OCFS-6008 (5/2014)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CAREGIVER, EMPLOYEE, VOLUNTEER ATTENDANCE

CHILD DAY CARE PROGRAMS

Program Name: _____ License/Registration Number: _____

Address: _____

This form or an equivalent may be used to document the arrival and departure times of each caregiver, employee and volunteer.

Date	Printed Name	Role	Arrival Time	Departure Time
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