Monthly Attendance Sheet

Provider: _____

Month and Year: _____

DPP Child	Number of Days Scheduled	Number of Days Absent

Check here if:

_____ A DPP child has moved. Provide the child's name and new home address on an attached sheet.

_____ A DPP child has increased or decreased the hours they attend your program. Provide the child's name and their new days and approximate hours on an attached sheet.

_____ A DPP child has left or started your program. Provide the child's name and dates on an attached sheet.

Using this summary sheet requires your program to retain detailed attendance tracking as required by state licensing guidelines and your DPP Agreement, and to retain these required records for at least 3 years.

This form was completed by: _____

Signature: _____ Date: _____

Approved by: _____

Signature: _____ Date: _____

Questions? Call 303-595-4DPP