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Expiration Date: XX/XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE

REPORT OF THE CHILD AND ADULT CARE FOOD PROGRAM

STATE AGENCY: Submit report according to the instructions 30 AND 90 days following the month being reported. Send original to the Regional Administrator, Food and Nutrition Service.

1. STATE

2. CALENDAR YEAR

3. MONTH

4. TYPE OF SUBMISSION *("X" ONE)*

A. ☐ 30 - DAY
B. ☐ 60 - DAY (Optional)
C. ☐ 90 - DAY
D. ☐ 90 - DAY
Revision No. _____
(1 = 1st rev.; 2 = 2nd , etc.)
E. ☐ CLOSEOUT
F. ☐ OTHER - *(Describe)*

5. **FOR FNS USE ONLY**

CAL. YEAR				MONTH		TYPE

STATE CODE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 0584-0078. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection.

PART A - (NO. HOMES)

	REPORT MONTHLY	1 - 50 HOMES (A)	51 - 200 (B)	201 - 1000 (C)	1001 + (D)	TOTAL (E)
DAY CARE HOMES	6. No. of sponsoring organizations of day care homes administering between					
	7. No. of day care homes for which sponsoring organizations are eligible to receive reimbursement based on rate for					

PART B

	REPORT QUARTERLY *(Dec., March, June and Sept.)*	CHILD CARE CENTERS ONLY (A)	DAY CARE HOMES ONLY (B1)		CENTERS & HOMES (B2)		ADULT CARE (C)	TOTAL (D)
PARTICIPATION	8. No. of institutions (see definition)							
	9. No. of outlets	ALL CHILD CARE CENTERS	TIER I	TIER II *All Higher*	TIER II *All Lower*	TIER II *Mixed*		
	10. Average daily attendance of outlets reported on line 9							

PART C

	REPORT IN OCTOBER/MARCH	FOR-PROFIT CENTERS (A)	OUTSIDE SCH-HRS CARE CENTERS (B)	HEAD START CENTERS (C)	AFTERSCHOOL AT-RISK (D)	EMERGENCY SHELTERS (E)	TOTAL (F)
PARTICIPATION	11. No. of institutions (see definition)						
	12. No. of outlets						
	13. Average daily attendance of outlets reported on line 12						

I CERTIFY that this report is true and correct to the best of my knowledge and belief.

14. SIGNATURE	15. TITLE	16. DATE SIGNED
	17. ADMINISTERING AGENCY	

NO FURTHER MONIES OR OTHER BENEFITS MAY BE PAID OUT UNDER THESE PROGRAMS UNLESS THIS REPORT IS COMPLETED AND FILED AS REQUESTED BY EXISTING REGULATIONS (7 C.F.R. 226)

PART C (CONTINUED)

REPORT IN OCTOBER/MARCH		ADULT DAY CARE		
		FOR-PROFIT CENTERS (A)	ALL OTHER ADULT CARE CENTERS (B)	TOTAL (C)
PARTICIPATION	18. No. of institutions (see definition)			
	19. No. of outlets			
	20. Average daily attendance of outlets reported on line 19			

PART D - COMMODITY DATA

REPORT MONTHLY (Complete Only for 90-Day Report)	CHILD CARE CENTERS		DAY CARE HOMES		ADULT DAY CARE		G. TOTAL
	A. CASH-IN-LIEU ASSISTANCE	B. ENTITLEMENT COMMODITY ASSISTANCE	C. CASH-IN-LIEU ASSISTANCE	D. ENTITLEMENT COMMODITY ASSISTANCE	E. CASH-IN-LIEU ASSISTANCE	F. ENTITLEMENT COMMODITY ASSISTANCE	
21. If State agency receives only cash in lieu of commodities, mark an "X" in Col. A. If not, report in Cols. A thru G the total number of lunches and suppers served during the month in centers and homes receiving commodity assistance (report actual data).							

