I DSS-4443 (5/2014) FRONT

## **NEW YORK STATE**

LD00-7770 (0/2)	JI <del>I</del> JIINONI			
,	,	OFFICE OF CHILDREN AND FAMILY SERVICES		
Month:	Year:	CHILD CARE ATTENDANCE SHEET	Program Name:	
INSTRUCTIONS	Actual times in and out must be recor	dod in the appear helow. Check hav if shild is about. Daily health care shock my	et ha abaakad aftar aandi	isted If there are health care concerns note

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. CACEP participants may use this form to record each child's food participation for each day.

CHILD'S NAME	made 20 10001a0a 0.00Wiloro	st be recorded eisewhere. CACEP participants may use this form to record each child's food participation for each day.  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  FRIDAY  FRIDAY														T	
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<sup>\*</sup>B=Breakfast AM= AM snack L= Lunch PM= PM snack S= Supper EV= Night snack

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