



Family Daycare Support Network

8750 Mountain Blvd, Bldg 69B

Oakland, CA 94605

Phone: (510) 686-2103

Fax: (510) 686-2108

Child Care Food Program

COVER SHEET

Provider: _____

Phone: _____

Address: _____

Zip Code: _____

Month: _____

License Capacity: _____

I certify that:

- I have followed CACFP requirements on types and minimum amounts of food served
- I have claimed meals served to enrolled children aged 12 years and under.
- I have claimed meals only within the limitation of my child care license.
- All the information on any of the enclosed menu, attendance, meal count, and enrollment forms is true and correct in all respect. I understand that this information is being given in connection with the receipt of Federal and State funds and that a deliberate misrepresentation of withholding of information may result in prosecution under applicable state and federal statutes.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Worksheet:

Enrolled _____

Total Enrollment _____

Days _____

Breakfast _____

Am Snack _____

Lunch _____

Pm Snack _____

Dinners _____

Total Meals _____

I have verified that the provider is only being reimbursed for no more than two main meals and one snack or two snacks and one main meal per child per day.

Approved : _____

Date: _____