PART E (Complete Monthly)

MEAL TYPE				(A) CHILD CARE CENTERS		(B) DAY CARE HOMES			(C) ADULT DAY CARE	D. TOTAL Sum of Cols. A1+B+C
				(A1) ALL, Inc. At-Risk	(A2) At-Risk Only	TIER I	TIER II HIGHER	TIER II LOWER		
BREAKFASTS	FREE	ACTUAL	22							
		ESTIMATED	23							
		TOTAL	24							
	REDUCED	ACTUAL	25							
		ESTIMATED	26							
		TOTAL	27							
	PAID	ACTUAL	28							
		ESTIMATED	29							
		TOTAL	30							
LUNCHES	FREE	ACTUAL	31							
		ESTIMATED	32							
		TOTAL	33							
	REDUCED	ACTUAL	34							
		ESTIMATED	35							
		TOTAL	36							
	PAID	ACTUAL	37							
		ESTIMATED	38							
		TOTAL	39							
SUPPERS	FREE	ACTUAL	40							
		ESTIMATED	41							
		TOTAL	42							
	REDUCED	ACTUAL	43							
		ESTIMATED	44							
		TOTAL	45							
	PAID	ACTUAL	46							
		ESTIMATED	47							
		TOTAL	48							

PART E (Complete Monthly)

MEAL TYPE				(A) CHILD CARE CENTERS		(B) DAY CARE HOMES			(C) ADULT DAY CARE	D. TOTAL Sum of Cols. A1+B+C
				(A1) ALL, Inc. At-Risk	(A2) At-Risk Only	TIER I	TIER II HIGHER	TIER II LOWER		
SNACKS	FREE	ACTUAL	49							
		ESTIMATED	50							
		TOTAL	51							
	REDUCED	ACTUAL	52							
		ESTIMATED	53							
		TOTAL	54							
	PAID	ACTUAL	55							
		ESTIMATED	56							
		TOTAL	57							
TOTAL MEALS FREE			58							
TOTAL MEALS REDUCED			59							
TOTAL MEALS PAID			60							

REMARKS

INSTRUCTIONS

(All items self-explanatory unless noted below)

GENERAL

Part A is to be completed monthly. Part B is to be completed only for the months of December, March, June, and September. Part C lines 11, 12, 13, 18, 19, and 20 are to be completed only for the months of October and March. Part D Line 21 is to be completed only for the 90-day report. Part E is to be completed monthly. The FNS-44 must be submitted to the Regional Administrator, Food and Nutrition Service.

Note: Items 2 and 3 refer to the reporting month.

DEFINITIONS:

"Actual" - Meals for which claims have been approved for reimbursement for the month.

"Estimated" - Projection of the number of meals that were served and are expected to be approved for reimbursement for which claims have not been received or approved by the reporting due date.

"Total" - The sum of ACTUAL data and ESTIMATED data.

"Reporting Month" - The month for which the FNS-44 is being reported. The month in which meals were actually served.

"Outlet" - Any sponsored facility, whether a day care home or sponsored center, or any independent center where meals were actually served.

"Institution" - Any independent center or sponsoring organization of day care homes, child care centers, at-risk afterschool care centers, outside-school-hours care centers, emergency shelters, or adult day care centers which enters into an agreement with the State agency to assume final administrative and financial responsibility for Program operations.

"Independent Center" - Any single child care center, at-risk afterschool center, outside-school-hours care center, emergency shelter, or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for program operations.

"Sponsoring Organization" - Any public, private nonprofit, or for-profit organization which enters into an agreement with the State agency to assume final administrative and financial responsibility for program operations in two or more sponsored facilities.

"Facility" - A sponsored center or a family day care home.

"Tier I" Home - A day care home located in a low-income area, as specified by Program regulations, or a home in which the provider's household income is at or below 185% of the Federal income eligibility guidelines.

"Tier II All Higher" Home - A day care home which is not a "Tier I" home and in which all children are certified as eligible for the higher reimbursement rate.

"Tier II All Lower" Home - A day care home which is not a "Tier I" home and in which none of the children are certified as eligible for the higher reimbursement rate.

"Tier II Mixed" Home - A day care home which is not a "Tier I" home and in which at least one child in each reimbursement category (higher and lower) is enrolled.

"Higher" - Meals claimed in day care homes at the higher ("Tier I") reimbursement rate.

"Lower" - Meals claimed in day care homes at the lower ("Tier II") reimbursement rate.

