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:** **Dinner:** **Eve. Snack:**

ENROLLED CHILD	Allergies (**AS) Y / N	Age	Allergies (**AS) Y / N	Age	Allergies (**AS) Y / N	Age	Allergies (**AS) Y / N	Age

DATE	A*	B	A	L	P	D	E	A*	B	A	L	P	D	E	A*	B	A	L	P	D	E	A*	B	A	L	P	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*	B	A	L	P	D	E	A*	B	A	L	P	D	E	A*	B	A	L	P	D	E	A*	B	A	L	P	D	E

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

Definitions:

***ATTENDANCE MUST BE RECORDED FOR ALL ENROLLED PARTICIPANTS. MISSING ATTENDANCE IS 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.**

Reimbursement

ADA = Average Daily Attendance

Tier I - Homes where all meals are paid at the higher reimbursement rates.

Tier II - High = Homes where all meals are paid at the higher reimbursement rates (Tier I rates)

Tier II - Low = Homes where all meals are paid at the lower reimbursement rates (Tier II rates)

Tier II - Mixed = Homes where meals are paid at both Tier I and Tier II reimbursement rates

Tier I	
Tier II H	
Tier II L	
Total	