

## ENROLLMENT/ATTENDANCE WORK PLAN

**Agency:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Total number of children enrolled:** \_\_\_\_\_

**Total number of children on eligible/accepted list:** \_\_\_\_\_

**Percent of Average Daily Attendance (ADA):** \_\_\_\_\_ **Number of Vacancies:** \_\_\_\_\_

What challenges/barriers to attendance/enrollment impacted this month's attendance/enrollment?

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What will be done at the agency level to improve attendance/enrollment this month?

Target



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What action will you take to support the families of individual children and the class(s)/site(s) as a whole to improve attendance/enrollment?

Target



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What support is needed from outside agencies to ensure continued improvement?

Target



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**Follow-Up:**

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**Who is responsible for ensuring this plan is in place?** \_\_\_\_\_

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\_\_\_\_\_  
Grantee Contact Signature

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Agency Contact Signature