using the calendar button.
- To enter the attendance for your CCA eligible children, click the **CCA BiWeekly Attendance** button, or click the **S** next to the specific child you wish to enter attendance for and the Bi-Weekly Attendance page will display.

3. If you wish to enter attendance on a daily basis for your children, click the  button.
  4. If you are unable to click the  or  buttons, it is because you are still “pending” and have not yet been approved to receive CCA payments. Once your CCA Provider Agreement is approved, these buttons will become active.
  5. There are four statuses for an attendance sheet:
    - a. **Ready for Entry** – this is a blank timesheet that is ready for you to use.
    - b. **Saved** – this is a timesheet containing data you have saved. It is not complete yet.
    - c. **Complete** – this is a timesheet that you have finished entering all the attendance data for the entire billing period. It is ready to submit for payment.
    - d. **Submitted** – this is a timesheet you have submitted for payment. It can’t be changed.
  6. Refer to the instructions found on the Bi-weekly or Daily pages for more information on how to enter attendance.
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## Printing Timesheets

1. Timesheets must be printed, signed by the parent and the provider and then kept by the provider for their records.
2. Select the timesheets you wish to print by clicking the “select all” button, or selecting individual children by clicking the box for that child.

**Child Search**

Child Last Name:

Child First Name:

Billing Period:

☒ All  
☒ Ready for Entry  
☒ Saved  
☒ Complete  
☒ Submitted

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Billing Period: May 30, 2011 - June 12, 2011

Number of Records Per Page: ☐ 10 ☐ 25 ☒ 50 ☐ 100

	ChildID	KT Case Number	Child Last Name	Child First Name	Status	Submit Attendance <input type="checkbox"/> All	Print <input type="checkbox"/> All
S	10001	10001	10001	10001	Submitted	<input type="checkbox"/>	<input type="checkbox"/>
S	10002	10002	10002	10002	Submitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	10003	10003	10003	10003	Submitted	<input type="checkbox"/>	<input type="checkbox"/>
S	10004	10004	10004	10004	Submitted	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Timesheets that have time entered for future dates entered cannot be submitted to DHS.

3. Click the “print selected” button at the bottom of the list.

4. This will open the window that will allow you to print timesheets.

ProviderAttendanceRecords[1].pdf - Adobe Reader

Iowa Department of Human Services

**CHILD CARE ASSISTANCE BILLING / ATTENDANCE PROVIDER RECORD**

Parent: 10001  
Child: 10001  
Case #: 10001

Billing Period: 5/30/2011 to 6/5/2011

Date	Time In	Time Out	Time In	Time Out	Absent
Monday, May 30, 2011					
Tuesday, May 31, 2011					
Wednesday, June 01, 2011					
Thursday, June 02, 2011	6:30 AM	3:30 PM			
Friday, June 03, 2011	6:30 AM	3:30 PM			
Saturday, June 04, 2011					
Sunday, June 05, 2011					

I certify that this information is true and correct, and that this child care was provided for the sole purpose for which this child was certified. I understand that I may be required to repay any overpayment resulting from false or incorrect claim forms.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Submitting Attendance

1. Select the timesheets you wish to submit for payment by clicking the “select all” button, or selecting individual children by clicking the box for that child.

**NOTE:** Timesheets must be in a “**Completed**” status before you can submit them for payment.

Child Search

Child Last Name:

Child First Name:

Billing Period:  May 30, 2011 - June 12, 2011

☒ All  
☒ Ready for Entry  
☒ Saved  
☒ Complete  
☒ Submitted

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Billing Period: May 30, 2011 – June 12, 2011

Number of Records Per Page: ☐ 10 ☐ 25 ☒ 50 ☐ 100

	ChildID	KT Case Number	Child Last Name	Child First Name	Status	Submit Attendance <input type="checkbox"/> All	Print <input type="checkbox"/> All
<input checked="" type="checkbox"/>	1001	KT001111111111	Child	Child	Complete	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	1002	KT002222222222	Child	Child	Complete	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	1003	KT003333333333	Child	Child	Complete	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	1004	KT004444444444	Child	Child	Complete	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Timesheets that have time entered for future dates entered cannot be submitted to DHS.

