New York State
Office of Children and Family Services

Daily Attendance Record for Child Day Care

Provider/Program
Address

Phone (Area Code)
Report Month
Year

Name Of Child	Full-Time Part-	Day Of Month (P= Present A=Absent)																													Total Days
1.	□ FT □ PT	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	
2.	□ FT □ PT																																
3.	□ FT □ PT																																
4.	□ FT □ PT																																
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13.	□ FT □ PT																																