Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

Attendance Monitor Results

Provider: _____ Month/Year: _____

Child's Name:	Bill Group:	Age:	Date:	Reason for adjustment:	Total Days:

Attendance Monitor Signature:_____ Date_____ Total Days 0

Total Days Submitted for Reimbursement

Client Service Manager:_____ Date_____ Percent Error Rate #DIV/0!

ELCNC246 Rev.2 12/08/2010