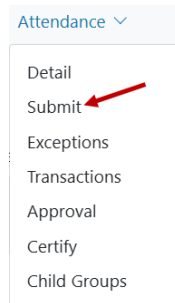


## KinderConnect - Submit Attendance KinderBridge (API) / CCMS

Attendance is submitted child by child. Attendance is recorded in the CCMS (Child Care Management System) and transmitted to KinderConnect.

To submit **Attendance** for payment:

- A** Click **Submit** under Attendance. Note that Attendance can be reviewed prior to submittal by clicking **Detail** under Attendance.



- B** Click **Submit** on the row that corresponds to the service month you would like to submit.

Submit	Note	Cycle Start	Cycle End	Region	Unsubmitted	Submitted	Exceptions
<a href="#">Submit</a>	<a href="#">Note</a>	3/1/2026	3/31/2026	Arizona	68	0	<a href="#">Exceptions</a>
<a href="#">Submit</a>	<a href="#">Note</a>	2/1/2026	2/28/2026	Arizona	82	0	<a href="#">Exceptions</a>
<a href="#">Submit</a>	<a href="#">Note</a>	1/1/2026	1/31/2026	Arizona	96	0	<a href="#">Exceptions</a>

**Note:** If a child's attendance appears in red, without a **Submit** checkbox and with an **Incomplete** status, the Provider should make corrections in their CCMS and then re-transmit to KinderConnect. This will override previous attendance and correct errors. Please reference the [KinderBridge \(API\)/CCMS Correcting Attendance QRC](#)

- C** Once children show as Ready, click the **Submit** checkboxes next to the children for whom you would like to submit attendance. You can select all children by clicking the **Submit** checkbox in the title bar (click again to deselect).

Submit	Correct	Child Name	Attended	Hours	Absences	Status	Returned By	Returned On	Attendance
<input type="checkbox"/>									
<input checked="" type="checkbox"/>		SMITH, JANE	9	68:00	0	Ready			<a href="#">Attendance</a>
<input type="checkbox"/>		DOE, CHILD	10	60:59	0	Ready			<a href="#">Attendance</a>

- D** Press **Save**.
- E** Review the terms and conditions and click on the check box if you agree. Press **Submit Attendance**.

Attendance Submittal

- By submitting this attendance, I confirm that it is complete, true and accurate.
- I will be responsible for any false, incomplete, misleading or erroneous information submitted.
- I acknowledge that I will be responsible for full reimbursement of any overpayments that result from the submission of false, incomplete, misleading or erroneous information.
- I understand and acknowledge that I may be prosecuted under any applicable Federal and State laws for submitting any false claims, statements, documents or for the concealment of material facts.

I agree with the above terms and conditions

**Note:** Once attendance is submitted to DES, no further corrections can be made to any times. Time Cells will become locked for editing.