OCFS-6039 (06/2020)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE PROGRAM TRACKER

CHILD DAY CARE PROGRAMS

Program Name: _____ License/Registration Number: _____

Address: _____

For the duration of the COVID-19 pandemic, this form is being utilized to record any employee, visitor, parent/guardian, or individual who enters this child care program.

Date	Printed Name	Phone Number	Purpose of Visit	Daily COVID-19 Screening	Time of Arrival	Time of Departure
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM
/ /		( )- -		☐ Yes ☐ No	☐ AM ☐ PM	☐ AM ☐ PM