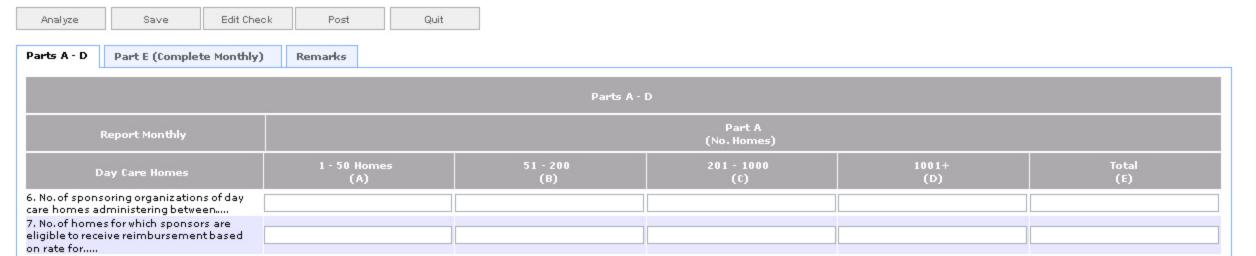
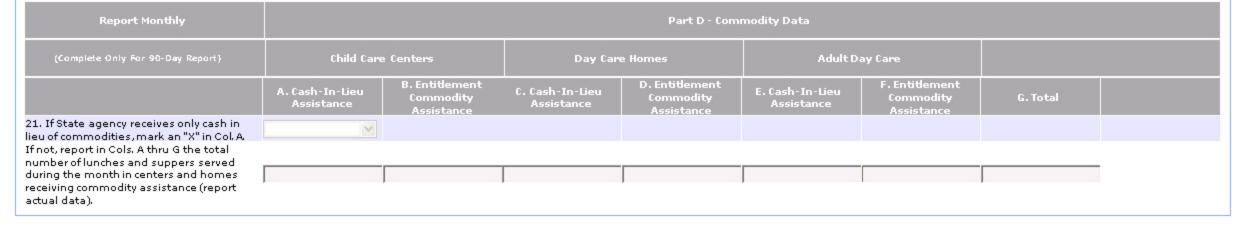
Appendix C. FNS-44 – Report of the Child and Adult Food Care Program







Report Quarterly (Dec, March, June and Sept.)	Part B							
Participation	Child Care Centers Only (A)	Day Care Homes Only (B1)	(B1)	Child Care & Day (B2)	y Care	(B2)	Adult Care (C)	Total (D)
8. No. of institutions or sponsors								
	All Child Care Centers	Tier I	Tier II All Higher	Tier II <i>All L</i> ower		Tier II Mixed		
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 Centers (B)	Care Head Star (1		After Sch At-Ri (D)	isk	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 Proprietary Title XX Centers All Other Adult Care Centers Total (A) (B) (C) (D)							
18. No. of institutions or sponsors								
19. No. of outlets								
20. Average daily attendance of outlets reported on line 19								



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
Meal Type		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, Incl. At-Risk	(A2) At-Risk Only	Tier I	Tier II Higher	Tier II Lower		
Supplements								
Free								
	Actual 49		, , , , , , , , , , , , , , , , , , , ,					
	Estimated 50		, Company			,		
	Total 51							
Reduced								
	Actual 52		1			,		
	Estimated 53							
	Total 54		A.			,		
Paid								
	Actual 55		1			, r		
	Estimated 56							
	Total 57		i e			, , , , , , , , , , , , , , , , , , ,		
	Total Meals Free 58							
	Total Meals Reduced 59		A.			,		
	Total Meals Paid 60							

Parts A - D	Part E (Complete Monthly)	Remarks		
	Remarks		Remarks	
Remarks				