

Child & Adult Care Food Program DAILY ATTENDANCE ROSTER

Month /Year: _____ Provider's Name: _____

Calendar Dates:																																						
Child's First /Last Names	Normal Days	Normal Hours	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	Totals
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Daily Totals:																																						

Signature

Date