

Enrollment/Attendance Work Plan

(Hot Sheet)

CF/O-18 Revised 01/17

(mandatory)

This form is to be completed each month and submitted to the Grantee, as needed, when an Agency's Average Daily Attendance (ADA) falls below 85% or an agency is under enrolled.

1. Enter the **agency's name**.
2. Enter the **Program Name** that had Attendance below 85%: e.g., MHS, RHS, EHS, or MEHS.
3. Enter the **month and year** that the Attendance was below 85%.
4. Enter the **total number of children currently enrolled** in the agency.
5. Enter the **total number of children currently on the COPA eligible/accepted list**.
6. Enter the **Attendance percentage** for the month.
7. Enter the **number of vacancies/available slots** the agency currently has.
8. Enter any **challenges/barriers that led to the low attendance or under enrollment**. Review COPA Report 235 (**Absentee Reasons**) or COPA Report 1010 (**Family Case Notes Reports**) for this data.
9. Enter **strategies that will take place at the agency level** to improve attendance/enrollment this month.
10. Enter the **target date** for these strategies to take place.
11. Enter **action(s) that will be taken at the classroom and site level to support families and individual children**, as a whole, in order to improve attendance/enrollment: e.g., increase parent's awareness of handwashing techniques to prevent illness, introduce a timer or song during handwashing with children, public transportation resources, etc.
12. Enter the **target date** for these action(s) to take place.
13. Enter any **support that might be needed** from outside agencies to ensure continued improvement. If it is determined that no support will be needed, write "N/A" or "No support needed".
14. If it is determined by an agency that support is needed, enter the **target date to have this support provided**.

15. Enter any **follow-up** that will occur **prior to, as well as after** the target dates listed on the plan. When follow-up is completed, ensure documentation of the follow-up is available when requested.
16. Enter the name(s) and title(s) of staff members responsible for ensuring this plan is in place.
17. A Designated Grantee Contact will sign the plan.
18. A Designated Agency Contact will sign the plan.