NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAILY ATTENDANCE RECORD FOR CHILD DAY CARE

Provider/Program	Phone (Area Code) ( ) -
Address	Report Month
	Year

NAME OF CHILD	Full-Time Part-Time	DAY OF MONTH (P= Present A=Absent																															Total Days
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1.	☐ FT ☐ PT																																
2.	☐ FT ☐ PT																																
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11.	☐ FT ☐ PT																																
12.	☐ FT ☐ PT																																

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DAILY ATTENDANCE RECORD FOR CHILD DAY CARE (Continued)

NAME OF CHILD	Full-Time Part-Time	DAY OF MONTH (P= Present A=Absent																															Total Days
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
13.	☐ FT ☐ PT																																
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26.	☐ FT ☐ PT																																