

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD CARE ATTENDANCE SHEET

Program Name: _____

Month: _____ Year: _____

INSTRUCTIONS: Actual times in and out must be recorded in the spaces below. Check box if child is absent. Daily health care check must be checked after conducted. If there are health care concerns, notes must be recorded elsewhere. CACFP participants may use this form to record each child's food participation for each day.

CHILD'S NAME	FOOD*	MONDAY		FOOD*	TUESDAY		FOOD*	WEDNESDAY		FOOD*	THURSDAY		FOOD*	FRIDAY		Food Totals
		Date ___ / ___ / ___	IN		OUT	Date ___ / ___ / ___		IN	OUT		Date ___ / ___ / ___	IN		OUT	Date ___ / ___ / ___	
First Name	<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			__ B __ AM __ L
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DOB: ___ / ___ / ___		<input type="checkbox"/> Absent <input type="checkbox"/> Health check			<input type="checkbox"/> Absent <input type="checkbox"/> Health check			<input type="checkbox"/> Absent <input type="checkbox"/> Health check			<input type="checkbox"/> Absent <input type="checkbox"/> Health check			<input type="checkbox"/> Absent <input type="checkbox"/> Health check		

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First Name	<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			<input type="checkbox"/> B <input type="checkbox"/> AM <input type="checkbox"/> L			__ B __ AM __ L
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		Date ___ / ___ / ___	IN		OUT	Date ___ / ___ / ___		IN	OUT		Date ___ / ___ / ___	IN		OUT	Date ___ / ___ / ___	
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*B=Breakfast AM= AM snack L= Lunch PM= PM snack S= Supper EV= Night snack

Page totals B ___ AM ___ L ___ PM ___ S ___ EV ___

CHILD'S NAME	FOOD*	MONDAY Date ___ / ___ / ___		FOOD*	TUESDAY Date ___ / ___ / ___		FOOD*	WEDNESDAY Date ___ / ___ / ___		FOOD*	THURSDAY Date ___ / ___ / ___		FOOD*	FRIDAY Date ___ / ___ / ___		Food Totals
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