

PROVIDER: _____

LOUISIANA FAMILY DAY CARE HOME FOOD PROGRAM

MONTH: _____

YEAR: _____

DAILY MEAL COUNT AND ATTENDANCE REPORT

FDCHFP 5
Rev 4/12

FOR SPONSOR USE ONLY

Name and Eligible Meal Types	DATE:																				Tier	B		A		L		P		S		Total # of all meals										
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F		M	T	W	Th	F	T-1	T-2	T-1	T-2	T-1		T-2	T-1	T-2	T-1	T-2					
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DAILY PARTICIPATION																																										
DAILY ATTENDANCE																																										

I certify that I have followed USDA portion requirements and meal pattern guidelines and am claiming only meals served to enrolled day care children. If eligible, I am claiming resident children only when at least one eligible nonresident child is claimed for the meal.

TOTAL PARTICIPATION:
TOTAL DAYS SERVED:

SIGNATURE: _____ DATE: _____