Iowa Child and Adult Care Food Program

At-Risk Program
Monthly Attendance Record

Institution: _____ Site: _____

Month & Year:_____ Date																								TOTAL
Child's full name																								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
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15																								
16																								
17																								
18																								
19																								
20																								
Daily Totals																								
Adults-Enter number of adults served each day.																								

Report total attendance for month on the claim for reimbursement.

Number of days snacks/meals served:_____

Signature of person completing form:_____ Date:_____

To the best of my knowledge the information listed is true and correct