

# Orange County Department of Social Services

## Children Service Daycare Attendance Sheet

### DAYCARE PROVIDER INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

**Mail Completed Sheets to:**  
Case Supervisor's Name  
Orange County Department of Social Services  
Children's Services - Hatfield Lane  
23 Hatfield Lane  
Goshen, NY 10924

SERVICES PROVIDED FOR: \_\_\_\_\_

| WEEK OF | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY           | TOTAL |
|---------|--------|--------|---------|-----------|----------|--------|--------------------|-------|
|         |        |        |         |           |          |        |                    |       |
|         |        |        |         |           |          |        |                    |       |
|         |        |        |         |           |          |        |                    |       |
|         |        |        |         |           |          |        |                    |       |
|         |        |        |         |           |          |        |                    |       |
|         |        |        |         |           |          |        | <b>GRAND TOTAL</b> |       |

Daily hours MUST be itemized:

TOTAL # OF DAYS: \_\_\_\_\_ TOTAL # OF HOURS: \_\_\_\_\_ TOTAL CHARGES: \$ \_\_\_\_\_

PROVIDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOSTER PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*FOR OC DSS USAGE ONLY\*\***

CASE NAME: \_\_\_\_\_ CASE NUMBER: SV \_\_\_\_\_

SUPERVISORY APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_