



SR Provider Name _____ County: _____

Provider’s process for capturing and monitoring accurate and legible attendance records for School Readiness children.

Sign-in/Sign-out sheets contain the child’s proper first and last name (no initials, no nicknames, and no alias). They will accurately reflect the date, and time of arrival and departure of the child listed and the parent/guardian/authorized designee proper signature (no initials, no nicknames, no alias)

Procedure:

Parents are required to sign their child(ren) in and out each day.

Each parent/guardian is instructed that the person signing in and out must:

1. Sign his or her first and last name (no initials, no nicknames, no alias)
2. If the signature is illegible, I will put in place a policy which addresses the signature so that the signature is accepted by the Coalition for Reimbursement purposes.

The Sign-in/Sign-out sheets are reviewed: Daily
 Weekly
 At the end of the Month

If any discrepancies are found parents/guardians or designee are contacted to make necessary corrections timely.

Signature Date

Printed Name Title