

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE

**REPORT OF THE CHILD
AND ADULT CARE
FOOD PROGRAM**

STATE AGENCY: Submit report according to the instructions 30 AND 90 days following the month being reported. Send original to the Regional Administrator, Food and Nutrition Service.

1. STATE 2. CALENDAR YEAR 3. MONTH	4. TYPE OF SUBMISSION (<i>X</i> ONE) A. <input type="checkbox"/> 30 - DAY B. <input type="checkbox"/> 60 - DAY (Optional) C. <input type="checkbox"/> 90 - DAY D. <input type="checkbox"/> 90 - DAY Revision No. _____ (1 = 1st rev.; 2 = 2nd , etc.) E. <input type="checkbox"/> CLOSEOUT F. <input type="checkbox"/> OTHER - (Describe) _____	5. FOR FNS USE ONLY <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="3">CAL. YEAR</td> <td colspan="2">MONTH</td> <td>TYPE</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="6">STATE CODE</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>	CAL. YEAR			MONTH		TYPE							STATE CODE											
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 0584-0055. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection.

PART A - (NO. HOMES)

REPORT MONTHLY		1 - 50 HOMES (A)	51 - 200 (B)	201 - 1000 (C)	1001 + (D)	TOTAL (E)
DAY CARE HOMES	6. No. of sponsoring organizations of day care homes administering between					
	7. No. of day care homes for which sponsoring organizations are eligible to receive reimbursement based on rate for					

PART B

REPORT QUARTERLY (Dec., March, June and Sept.)		CHILD CARE CENTERS ONLY (A)	DAY CARE HOMES ONLY (B1)				CENTERS & HOMES (B2)	ADULT CARE (C)	TOTAL (D)
PARTICIPATION	8. No. of institutions (see definition)								
	9. No. of outlets	ALL CHILD CARE CENTERS	TIER I	TIER II <i>All Higher</i>	TIER II <i>All Lower</i>	TIER II <i>Mixed</i>			
	10. Average daily attendance of outlets reported on line 9								

PART C

REPORT IN OCTOBER/MARCH		FOR-PROFIT CENTERS (A)	OUTSIDE SCH-HRS CARE CENTERS (B)	HEAD START CENTERS (C)	AT-RISK AFTERSCHOOL (D)	EMERGENCY SHELTERS (E)	TOTAL (F)
PARTICIPATION	11. No. of institutions (see definition)						
	12. No. of outlets						
	13. Average daily attendance of outlets reported on line 12						

I CERTIFY that this report is true and correct to the best of my knowledge and belief.

14. SIGNATURE	15. TITLE	16. DATE SIGNED
17. ADMINISTERING AGENCY		

NO FURTHER MONIES OR OTHER BENEFITS MAY BE PAID OUT UNDER THESE PROGRAMS UNLESS THIS REPORT IS COMPLETED AND FILED AS REQUESTED BY EXISTING REGULATIONS (7 C.F.R. 226)