LDSS-4443 (Rev. 05/2023) FRONT  Month:  Year:				NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES CHILD CARE ATTENDANCE SHEET						Facility: Program Name:						
INSTRUCTIONS: Actuate check column must be participation for each date.	checked a															
CHILD'S NAME	MONDAY			TUESDAY			WEDNESDAY			THURSDAY				FRIDAY		Food
	FOOD* Date / /			FOOD*	Date /	<u> </u>	FOOD*	FOOD* Date / /		FOOD* Date/_/			FOOD* Date/_/			Totals
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