OCFS-6027 (05/2023)

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

Month: _____

Year: _____

Facility ID: _____

Program: _____

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 care check must be checked after conducted. If there are health care concerns, notes must be recorded and kept confidential.

Child's Name	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
	Date: / /		Date: / /		Date: / /		Date: / /		Date: / /		Date: / /		Date: / /	
First Name: Last Name: DOB: / /	☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made	
	IN	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**
First Name: Last Name: DOB: / /	☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made	
	IN	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**
First Name: Last Name: DOB: / /	☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made	
	IN	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**
First Name: Last Name: DOB: / /	☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made	
	IN	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**
First Name: Last Name: DOB: / /	☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made		☐ Absent ☐ Health check ☐ No show/call made	
	IN	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**	**IN**	**OUT**