

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE ATTENDANCE SHEET

Month: _____ Year: _____

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 | | | THURSDAY | | | FRIDAY | | | Food Totals |
|--------------|-----------------------------|---|------------|-----------------------------|---|------------|-----------------------------|---|------------|-----------------------------|---|------------|-----------------------------|---|------------|-------------|
| | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | |
| | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | __ B |
| First Name | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | __ AM |
| | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | __ L |
| Last Name | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | __ PM |
| DOB: / / | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | __ S |
| | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | __ EV |
| CHILD'S NAME | MONDAY | | | TUESDAY | | | WEDNESDAY | | | THURSDAY | | | FRIDAY | | | Food Totals |
| | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | |
| | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | __ B |
| First Name | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | __ AM |
| | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | __ L |
| Last Name | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | __ PM |
| DOB: / / | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | __ S |
| | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | __ EV |
| CHILD'S NAME | MONDAY | | | TUESDAY | | | WEDNESDAY | | | THURSDAY | | | FRIDAY | | | Food Totals |
| | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | FOOD* | Date / / | | |
| | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | __ B |
| First Name | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | __ AM |
| | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | __ L |
| Last Name | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | __ PM |
| DOB: / / | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | __ S |
| | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | <input type="checkbox"/> EV | | | __ EV |

*B=Breakfast AM= AM snack L= Lunch PM= PM snack S= Supper EV= Night snack

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

Notes:

| CHILD'S NAME | MONDAY | | | TUESDAY | | | WEDNESDAY | | | THURSDAY | | | FRIDAY | | | Food Totals | |
|--------------|-----------------------------|---|------------|-----------------------------|-----------------------------|---|-----------------------------|--------------|-----------------------------|---|--------------|------------|-----------------------------|---|------------|-------------|-------|
| | FOOD* | Date _/ _/ _ | | FOOD* | Date _/ _/ _ | | FOOD* | Date _/ _/ _ | | FOOD* | Date _/ _/ _ | | FOOD* | Date _/ _/ _ | | | |
| | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | <input type="checkbox"/> B | <u>IN</u> | <u>OUT</u> | __ B | |
| First Name | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | __ AM | |
| Last Name | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | __ L | |
| DOB: _/ _/ _ | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | __ PM | |
| | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | __ S |
| | <input type="checkbox"/> EV | | | | <input type="checkbox"/> EV | | | | <input type="checkbox"/> EV | | | | <input type="checkbox"/> EV | | | | __ EV |

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| First Name | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | __ AM | |
| Last Name | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | __ L | |
| DOB: _/ _/ _ | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | __ PM | |
| | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | <input type="checkbox"/> S | <input type="checkbox"/> Health check <input type="checkbox"/> Daily Covid-19 screening <input type="checkbox"/> Absent <input type="checkbox"/> No show/call made | | | __ S |
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| First Name | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | <input type="checkbox"/> AM | | | __ AM | |
| Last Name | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | <input type="checkbox"/> L | | | __ L | |
| DOB: _/ _/ _ | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | <input type="checkbox"/> PM | | | __ PM | |
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Notes: