**OCFS-6008** (5/2014)

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**Caregiver, Employee, Volunteer Attendance**

**Child Day Care Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name: |       | License/Registration Number: |       |
| Address: |       |

This form or an equivalent may be used to document the arrival and departure times of each caregiver, employee and volunteer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Printed Name** | **Role** | **Arrival** **Time**  | **Departure****Time**  |
|       |       |       |       | [ ]  AM [ ]  PM |       | [ ]  AM [ ]  PM |
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