

CSI Head Start/ Early Head Start ERSEA Reports

Report due on the 15th and 30th of each month
If these fall on a non-working day, due the 1st day after
Please fax to ERSEA Officer

Enrollment Report

Center _____ Month _____ Year _____ 15th 30th

Assigned # of slots at your center:

Double Session _____

PD/PY _____

School District _____

Early Head Start _____

Total _____

Actual # on Report Day:

Double Session _____

PD/PY _____

School District _____

Early Head Start _____

Total _____

Number of Over Income Children _____

Number of Children on an IEP/IFSP _____

Number of Early Head Start Children ready to transition into Head Start _____

Exited Child Report

Exited Child (Name)	Date	Replaced with (Name)	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

Completed by: _____

Date _____