"At-Risk Afterschool Care Center" - An outlet located in a low-income area and approved by the State agency, in accordance with Program regulations, to be reimbursed at the "free" rate for snacks or meals served to children through the age of 18 who participate in the facility's afterschool care program.

"Outside School Hours Care Center" - An outlet approved to provide meal service to enrolled children (through the age of 12) enrolled in child care during hours outside of school.

TYPE OF SUBMISSION

"30-Day Report" - Due in FNS Regional Offices on the last day of the month following the month being reported. This report may contain ESTIMATED and ACTUAL data.

"60-Day Report" - Not required.

"90-Day Report" - Must be submitted to the FNS Regional Office within 90 days following the month being reported. This is a "final" report and must consist of ACTUAL data only.

"Revised 90-Day Report" - Submit revisions to the latest 90-day report in accordance with FNS instructions.

"Closeout Report" - Submit the Annual Financial Reconciliation (closeout) of Program Grants Report in accordance with FNS instructions.

"Other Reports" - Submit other reports in accordance with FNS instructions. Use the "Remarks" section if necessary to describe the purpose of the report.

PART A (Lines 6 - 7)

(Estimates for missing data should be included on the 30-Day report.)

Line 6

Sponsors of Day Care Homes must be grouped in Blocks A thru D according to the number of homes each sponsor administers (count sponsors only once). Example: If 20 sponsors administer from 1 to 50 homes, then the number 20 is entered in Block A. If nine Sponsors administer from 51 - 200 homes, then enter nine in Block B.

Line 7 - Example

Sponsor W administers 40 homes
Sponsor X administers 175 homes
Sponsor Y administers 450 homes
Sponsor Z administers 1,300 homes

SPONSOR	HOMES				TOTAL
	1 - 50 (A)	51 - 200 (B)	201 - 1000 (C)	1000 + (D)	
W	40				40
X	50	125			175
Y	50	150	250		450
Z	50	150	800	300	1,300
TOTAL	190	425	1,050	300	1,965

* Sponsor W's 40 homes would be entered in Column A.

* * The first 50 homes of Sponsor X would be entered in Column A. The remaining 125 homes would be entered in Column B.

* * * The first 50 homes of Sponsor Y are entered in Column A. The next 150 homes would be entered in Column B. The remaining 250 homes would be entered in Column C.

* * * *

Sponsor Z's first 50 homes would be entered in Column A. The next 150 homes would be entered in Column B. The next 800 homes would be entered in Column C. The remaining 300 homes would be entered in Column D. The State totals of Columns A thru D are now entered under the appropriate headings on Line 7.

PART B (Lines 8 - 10)

(Estimates for missing data should be included on the 30-Day report.)

Line 8

Column A - Complete quarterly - Enter the number of institutions (including both independent centers and sponsoring organizations) with an approved agreement that operated only Child Care Centers during the reporting month. Child Care Centers include For-Profit Centers, Outside School Hours Care Centers, Head Start Centers, 'At-Risk' Afterschool Care Centers, and Emergency Shelters.

Column B1 - Complete quarterly - Enter the number of Day Care Homes sponsoring organizations with an approved agreement that operated only Day Care Homes during the reporting month.

Column B2- Complete Quarterly - Enter the number of sponsoring organizations with an approved agreement that operated both Child Care Centers and Day Care Homes during the reporting month.

Column C - Complete Quarterly - Enter the number of Adult Day Care institutions with an approved agreement that operated during the reporting month.

Line 9

Column A - Enter the number of independent and sponsored Centers, including eligible For-Profit Centers, Outside-School-Hours Care Centers, Head Start Centers, 'At-Risk' Afterschool Care Centers, and Emergency Shelters that were eligible and that operated during the reporting month. Report in 9A both the independent centers reported in 8(A) and all sponsored centers reported in 8(B2). The number reported in 9A must either be equal to or greater than the number reported in 12(F).

Column B - Enter in the appropriate space the total number of Tier I, Tier II All Higher, Tier II All Lower, and Tier II Mixed Family Day Care Homes that operated under sponsoring organizations reported in 8(B1) and 8(B2) during the reporting month. (See definitions).

Column C - Enter the number of independent and sponsored Adult Day Care Centers that operated during the reporting month.

