DWS PROVIDER ATTENDANCE CERTIFICATION

I attest that as the business owner or representative authorized to manage the portal account information for this facility:

- I have reviewed each case and reported any children who were never in care or attended for less than eight hours in the initial benefit month.
- I have reported any children who are still enrolled and have not attended for 90 days.
- I have reported any children who are no longer enrolled or to my knowledge will no longer be enrolled next month.
- I understand I can be penalized by law if I commit perjury by purposely giving false information, concealing or withholding relevant facts or information, or failing to accurately report changes.
- I understand that I am also required to report any lower negotiated rates I have for individual children, and report DWS credits for children who are still in care if I received a higher subsidy payment than what was charged to the customer. Changes reported by the 25th of the current month are made effective the following month.

Business Name: ________________________________

Child Care License Number: ________________________________

Month and Year I am certifying attendance for: ________________________________

Date certification completed: ________________________________

Provider or Authorized Representative’s signature: ________________________________

I understand that for this form to be accepted as a valid provider portal certification for the month and year listed above, this completed form must be received at the Office of Child Care or postmarked within the timeframe this certification period covers, which is between the 25th to the last calendar day of the month attendance is being certified.

The form may be emailed to occ@utah.gov, faxed to 801-526-4432, or mailed through the post office to Workforce Services, Office of Child Care, ATTN: Certification, 140 East 300 South, Salt Lake City, UT 84111.