

PROVIDER MONITORING
Record Verification



Provider Name: _____

MONITORING RANGE:

Beginning Date

month/day/year

Ending Date

month/day/year

ATTENDANCE RECORDS:

Total Pages Scanned

number of pages

INSURANCE:

Total Pages Scanned

number of pages

Automobile: Yes No

Workers Comp: Yes No

PROVIDER REPRESENTATIVE:

I attest that the records supplied to the representative of the Early Learning Coalition of Manatee County represent all of the records available for the contract and attendance monitoring being conducted.

Name of Provider Representative

Title

Signature

Date