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## Submission Studio

<b>Form Name:</b>	FNS-44 (10-99)		
<b>Form Description:</b>	Report of the Child and Adult Care Food Program		
<b>Program:</b>	Child Nutrition Programs		
<b>State:</b>	WV		
<b>Agency Code:</b>	5491501	<b>Agency Name:</b>	WV DEPT. OF Education
<b>Program Time:</b>	October 2010	<b>Revision:</b>	0
<b>Submission Type:</b>	30		
<b>Submission Status:</b>	New Submission		

Analyze

Save

Edit Check

Post

Quit

Parts A - D

Part E (Complete Monthly)

Remarks

Parts A - D

Report Monthly	Part A (No. Homes)				Total (E)
Day Care Homes	1 - 50 Homes (A)	51 - 200 (B)	201 - 1000 (C)	1001+ (D)	
6. No. of sponsoring organizations of day care homes administering between.....					
7. No. of homes for which sponsors are eligible to receive reimbursement based on rate for.....					

Report Quarterly (Dec, March, June and Sept.)	Part B						
Participation	Child Care Centers Only (A)	Day Care Homes Only (B1)	(B1)	Child Care & Day Care (B2)	(B2)	Adult Care (C)	Total (D)
8. No. of institutions or sponsors.....							
	All Child Care Centers	Tier I	Tier II <i>All Higher</i>	Tier II <i>All Lower</i>	Tier II <i>Mixed</i>		
9. No. of outlets.....							
10. Average daily attendance of outlets reported on line 9.....							
Report In October/March	Part C						
Participation	Proprietary Title XX Centers (A)	Outside Sch Hrs Care Centers (B)	Head Start Centers (C)	After Sch At-Risk (D)	Homeless (E)	Total (F)	
11. No. of institutions.....							
12. No. of outlets.....							
13. Average daily attendance of outlets reported on line 12.....							
Adult Day Care	Proprietary Title XIX Centers (A)	Proprietary Title XX Centers (B)	All Other Adult Care Centers (C)		Total (D)		
18. No. of institutions or sponsors.....							
19. No. of outlets.....							
20. Average daily attendance of outlets reported on line 19.....							



Part E (Complete Monthly)	(A) Child Care Centers		(B) Day Care Homes			(C) Adult Day Care	(D) Total
Meal Type			Tier I	Tier II Higher	Tier II Lower		
<b>Breakfast</b>							
Free							
Actual 22	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated 23	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total 24	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reduced							
Actual 25	<input type="text"/>					<input type="text"/>	<input type="text"/>
Estimated 26	<input type="text"/>					<input type="text"/>	<input type="text"/>
Total 27	<input type="text"/>					<input type="text"/>	<input type="text"/>
Paid							
Actual 28	<input type="text"/>					<input type="text"/>	<input type="text"/>
Estimated 29	<input type="text"/>					<input type="text"/>	<input type="text"/>
Total 30	<input type="text"/>					<input type="text"/>	<input type="text"/>

**Lunches**

Free							
Actual 31							
Estimated 32							
Total 33							
Reduced							
Actual 34							
Estimated 35							
Total 36							
Paid							
Actual 37							
Estimated 38							
Total 39							

<b>Suppers</b>							
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Free							
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Actual 40	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimated 41	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total 42	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reduced							
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Actual 43	<input type="text"/>					<input type="text"/>	<input type="text"/>
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Estimated 44	<input type="text"/>					<input type="text"/>	<input type="text"/>
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Total 45	<input type="text"/>					<input type="text"/>	<input type="text"/>
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Paid							
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Actual 46	<input type="text"/>					<input type="text"/>	<input type="text"/>
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Estimated 47	<input type="text"/>					<input type="text"/>	<input type="text"/>
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Total 48	<input type="text"/>					<input type="text"/>	<input type="text"/>
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	(A) Child Care Centers		(B) Day Care Homes			(C) Adult Day Care	(D) Total Sum of Cols. A1 + B + C
Meal Type	(A1) All, Incl. At-Risk	(A2) At-Risk Only	Tier I	Tier II Higher		Tier II Lower	
<b>Supplements</b>							
Free							
Actual 49							
Estimated 50							
Total 51							
Reduced							
Actual 52							
Estimated 53							
Total 54							
Paid							
Actual 55							
Estimated 56							
Total 57							
Total Meals Free 58							
Total Meals Reduced 59							
Total Meals Paid 60							

Parts A - D

Part E (Complete Monthly)

Remarks

Remarks

Remarks

Remarks

