



# Nutrition Works

1607 W. Jefferson • Boise, ID 83702

## DAILY COUNT SUMMARY SHEET

CHILD CARE PROVIDER'S NAME \_\_\_\_\_ MONTH \_\_\_\_\_

DATE	B	AMS	L	PMS	D	DAILY ATTEND.#
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						
TOTALS						

**BEFORE MAILING CLAIM, CHECK BELOW**

- Use pencil on Daily Count and Attendance.
- Your name on all pages being submitted.
- Daily Count completed and totaled.

**ATTENDANCE SHEET:**

- First & last names of children, including ages in years (infants–months).
- Arrival/departure for all children including drop-ins.
- Do your totals on Attendance Sheets and Daily Count agree?
- Claimed no more than 3 meals per day/per child/one meal must be a snack.

**MENUS:**

- Complete food components written on the menu.

**ENROLLMENT FORMS:**

- Enrollment forms submitted for all children on attendance sheets.

**CHANGES IN YOUR CHILD CARE MADE THIS MONTH:**  
Please note if any children turned 13 years of age.

**DROPPED** \_\_\_\_\_ **DROP DATE** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parents' change of address/phone #:** \_\_\_\_\_  
 \_\_\_\_\_

More supplies needed: \_\_\_\_\_

CUT OFF DATE: POSTMARKED BY THIRD OF MONTH  
 I certify that all of the attached information is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, that Department Officials may, for cause, verify information; and, that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal laws.

**Signature:** \_\_\_\_\_  
*Signature required before claim will be accepted.*

**FOR OFFICE USE ONLY**

Tier Type (*circle*): Tier 1   Tier II-All Higher   Tier II-All Lower   Tier II-Mixed

Enroll. Complete: \_\_\_\_\_ Serving Times Correct \_\_\_\_\_ Menu Correct \_\_\_\_\_

License # \_\_\_\_\_ Block Claim: \_\_\_\_\_

Claim Reviewer: \_\_\_\_\_ Comments: \_\_\_\_\_

	TIER 1	TIER 2
Breakfast		
AM Snack		
Lunch		
PM Snack		
Dinner		
Late Snack		
Attendance		
<i>Participated</i>		
<i>Days Claimed</i>		