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 __Mary Jones__   Month/Year __May 2002__   Page # __1__

Day	1st Child (last, first name)	Time in & Time out	2nd Child (last, first name)	Time in & Time out	3rd 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.)
1	Jones, Evelyn	8 A - 9:45 A	Smith, Terry	1 PM-2 PM			2 ¾	177¼
2								
3	Jones, Evelyn	8 A - 9:45 A					1¾	175½
4								
5								
6								
7								
8	Cooper, Jan	11:30 A- 1P	Smith, Terry	1 PM-3 PM			3½	172
9								
10	Smith, Sally	1PM – 2:30P	Smith, Terry	1PM – 2:30P	James, Rose	4 PM-6 PM	5	167
11								
12								
13								
14	Greene, Marie	7:30A-9:15A	Smith, Sally	1PM – 3 PM	Smith, Terry	1PM – 3PM	5¾	161¾
15								
16								
17								
18								
19	Greene, Marie	7:30A-8:45A					1¼	160
20								
21	Greene, Marie	7:30AM-9AM					1½	158½
22								
23								
24								
25	Cooper, Jan	2 P-3:45PM					1¾	156¾
26								
27								
28								
29								
30								
31								Total 23.25
					Total "part-time" hours used for this month:			156¾

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: _____

(DA.R3-HSForms SKSP(5/2002))