Child's Name

CCTR / CSPP Site:
Class:

Month/Year: **Week:** **to**

Day of Week	Date	Time In	Time in Signature **Clearly sign full, legal signature***	Time Out	Time out Signature **Clearly sign full, legal signature***	Staff Section: CP	Code	Reason & Signature
Mon								
Tues								
Wed								
Thurs								
Fri								

Family changes, comments and explanations (as needed):

CP	Code	Reason, Explanation
E	OTH	Diet Order, Immunizations, Surgery, etc.
E	SCK	Sick - Parent or Enrolled Child Only
E	APT	Dr., Dentist, Court, Social Worker,etc.
E	FE	No Transportation, Sick Sib, No Power
E	BIOC	Best interest (Reason REQUIRED)
E	COV	Court Ordered Visit (Docs Required)
U	NSNC	No Show No Call
U	UN	Unexcused (Reason REQUIRED)
N	NON	PBS-POA, Lack of Staff

***Please use only blue or black ink*.**

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*Title 5 §18065

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