



Submission Studio

Form Name: FNS-44 (9-11)
 Form Description: Report of the Child and Adult Care Food Program
 Program: Child Nutrition Programs
 State: AL
 Agency Code: 0191501 Agency Name: AL STATE DEPT OF EDUCATION
 Program Time: October 2018
 Submission Type: 90 Revision: 1
 Submission Status: New Submission

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Parts A - D Part E (Complete Monthly) Remarks

| Part E (Complete Monthly) | | (A) Child Care Centers | | (B) Day Care Homes | | | (C) Adult Day Care | (D) Total Sum of Cols. A1 + B + C |
|---------------------------|----|------------------------|--------------------|--------------------|----------------|--------------------|--------------------------------------|--------------------------------------|
| Meal Type | | (A1) All, Inc. At-Risk | (A2) At-Risk Only | Tier I | Tier II Higher | Tier II Lower | | |
| Breakfast | | | | | | | | |
| Free | | | | | | | | |
| Actual | 22 | | | | | | | |
| Estimated | 23 | | | | | | | |
| Total | 24 | | | | | | | |
| Reduced | | | | | | | | |
| Actual | 25 | | | | | | | |
| Estimated | 26 | | | | | | | |
| Total | 27 | | | | | | | |
| Paid | | | | | | | | |
| Actual | 28 | | | | | | | |
| Estimated | 29 | | | | | | | |
| Total | 30 | | | | | | | |
| Lunches | | | | | | | | |
| Free | | | | | | | | |
| Actual | 31 | | | | | | | |
| Estimated | 32 | | | | | | | |
| Total | 33 | | | | | | | |
| Reduced | | | | | | | | |
| Actual | 34 | | | | | | | |
| Estimated | 35 | | | | | | | |
| Total | 36 | | | | | | | |
| Paid | | | | | | | | |
| Actual | 37 | | | | | | | |
| Estimated | 38 | | | | | | | |
| Total | 39 | | | | | | | |
| Suppers | | | | | | | | |
| Free | | | | | | | | |
| Actual | 40 | | | | | | | |
| Estimated | 41 | | | | | | | |
| Total | 42 | | | | | | | |
| Reduced | | | | | | | | |
| Actual | 43 | | | | | | | |
| Estimated | 44 | | | | | | | |
| Total | 45 | | | | | | | |
| Paid | | | | | | | | |
| Actual | 46 | | | | | | | |
| Estimated | 47 | | | | | | | |
| Total | 48 | | | | | | | |
| | | (A) Child Care Centers | (B) Day Care Homes | | | (C) Adult Day Care | (D) Total Sum of Cols. A1 + B + C | |
| Meal Type | | (A1) All, Inc. At-Risk | (A2) At-Risk Only | Tier I | Tier II Higher | Tier II Lower | | |
| Snacks | | | | | | | | |
| 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 | | | | | | | |