



B=Breakfast A=Morning snack L=Lunch P=Afternoon snack S=Supper E=Evening snack

Child's Name (*if child)	1 6	1 7	1 8	1 9	2 0	2 1	2 2	2 3	2 4	2 5	2 6	2 7	2 8	2 9	3 0	3 1			
																	Total Number Children		
																	Total Days		
																	15-31	1-15	Total
Daily Attendance																			
Breakfast (B)																			
A.M. Snack (A)																			
Lunch (L)																			
P.M. Snack (P)																			
Supper (S)																			
Evening Snack (E)																			

I certify that this is a true and accurate record of food service to children enrolled in my family child care home.

Provider Signature _____

																15-31	1-15	Total
Sponsor Use Only																		
Breakfast Tier I																		
Breakfast Tier II																		
A.M. Snack Tier I																		
A.M. Snack Tier II																		
Lunch Tier I																		
Lunch Tier II																		
P.M. Snack Tier I																		
P.M. Snack Tier II																		
Supper Tier I																		
Supper Tier II																		
Evening Snack Tier I																		
Evening Snack Tier II																		

