

USDA United States Department of Agriculture INTEC Grant #02 FNS-44

FNS-44 - Report on Quality Improvement (RQI) (Form 1) (08/2008)

Submission Studio

Agency Name: AL STATE DEPT OF EDUCATION
 Agency Code: 025025
 Agency Title: STATE DEPT OF EDUCATION
 Agency Type: State
 Agency Address: 500 N. RIVER ST., MONTGOMERY, AL 36102

Part A - RQI - Part 2 (Compliance Monitoring)

Report Month: _____ Total Score: _____

1. No. of operating organizations of this state having accreditation between:

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

2. No. of state agencies for which accreditation organizations are eligible for federal reimbursement based on cost:

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

3. No. of institutions (see definition):

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

4. No. of students:

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

5. Average daily attendance of students reported on line B:

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

6. State agency assessed and found in line of USOP Florida check on TSP 12 Date:

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

7. State agency assessed and found in line of USOP Florida check on TSP 12 Date:

0-1	2-3	4-5	6-7	8-9	10-11	12-13	14-15	16-17	18-19	20-21	22-23	24-25	26-27	28-29	30-31
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

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Part A - RQI - Part 3 (Compliance Monitoring)

Remarks:

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							