

Child Care Home

1234

Sponsor Name: Test Sponsor    Sponsor ID: 12345

Tier Status:	2	Tier Status Effective Dates:	
Tier Status Reason:		License Number:	5482165
Phone Number:	(651) 433-7345	License Effective Dates:	01/01/2020 - 12/31/2023
Second Phone Number:	(651) 433-7345		
Email Address:		Address Line 1	123 Main Street
License Type		Address Line 2	
FCCH L		City, State, ZIP	Yourtown, MI 35232
		Mailing Address Line 1	123 Main Street
Licensed Capacity		Mailing Address Line 2	
-		Mailing City, State, ZIP	Yourtown, MI,35232

Provider claiming own children effective date:

Provider claiming own children expiration date:

Claimed Tier I Children

First Name	Last Name	Effective Date	Expiration Date
Tsting	zz09252023	05/01/2024	05/31/2025

Site Hours and Meal Times

Monday	06:00 am	06:00 pm	Breakfast 1	06:00 am	09:30 am
Tuesday,Wednesday,Thursday,Friday,Saturday	06:00 am	06:00 pm	Breakfast 1	06:00 am	09:29 am
Friday	06:00 am	06:00 pm	Breakfast 2	09:30 am	09:45 am
Thursday	06:00 am	06:00 pm	Breakfast 2	09:30 am	10:00 am
Friday	06:00 am	06:00 pm	AM Snack 1	10:00 am	11:29 am
Monday	06:00 am	06:00 pm	AM Snack 1	09:31 am	11:29 am
Thursday	06:00 am	06:00 pm	AM Snack 1	10:01 am	11:29 am
Tuesday,Wednesday,Saturday	06:00 am	06:00 pm	AM Snack 1	09:30 am	11:29 am
Monday,Tuesday,Wednesday,Thursday,Friday,Saturday	06:00 am	06:00 pm	Lunch 1	11:30 am	12:30 pm
Tuesday,Wednesday,Thursday,Friday,Saturday	06:00 am	06:00 pm	PM Snack 1	02:00 pm	02:30 pm
Tuesday	06:00 am	06:00 pm	PM Snack 2	02:31 pm	03:00 pm
Monday	06:00 am	06:00 pm	Supper 1	02:00 pm	02:30 pm

Site Participants

Name	Current Status / Start Date	Special Diet	DOB / Age	Enrollment (Start-Expires)	Providers Child	Race/Ethnicity	Hours	Days / Meals
Jane, Suzy	Active	F	05/25/2013		No		06:00 am - 06:00 pm	MTWThFSa
	09/25/2023		11 Y 3M					BALPS

Name	Current Status / Start Date	Special Diet	DOB / Age	Enrollment (Start-Expires)	Providers Child	Race/Ethnicity	Hours	Days / Meals
Sanders, Mitchell	Active	F	10/14/2019	06/01/2022 - 06/30/2023	No		07:00 am - 05:00 pm	MTWThF
	07/01/2019		4Y 10M					BLP
Smith, Jason	Active	F	02/03/2013		No	Asian Hispanic or Latino	06:00 am - 06:00 pm	MTWTh
	06/22/2023		11Y 6M					BALP
Smith, Joey	Active	T	01/01/2022	06/30/2023 - 06/29/2024	No	Asian Not Hispanic or Latino	06:00 am - 06:00 pm	MTWThFSa
	06/30/2023		2Y 7M					BALPS
zInfant, Testing	Active	F	01/01/2023	04/01/2023 - 03/31/2024	No	American Indian or Alaskan Native, Asian, Hispanic or Latino	07:00 am - 05:00 pm	MTWThF
	11/14/2022		1Y 7M					BLP
zz09252023, Tsting	Pending	F	09/09/2021		No		06:00 am - 06:00 pm	MTWThFSa
	09/25/2023		2Y 11M					LPS

Site Principal(s)

Name:	Test Provider
Job Title:	Main Contact
Phone Number:	
Email:	noname@email.com

Number of Active Participants: 6

Special Diet Participants

Pariticipant	Participant ID	Start Date	End Date	Disability (Y/N)	Reason	Food Omitted	Food Substituted	Served Milk Substitute (Y/N)
Joey Smith	7	04/07/2023		F	Celiac Disease			F

Claim History

Month	Early Snacks	Breakfast	AM Snacks	Lunches	PM Snacks	Suppers	Evening Snacks	\$ Total
July 2024	0	0	0	0	0	0	0	0.00
June 2024	0	0	0	0	0	0	0	0.00
May 2024	0	231	0	204	246	0	0	1246.41

Site Visits

Date	Site Visit / Audit Name	Type	Announced	Meal Type	Day of week	Follow-Up	Not Home
03/21/2024	Manual Entry	Monitor	No	AM Snack	Thursday	F	F

Site User Training

Date	User	Training	Description	Training Hours
09/03/2023	ChildCareProvider	civilRights	description	1.0