

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education
Milwaukee Early Care Administration

Child Care Attendance Correction Request

Purpose: This form is used by Child Care Liaisons to communicate the error(s) made in reporting child care attendance by child care providers or child care agencies and to request that the child care provider or child care facility correct the error.

Objective: To ensure appropriate payment to child care providers for services provided by reducing the amount of errors made when reporting child care attendance on the attendance report form or on-line.

Today's Date: _____ Provider No. / Loc.: _____/_____

Provider Name: _____

Dear Child Care Provider:

The following error(s) were found during the review of attendance period ____/____/____ to ____/____/____.

- Attendance report consisted of errors in one or more of the following:
 - Addition errors or rounding errors
 - Attendance period over 90 days: must provide sign in / out sheets
 - Child needs a regular authorization
 - Did not indicate am / pm
 - Form is unreadable
 - On-line provider correction required
 - School banking hours calculated incorrectly and / or used in error
 - Weekly total is incomplete
- Certified provider failed to send an enrollment form when the child care enrollment exceeded six (6) children.
- Provider failed to complete all required areas on the attendance report and / or on-line.
- Provider failed to provide a school calendar for hours requested, or child's name missing on calendar.
- Other – Specify: _____

NOTE:

1. Any corrected attendance report form must be signed and dated again before resubmitting.
2. Make the appropriate correction(s) and return to MECA by ____/____/____.
3. All forms should be returned to 1220 W. Vliet Street, 2nd Floor 200 East, Milwaukee, WI 53205.
4. If you report on-line, you must correct entries on-line and complete the signature agreement.
5. Failure to complete the above steps will cause a delay in processing your attendance and payment.
6. MECA has ten (10) business days to process your attendance from the date attendance was received.

Accurate reporting of the child care attendance is the responsibility of the child care provider / facility. If you are not sure how to report attendance properly, please contact our department.

Name – Child Care Liaison: _____

Telephone Number – Child Care Liaison: 414-_____-_____.

Distribution: White – Child Care Provider
Yellow – Liaison
Pink – Liaison File Clerk