STAFF ATTENDANCE **WEEK BEGIN AND END DATE: ____/____/____ TO ____/____/____**

CHILD CARE PROGRAM: _____ ROOM: _____ AGE RANGE: _____

			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
NAME OF STAFF (FIRST AND LAST)	SCHEDULE	POSITION	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART
1.												
2.												
3.												
4.												
5.												
6.												
7.												