## CHILD AND ADULT CARE FOOD PROGRAM FAMILY DAY CARE MEAL COUNT & ATTENDANCE RECORD

PROVIDER NAME				MONTH OF:										# OF OPERATING DAYS														
Meal Service Hours: Breakfast:				AN	AM Snack: Lunch:					:		PM Snack: Dinner:					r:	Eve. Snack:										
ENROLLED Age CHILD										Age						Age												
DATE	A*	В	Α	L	Р	D	E	A*	В	Α	L	Р	D	Е	A*	В	Α	L	Р	D	Е	<b>A</b> *	В	Α	L	Р	D	E
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<u>Definitions:</u>						
*ATTENDANCE MUST BE RECORDED FOR ALL ENROLLED PARTICIPANTS. MISSING ATTENDANCE IS	Reimbursement					
EQUIVALENT TO NO MEALS SERVED. There must be three hours from the start of one meal service to						
beginning of the next approved meal service.						
ADA = Average Daily Attendance	Tier I					
Tier I - Homes where all meals are paid at the higher reimbursement rates.	Tier II H					
Tier II - High = Homes where all meals are paid at the higher reimbursement rates (Tier I rates)	Tier II L					
Tier II - Low = Homes where all meals are paid at the lower reimbursement rates (Tier II rates)	Total					
Tier II - Mixed = Homes where meals are paid at both Tier I and Tier II reimbursement rates						