Line 10

Enter the Average Daily Attendance (ADA) of Outlets that were entered on Line 9. ADA for the reporting month is computed by adding the ADA for each Outlet that operated.
Report in Column B the ADA for Day Care Homes by type of home.

PART C (Lines 11 - 13, AND 18 - 20)

Line 11

Enter the number of Institutions with an approved agreement that operated For-Profit Centers (Column A), Outside School Hours Care Centers (Column B), Head Start Centers (Column C), 'At-Risk' Afterschool Care Centers (Column D), or Emergency Shelters (Column E) during the months of October and March. (These figures, Line 11 Cols. A, B, C, D, and E are subsets of the figures appearing in Line 8(A) and 8(B2) for the month of March). Sponsors administering several types of facilities shall be entered in each column that is appropriate.

Line 12

Enter the number of independent and sponsored For-Profit Centers (Column A), Outside-School-Hours Care Centers (Column B), Head Start Centers (Column C), 'At-Risk' Afterschool Care Centers (Column D), or Emergency Shelters (Column E) that were eligible and that operated during the reporting month. (These figures, Line 12 Columns A, B, C, D, and E are subsets of the figure appearing in Line 9, Column A for the month of March).

Line 13

Enter the Average Daily Attendance of Outlets that were entered on Line 12.

Line 18

Enter the number of institutions with an approved agreement that operated For-Profit Adult Day Care Centers (Column A), and all other Adult Day Care Centers (Column B) during the months of October and March. (These figures, Line 18, Columns A and B should equal the figure appearing in Line 8, Column C for the month of March).

Line 19

Enter the number of independent and sponsored For-Profit Adult Day Care Outlets (Column A), and all other Adult Day Care Outlets (Column B) that were eligible and that operated during the reporting month. (These figures, Line 19, Columns A and B should equal the figure appearing in Line 9, Column C for the month of March).

Line 20

Enter the Average Daily Attendance of Outlets that were entered on Line 19.

PART D

Line 21

Complete only for the 90-day report. Enter in 21A the total number of lunches and suppers for Child Care Centers which receive cash-in-lieu of donated commodities. Enter in 21B the total number of lunches and suppers for Child Care Centers which receive USDA entitlement commodities. Enter in 21C the total number of cash-in-lieu lunches and suppers for Day Care Homes. Enter in 21D the total number of lunches and suppers for Day Care Homes which have elected to receive donated commodities. Enter in 21E the total number of lunches and suppers served in Adult Day Care Centers which receive cash-in-lieu of donated commodities. Enter in 21F the total number of lunches and suppers for Adult Day Care Centers which have elected to receive donated commodities. Enter in 21G the sum of Items 21A through 21F.

If the State agency receives only cash-in-lieu assistance, then mark an "X" in Item 21A. This indicates that all lunches and suppers reported on Page 2 "Part E" for Child Care Centers, Family Day Care Homes, and Adult Care Centers receive cash-in-lieu assistance.

PART E (Lines 22-60)

Column A

Enter the ACTUAL, ESTIMATED, and TOTAL number of FREE, REDUCED, and PAID BREAKFASTS, LUNCHES, SUPPERS and SNACKS served in Centers.
(Include in Col. A, for all meal categories, For-Profit Centers, Outside-School-Hours Care Centers, Head Start Centers, and Emergency Shelters.) In Column A2 (Lines 22, 31, 40, 49), enter only the actual number of free At-Risk breakfasts, lunches, suppers and snacks served. This will be a subset of the total number of meals reported in Column A1 (all, including At-Risk meals).

Column B

Enter the ACTUAL, ESTIMATED, and TOTAL number of BREAKFASTS, LUNCHES, SUPPERS, and SNACKS served in Day Care Homes. Report these meals in the appropriate column, either Tier I or Tier II.

Column C

Enter the ACTUAL, ESTIMATED, and TOTAL number of FREE, REDUCED, and PAID BREAKFASTS, LUNCHES, SUPPERS, and SNACKS served in all Adult Day Care Centers.

Column D

(Enter the line totals of Columns A1 (All), B, and C).

Line 58 - Sum of Lines 24, 33, 42, 51

Line 59 - Sum of Lines 27, 36, 45, 54

Line 60 - Sum of Lines 30, 39, 48, 57