

January 2015

Behim To:

[illegible]

FOR EACH DAY, CODE AS FOLLOWS:

X = Enrolled/Present

T = Terminated

C = Temporary closure beyond provider's control

E = Absence day 1 - 3 (No documentation required)

A = Absence beyond 3 days (Documentation Required)

100

Period From: 01/01/2015 To: 01/31/2015 Page: of:

I certify the attendance on this form to be true and correct.

Authorized Signature: