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| **LDSS-4443** (Rev. 06/2020) FRONT | 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. 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.

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| **CHILD’S NAME** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **Food****Totals** |
| **FOOD\*** | **Date** **/****/** | **FOOD\*** | **Date    /   /** | **FOOD\*** | **Date    /   /** | **FOOD\*** | **Date    /   /** | **FOOD\*** | **Date    /   /** |
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| Last Name**DOB**:    /   /     |       |       |       |       |       |       |       |       |       |       |
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| \***B**=Breakfast **AM**= AM snack **L**= Lunch **PM**= PM snack **S**= Supper **EV**= Night snack  | **Page totals** **B** **AM** **L** **PM** **S** **EV**  |
| **Notes:** |

**LDSS-4443** (06/2020) REVERSE

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