

Walter Fleming, Board President
Jessica McMoore, Executive
Director



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[E-mail: SCACAP](mailto:SCACAP)
Web Site: www.SCACAP.org

Attendance Action Plan

Date: _____

Child Name: _____ Date of Birth: _____

Center Name: _____ Classroom: _____

Teacher Name: _____ Family Advocate Name: _____

Dear _____:

We are writing this letter to follow up on your child's recent absences and "Attendance Success Plan." We know that children who attend our program **daily and on time** experience better outcomes than those children who attend only occasionally. We also maintain a waiting list of children and families who would benefit from the program but cannot, due to limited number of available slots. Additionally, Head Start Program Performance Standards require us to maintain a monthly Average Daily Attendance (ADA) of 85% or more. Your child has missed and/or arrived after the cut-off time _____ days (please review your child's consecutive attendance report, success plan, attendance & tardy letter, and overall attendance information attached to this letter).

Our attendance policy, as described to you when you enrolled your child in our program, includes the following:

1. All Center-Based absences must be reported within one hour of start up time to ensure safety of the children. Please continue to contact the center as early as possible if your child will be absent or late that day.
2. As a friendly reminder, if a child is absent 3 days in a row and the parent has not contacted the center, the Family Advocate will complete a home visit to contact the family to identify the reasons for the absence. If the absence is due to medical reasons, a doctor's note is required.
3. Chronic absenteeism may result in the child's slot being considered an enrollment vacancy.

After reviewing the "Attendance Success Plan," our records showed the following concerns with your child's attendance:

After reviewing the "Attendance Success Plan," our records showed the following improvements with your child's attendance:

As a result of the "Attendance Success Plan" information listed above, it has been determined that your child(ren) at SCACAP Early Head Start Child Care Partnership Program will:

REMAIN ENROLLED

PLACED ON A ATTENDANCE PROBATIONAY PERIOD until _____

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Community Action Promise:

Community Action Changes People's Lives, Embodies the Spirit of Hope, Improves Communities, and Makes America A Better Place To Live. We Care About the Entire Community, and We Are Dedicated To Helping People Help Themselves, and Each Other.

Revised 11/2018

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WITHDRAWN

Plan of Action (if applicable):

Your child's attendance will continue to be monitored during the duration of the school year. Your follow up meeting has been scheduled for _____.

If you do not agree with this decision or we do not hear from you by _____, we may conclude that you are no longer interested in the Early Head Start program and are interested in withdrawing your child(ren) from our program.

We look forward to working with you.

Parent(s) Signature: _____ Date: _____

Family Advocate Signature: _____ Date: _____

ERSEA Coordinator Recommendation:

- Remained Enrolled
- Extend Action Plan until _____
- Withdraw from the SCACAP EHS-CCP Program

ERSEA Coordinator Signature: _____ Date: _____

This section is only to be completed when a withdrawal recommendation has been made from the ERSEA Coordinator.

- Approved
- Denied

EHS Director's Signature: _____

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