

Monthly Report for Sponsors of Unaffiliated Centers

Sponsoring Organization Name:			
Agreement #:		Reporting Month/Year:	____ / ____

Pre-approved and/or Pending Applications:			
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Date	Name of Home/Center/At-Risk Program	License #:	Comments:

Homes/Centers/At Risk Programs Added:			
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Sign Up Date:	Name of Home/Center/At-Risk Program	License #:	Comments:

Monitoring Reviews Conducted – Initial/Compliance/Follow Up

Date		Name of Home/Center/At-Risk Program	License #:	Review Type	Results of Review: Disallowances, Corrective Actions, Serious Deficiencies etc.	Reviewers Initials:
	1					
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40					
Total Reviews for Month:					

Training Provided: Initial/Corrective Action/Annual:				
Date:	Type of Training:	Length of Training:	Number of Participants:	Attendee Names (Attach list of group session)

Signature of SO Representative

Date