STATE DEPARTMENT OF EDUCATION
DIVISION OF ADMINISTRATIVE AND FINANCIAL SERVICES
CHILD AND ADULT CARE FOOD PROGRAMS
MONTGOMERY, AL 36130-2101
FORM FDCH-1 (REV. 1998)

MEAL COUNT & ATTENDANCE REPORT
Family Day Care Home

MONTH _____ YEAR _____

AGREEMENT NO. _____

PROVIDER NAME: _____ ADDRESS: _____ TELEPHONE: _____

NAME OF CHILD		1)						2)						3)						4)						5)						6)						FOR SPONSOR USE ONLY TIER 1						TIER 2					
DAYS OF WEEK	DATE	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT	BK	AM	LU	PM	SU	BT
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TOTALS																																																	

I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES.

_____ DATE

_____ SIGNATURE OF HOME PROVIDER

TOTALS $ _____

B'FAST# _____X_____=$ _____
LUNCH# _____X_____=$ _____
SUPPER# _____X_____=$ _____
SNACK# _____X_____=$ _____

SUBTOTAL=$_____

B'FAST# _____X_____=$ _____
LUNCH# _____X_____=$ _____
SUPPER# _____X_____=$ _____
SNACK# _____X_____=$ _____

SUBTOTAL=$_____