Classroom Head Count Documentation

Instructions for Completion: This form most be posted in the classroom and completed every hour children are in attendance. Staff must count the children out loud and document the number of children below. Draw a line through hour columns not applicable to your site. Indicate "closed" when no children are in attendance for the day. This form should be submitted with the EOM Report.

Center: _____ Week Of: _____

	Time	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
Monday	**# of Children**												
	Staff Initials												
	Time	**7am**	**8am**	**9am**	**10am**	**11am**	**12pm**	**1pm**	**2pm**	**3pm**	**4pm**	**5pm**	**6pm**
Tuesday	**# of Children**												
	Staff Initials												
	Time	**7am**	**8am**	**9am**	**10am**	**11am**	**12pm**	**1pm**	**2pm**	**3pm**	**4pm**	**5pm**	**6pm**
Wednesday	**# of Children**												
	Staff Initials												
	Time	**7am**	**8am**	**9am**	**10am**	**11am**	**12pm**	**1pm**	**2pm**	**3pm**	**4pm**	**5pm**	**6pm**
Thursday	**# of Children**												
	Staff Initials												
	Time	**7am**	**8am**	**9am**	**10am**	**11am**	**12pm**	**1pm**	**2pm**	**3pm**	**4pm**	**5pm**	**6pm**
Friday	**# of Children**												
	Staff Initials												