



ATTENDANCE MONITORING POLICY AND PROCEDURE

PURPOSE

This procedure is to ensure the Coalition complies with its contractual requirement to conduct monitoring activities to validate the accuracy of payments of the monthly reimbursement requests for the School Readiness (SR) and Voluntary Pre-Kindergarten (VPK) programs.

ROLES AND RESPONSIBILITIES

1. The Coalition will have a well-defined policy and procedure for attendance monitoring.
2. SR providers must maintain daily attendance documentation, which at minimum shall include a sign-in/sign-out process (Rule 60BB-4.502(1), F.A.C.).
3. VPK providers must keep a daily record of a child's attendance in the program. The *Form AWI-VPK 03S (Child Attendance and Parental Choice Certificate Short Form)* shall be supported by a sign-in/sign-out log or an electronic attendance-tracking system. The *Form AWI-VPK 03L (Child Attendance and Parental Choice Certification Long Form)* shall be used by the VPK provider if the provider records the child's daily attendance using a method other than the sign-in/sign-out log or an electronic attendance-tracking. (Rule 60BB-8.305(1) and (2), F.A.C.)
4. The Coalition will conduct monitoring activities designed to ensure the accuracy of payments of the monthly reimbursement process. All providers will be audited a minimum of once per year.
5. The Coalition will offer training and technical assistance to providers on how to maintain daily sign-in/out sheets as required.
6. The Coalition will compare attendance records submitted for payment, to the parent signatures on the sign-in/sign-out sheets when conducting attendance auditing to ensure that provider payments reflect actual attendance.
7. The Coalition will review and correct payment validation issues discovered during the course of an

attendance audit.

8. The Coalition will adjust payments as needed as a result of attendance monitoring.
9. If extensive and/or serious discrepancies are found, such as falsifying documentation for children in care, the case may be forwarded to the state for investigation of possible fraud.

AUDITING PROCEDURE

1. SR & VPK providers must submit sign-in/sign-out sheets for the previous month to the Reimbursement Department by close of business on the 8th working day of the month. (The *Form AWI-VPK 03S (Child Attendance and Parental Choice Certificate Short Form)* cannot be used to verify daily attendance.) **Failure to submit the required documents may result in reimbursement deductions and/or termination of your SR Contract.**
2. Reimbursement staff will perform verification of signatures from the sign-in/sign-out sheets or the *Form AWI-VPK 03L (Child Attendance and Parental Choice Certification Long Form)* by comparison with the monthly attendance roster submitted for payment.
3. Reimbursement staff will make necessary payment adjustments for children who do not have a corresponding signature in accordance with audit requirements.
4. A report will be provided indicating discrepancies (under/overpayments). (Attachment A)
5. Providers who have a greater than 10% error rate will be audited again within the next three months.

Attachment A (2 pages)

To: **(Provider Name and Address)**

From: **(PHELC Staff Name and Employment Title)**

Date:

Re: School Readiness Attendance Audit

A review of your attendance records for **(month and year)** was conducted on **(date)**. The Attendance Verification Forms submitted for reimbursement were compared to your attendance records and the findings were as follows:

_____ All attendance records submitted for reimbursement were validated.

_____ Discrepancies were found, requiring an adjustment to your next reimbursement Payment.

_____ A greater than 10% error rate occurred on this audit. Your attendance records will be audited again within the next three months.

Early Learning Coalition of Pasco and Hernando Counties, Inc.
ATTENDANCE AUDIT ADJUSTMENTS

Provider Name: _____ Audit Date: _____

Program Audited: _____ Month Audited: _____

Name	Date(s) of Discrepancy	Daily Rate	Adjustment
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$
			Over/Under Payment Amount: \$

Your next payment will be reduced/increased by an estimated \$_____ to reflect the findings of the attendance monitoring.

Approved by Board of Directors: January 26, 2012