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. Daily health care check must be checked after conducted. If there are health care concerns, notes must be recorded elsewhere. CACFP participants may use this form to record each child's food participation for each day.

CHILD'S NAME	FOOD*	MONDAY Date __/__/__ IN · OUT	FOOD*	TUESDAY Date __/__/__ IN · OUT	FOOD*	WEDNESDAY Date __/__/__ IN · OUT	FOOD*	THURSDAY Date __/__/__ IN · OUT	FOOD*	FRIDAY Date __/__/__ IN · OUT	Food Totals
First Name Last Name DOB: __/__/__	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	__ B __ AM __ L __ PM __ S __ EV
First Name Last Name DOB: __/__/__	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	__ B __ AM __ L __ PM __ S __ EV
First Name Last Name DOB: __/__/__	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	__ B __ AM __ L __ PM __ S __ EV
First Name Last Name DOB: __/__/__	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	__ B __ AM __ L __ PM __ S __ EV
First Name Last Name DOB: __/__/__	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV	☐ Absent ☐ Health check	__ B __ AM __ L __ PM __ S __ EV

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

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

CHILD'S NAME	FOOD*	MONDAY Date __/__/__		FOOD*	TUESDAY Date __/__/__		FOOD*	WEDNESDAY Date __/__/__		FOOD*	THURSDAY Date __/__/__		FOOD*	FRIDAY Date __/__/__		Food Totals
		IN	**OUT**		**IN**	**OUT**		**IN**	**OUT**		**IN**	**OUT**		**IN**	**OUT**	
First Name	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			__ B __ AM __ L __ PM __ S __ EV
Last Name																
DOB: __/__/__		☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check		
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First Name	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			__ B __ AM __ L __ PM __ S __ EV
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DOB: __/__/__		☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check		
First Name	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			__ B __ AM __ L __ PM __ S __ EV
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DOB: __/__/__		☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check			☐ Absent ☐ Health check		
First Name	☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			☐ B ☐ AM ☐ L ☐ PM ☐ S ☐ EV			__ B __ AM __ L __ PM __ S __ EV
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