

Weekly Meal Count with Attendance

Start Date: 01/08/2024
End Date: 01/12/2024

Sponsor Name: Test Sponsor Sponsor ID: 12345

Provider Nbr : 12345

Provider Name : Training Site

Rosters : Infant, Preschool, School Age, Toddler, Unassigned

corresponds to daily attendance

Name	Group ID - Site ID	DOB	Age	Mon 01/08/2024				Tue 01/09/2024				Wed 01/10/2024				Thu 01/11/2024				Fri 01/12/2024			
				#	B	L	P	#	B	L	P	#	B	L	P	#	B	L	P	#	B	L	P
Colon, Jennie 8		01/11/2019	4Y 11M	X	X	X																	
Cunningham, Bob 7		05/16/2013	10Y 7M	X	X	X																	
Curtis, Cooper 11		01/22/2022	1Y 11M	X	X	X																	
Daniels, Evan 4		03/05/2023	0Y 10M	X	X	X																	
Daniels, Tracy 3		04/09/2016	7Y 8M	X	X	X																	
Diaz, Mark 16		08/23/2018	5Y 4M	X	X	X	X	X	X	X	X												
Greene, Lily-Anne 12		04/15/2022	1Y 8M	X	X	X																	
Hernandez, Catherine 17		09/17/2019	4Y 3M	X	X	X																	
Johnson, Jodie 6		09/01/2023	0Y 4M	X	X	X		X	X	X													
Lopez, Juan 15		07/10/2020	3Y 5M	X	X	X																	
Schwartz, Luke 13		05/01/2019	4Y 8M	X	X	X																	
Smith, Mary 18		01/01/2022	2Y 0M	X	X	X																	
Stokes, Kathryn 1		07/31/2018	5Y 5M	X	X	X																	
Webb, Edward 9		04/05/2021	2Y 9M	X	X	X																	

Program Participants - Attendance and Meal Count Totals	14	14	14	1	2	2	2	1																
Number of Program Participant Meals to be Claimed																								
Number of Program Staff and Non-Program Meals																								

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature

Date