Submission Studio

Form Name:	FNS-44 (8-11)		
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		

Analyze | Save | Edit Check | Post | Quit

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							