

Notes:

Administrative Reviewer:

Early Learning Coalition of Brevard County, Inc. Voluntary Prekindergarten Program Attendance Monitoring Tool



Date:

Program Year:

Date:			Class ID:		
Provider Name:			Provider ID:		
Enrollment Count:			Attendance Month Reviewed:		
I. ATTENDANCE REVIEW					
Objective	Source	Yes	npliar No	nce N/A	Comments
1. Are the sign in/out sheets/long forms accurately completed, and matches submitted monthly attendance forms?	Monthly Attendance Electronic Tracking System Long forms Daily/Weekly or Monthly Sign in/out sheets				
2. Are the monthly Child Attendance and Parent Choice Certificate's completed and signed by parents or guardians?	OEL-VPK-20 OEL-VPK03S OEL-VPK03L				
COMMENTS					
CORRECTIVE ACTION					
Corrective Action Plan Required? YES NO					
If yes, due date:			tive A	ction	: See provider notification form
Office Use Only					
CAP received date: CAF			P compliance date:		

Title: