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: 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 __/__/__		
First Name	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	__ B
Last Name	☐ AM			☐ AM			☐ AM			☐ AM			☐ AM			__ AM
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		☐ No show/call made			☐ No show/call made			☐ No show/call made			☐ No show/call made			☐ No show/call made		
CHILD'S NAME	**MONDAY**			**TUESDAY**			**WEDNESDAY**			**THURSDAY**			**FRIDAY**			**Food Totals**
	FOOD*	**Date __/__/__**		**FOOD***	**Date __/__/__**		**FOOD***	**Date __/__/__**		**FOOD***	**Date __/__/__**		**FOOD***	**Date __/__/__**		
First Name	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	__ B
Last Name	☐ AM			☐ AM			☐ AM			☐ AM			☐ AM			__ AM
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CHILD'S NAME	**MONDAY**			**TUESDAY**			**WEDNESDAY**			**THURSDAY**			**FRIDAY**			**Food Totals**
	FOOD*	**Date __/__/__**		**FOOD***	**Date __/__/__**		**FOOD***	**Date __/__/__**		**FOOD***	**Date __/__/__**		**FOOD***	**Date __/__/__**		
First Name	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	☐ B	IN	OUT	__ B
Last Name	☐ AM			☐ AM			☐ AM			☐ AM			☐ AM			__ AM
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		☐ No show/call made			☐ No show/call made			☐ No show/call made			☐ No show/call made			☐ No show/call made		

*__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 __/__/__	
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	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	
DOB: __/__/__	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call	
CHILD'S NAME	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**Food Totals**
	FOOD* Date __/__/__	FOOD* Date __/__/__	FOOD* Date __/__/__	FOOD* Date __/__/__	FOOD* Date __/__/__	
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	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	
DOB: __/__/__	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	
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	FOOD* Date __/__/__	FOOD* Date __/__/__	FOOD* Date __/__/__	FOOD* Date __/__/__	FOOD* Date __/__/__	
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	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	
DOB: __/__/__	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	☐ Health check ☐ Absent ☐ No show/call made	
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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
Last Name	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	
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