Child Daily Attendance Log

Oregon Department of Early Learning and Care

Date: _____ Classroom: _____

Child Name (First, Last)	**Age of Child in Care***	**IN**	**OUT**	**IN**	**OUT**

*For children under 24 months, age should be noted in months, such as "18 months" in space provided.

Staff Daily Attendance Log

Oregon Department of Early Learning and Care

Date: _____ Classroom: _____

Staff Name (First, Last)	**IN**	**OUT**	**IN**	**OUT**