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	Age							Age							Age							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
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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

CERTIFICATION

I HEREBY CERTIFY that I am not participating in the Child and Adult Care Food Program under any other sponsoring organization. I further CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds that Department officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution or civil action under application state and criminal status. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) To file a complaint, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usdagov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form; or you may send your completed complaint form or letter by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, or have hearing or speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Provider Signature _____ **Date**_____

PROVIDER NUMBER		FOR PROVIDER USE	BREAKFAST	AM	LUNCH	PM	DINNER	EVE
		MEAL TOTALS						

FOR SP0NSORING ORGANIZATION OFFICE USE ONLY

HOME TYPE	TOTAL ATTENDANCE	ADA		BREAKFAST	AM	LUNCH	PM	DINNER	EVE
I			TIER I						
II H			TIER II H						
II L			TIER II L						
M			TOTAL						