2. Click the “Submit Selected” button at the bottom of the list.

This will open another window:

Submitting Attendance

**Submission Warning**

**CHECK YOUR ATTENDANCE**

Please review your attendance entries to make sure you have:

- Entered ALL attendance for the children you are submitting for payment
- Completed the ENTIRE two-week billing period for each child you are submitting for payment

Once you submit the attendance for a child, you will **NOT** be able to make changes to it. The attendance entry screen will be locked for all children submitted for the two-week billing period.

If you are done, click the "Proceed" button.  
If not, click "Cancel".

3. If the attendance entries you entered are correct, click “Proceed”.

The window below will open:

Submitting Attendance

Attendance Disclaimer

**Read This Before Submitting Attendance Data**

You are not required to submit your attendance data electronically. If you prefer, you can click the "Cancel" button below and submit your attendance data on the paper attendance forms provided to you by DHS. If you do not have paper forms, contact DHS and the forms will be sent to you.

If you do choose to submit your attendance data electronically, you must agree to the following terms:

1. You acknowledge that you are requesting payment from DHS for child care services rendered.
2. You confirm that this attendance submission is true and accurate.
3. You must print a Child Care Assistance Billing/Attendance Provider Record , form 470-4535, for each child listed in this request, and you must obtain the parent's signature to validate your payment request.
4. You agree to keep these signed billing/attendance sheets for a minimum of five years.
5. You understand that DHS or its authorized representative may periodically ask for the original parent-signed billing/attendance sheets. Failure to provide the properly signed Child Care Assistance Billing/Attendance Sheets when requested may result in termination of your Child Care Assistance Provider Agreement and the establishment of an overpayment of the child care funds paid to you.

IF YOU AGREE TO THESE TERMS, CLICK THE "SUBMIT ATTENDANCE" BUTTON BELOW.

OTHERWISE, CLICK THE "CANCEL" BUTTON.

☐ I understand and agree to these conditions ☒ I do not agree to these conditions

Submit Attendance

Cancel

4. Read the disclaimer information. If you agree to the terms, click the "I understand and agree" radio button. This will unlock the "Submit Attendance" button and allow you to click that button (it will change to a blue color) to submit your attendance

Submitting Attendance

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OTHERWISE, CLICK THE "CANCEL" BUTTON.

☒ I understand and agree to these conditions ☐ I do not agree to these conditions

Submit Attendance

Cancel



5. Once attendance has been submitted, it cannot be changed.

6. Attendance will now have the status of “Submitted”.

Child Search

Child Last Name:

Child First Name:

Billing Period: [< Prev](#) May 30, 2011 - June 12, 2011 [Next >](#)

Status: ☒ All ☒ Ready for Entry ☒ Saved ☒ Complete ☒ Submitted

[Search](#) [Clear](#)

Billing Period: May 30, 2011 – June 12, 2011

Number of Records Per Page: ☐ 10 ☐ 25 ☒ 50 ☐ 100

	<u>ChildID</u>	<u>KT Case Number</u>	<u>Child Last Name</u>	<u>Child First Name</u>	<u>Status</u>	Submit Attendance <input type="checkbox"/> All	Print <input type="checkbox"/> All
S	1887	1750271140011000	...	...	Submitted		<input type="checkbox"/>
S	1888	1750271140011000	...	...	Submitted		<input type="checkbox"/>
S	1889	1750271140011000	...	...	Submitted		<input type="checkbox"/>
S	1890	1750271140011000	...	...	Submitted		<input type="checkbox"/>

NOTE: Timesheets that have time entered for future dates entered cannot be submitted to DHS.

[Submit Selected](#) [Print Selected](#)

7. Once submitted, the status of your payments can be tracked from the “CCA Payments”

screen. Return to the “Provider Home” page and then click “CCA Payment”.

Iowa Department of Human Services

### Child Care Provider Portal

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[Preferences](#) [My Applications](#)

Current Billing Period: October 03, 2011 - October 16, 2011

Location:  You will be logged out in 18:19

UnderTrack System Announcements

Date	Announcement
10/18/2011	No new announcements