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

PROVIDER NAME												MONTH OF:									# OF OPERATING DAYS							
Meal Service Hours:				Breakfast:				AM Snack:					Lunch:			PM Snack: Di				nner: Eve. Snac					к:			
ENROLLED CHILD	Aller	gies	(**AS	S) Y /	N		Age	Allero	gies (†	**AS)	Y/N			Age	Aller	gies (*	*AS)	Y / N	1		Age	Alle	rgies (	(**AS	S) Y /	N		Age
DATE	A*	В	Α	L	Р	D	E	A*	В	Α	L	Р	D	E	A*	В	Α	L	Р	D	E	A*	В	Α	L	Р	D	E
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												
13																												
14																												
15																												
16																												
17																												
18																												
19																												
20																												
21																												
22																												
23																												
24																												
25																												
26																												
27																												
28																												
29																												
30																												
31																												
TOTAL																												
	A*	В	Α	L	Р	D	E	A*		Α	L	Р	D	E	A*	В	Α	L	Р	D	E	A*	В	Α	L	Р	D	E

A\* = ATTENDANCE \*\*AS = ALLERGY STATEMENT IS ON FILE

Definitions:						
*ATTENDANCE MUST BE RECORDED FOR ALL ENROLLED PARTICIPANTS. <u>MISSING ATTENDANCE IS</u> <u>EQUIVALENT TO NO MEALS SERVED</u> . There must be <u>three hours</u> from the start of one meal service to beginning of the next approved meal service.	Reimbursement					
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						