

FCC Monthly Report

Please complete the following information for the provider list:

Your name as you would like for it to appear _____

Number of current openings for "under two" _____

Number of current openings for "over two" _____

If you would like to be removed from the list, please initial here _____

Back-up Provider's name: _____

Do you have children of your own, or in care that have been diagnosed as having special needs? List his/her name and the special need. _____

The following information may be used for provider of the quarter criteria: _____

Please list parent involvement activities conducted this month:

Activity	Date	# of parents attending

Please list special activities or field trips conducted this month:

Activity	Date	# of children attending

Please list all training or FCC events attended this month:

Training or Event	Date	Comments

Additional comments you would like the FCC staff to know: _____

Please complete both sides of this form and submit to the FCC office on the 1st of each month.