



State of Utah
Department of Workforce Services
DWS PROVIDER ATTENDANCE CERTIFICATION

I attest that as the business owner or representative authorized to manage the portal account information for this facility that I have reviewed the details for each case and reported known, required changes, including:

- I have reported each child who attended for less than eight hours in the first month a subsidy was paid by Workforce Services (DWS). I indicated whether or not the child is expected to attend next month.
- For all other families, I have reported each child who attended for less than eight hours in the current month and the date I was notified by the parent of the change.
- I also reported each child who has not attended a full eight hours by the 25th of the month and I have been unable to verify if the child is returning to care.
- I have reported each child who is not expected to attend at least eight hours next month and the date the child last attended or will attend.
- I have reported when I, or the child care facility, ended care for a child and sent an email to occ@utah.gov explaining why care was ended.
- I have reported any DWS credits to apply to the following month if I charged less than the subsidy received for one month and the child is still attending.
- I have reported any lower negotiated rates I have for individual children. Changes reported by the 25th of the current month are made effective the following 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.

Business Name: _____

Child Care License Number: _____

Month and Year I am certifying attendance for: _____

Date certification completed: _____

Provider or Authorized Representative's signature: /s/ _____

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.

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.