

SCHUYLER COUNTY CHILD CARE COORDINATING COUNCIL

CACFP MONTHLY REPORT MONTH OF _____, 20__

NAME OF PROVIDER: _____

DAY	DATE	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	EVE SNACK	DAY	DATE	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	EVE SNACK
	1								17						
	2								18						
	3								19						
	4								20						
	5								21						
	6								22						
	7								23						
	8								24						
	9								25						
	10								26						
	11								27						
	12								28						
	13								29						
	14								30						
	15								31						
	16							SUBTOTALS							
SUBTOTALS								TOTALS							

NOTIFICATION OF WITHDRAWAL/ DAY CARE OPENINGS

NAME OF CHILD	BIRTHDATE	WITHDRAWAL DATE	OPENINGS