Attendance

Program Name_____ **Facility ID**_____

EMERGENCY CHILD CARE COVID-19

Instructions: Write Month in under month. Write Year in under Year. Write child's first and last name. Enter date under day of week.
Actual times in and out must be recorded in the spaces below.
Daily health check must be checked after conducted. If there are health care concerns, notes must be recorded and kept confidential.

Month	Year	Parent Name	Parent Name	Parent Name	Parent Name	Parent Name	Parent Name	Parent Name
		Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name	Child's Name
Monday	Time In							
__/__/____	Time Out							
	Health check							
	Comment							
Tuesday	Time In							
__/__/____	Time Out							
	Health check							
	Comment							
Wednesday	Time In							
__/__/____	Time Out							
	Health check							
	Comment							
Thursday	Time In							
__/__/____	Time Out							
	Health check							
	Comment							
Friday	Time In							
__/__/____	Time Out							
	Health check							
	Comment							

MUST BE SUBMITTED WEEKLY (Friday) TO FAMILY OF WOODSTOCK-CHILD CARE CONNECTIONS, PO BOX 3516, KINGSTON, NY 12401
OR EMAIL kwolfeil@fowinc.org