Year:

Month:

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

Program Name:

INSTRUCTIONS: Actual times in and out must be recorded in the spaces below. Check box if child is absent. If child was a no show, check to indicate parent was contacted. Daily health check column must be checked after conducted. If there are health care concerns, notes must be recorded on the bottom. CACFP participants may use this form to record each child's food participation for each day.

CHILD'S NAME	MONDAY			TUESDAY			WEDNESDAY				THURSDA	Y	FRIDAY			Food
	FOOD*	Date / /		FOOD*	OOD* Date <u>/ /</u>		FOOD*	Date / /		FOOD*	Date / /		FOOD* Date / /		1	Totals
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		Absent			Absent			Absent			Absent		Absent			
		No show/call made				v/call made		No sho	w/call made			wcall made			/call made	
CHILD'S NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			Food
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CHILD'S NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			Totals
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*B=Breakfast AM= AM snack L= Lunch PM= PM snack S= S					Supper EV= Night snack			Page tot	als B	_ AM _	<u> </u>	PM	S	EV		
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LDSS-4443 (06/2020) REVERSE

CHILD'S NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			Food
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CHILD'S NAME	MONDAY FOOD* Date / /		TUESDAY FOOD* Date / / /			WEDNESDAY FOOD* Date / /			THURSDAY FOOD* Date / /			FRIDAY			Food Totals	
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*B=Breakfast AM= AM snack L= Lunch PM= PM snack S= Supper EV= Night snack							Page tota	als B	AM	L	PM	s	EV			
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