

**Iowa Child and Adult Care Food Program  
Suggested Daily Attendance Record for "Part-time" Hours**

(Only 2 "part-time" children can be present at one time. Additional copies maybe needed if there are more children attending as "part-time".)

Provider's Name \_\_\_\_\_ Month/Year \_\_\_\_\_ Page # \_\_\_\_\_

Day	1 <sup>st</sup> Child (last, first name)	Time in & Time out	2 <sup>nd</sup> Child (last, first name)	Time in & Time out	3 <sup>rd</sup> Child (last, first name)	Time in & Time out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When 0 is reached there are no part- time hours left in the month.)
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							<b>Total "part-time" hours used for this month:</b>	

I certify that CACFP part time attendance records submitted by me for this month are accurate in all respects; that they are given in connection with the receipt of Federal funds and that deliberate misrepresentation may result in State or Federal prosecution. I also certify that the total part time hours does not exceed 180 hours for this month and 90 hours per child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_