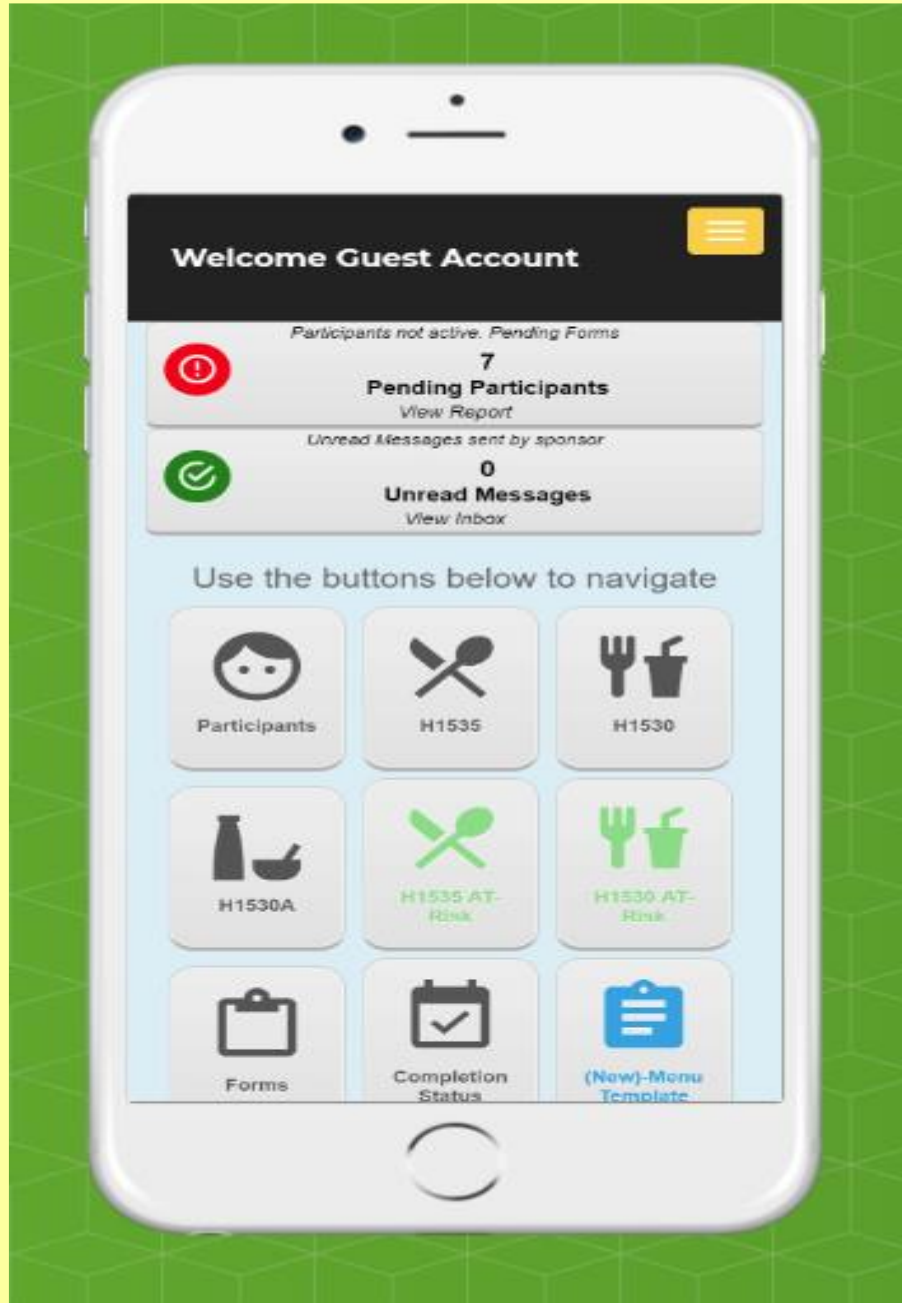


# My Simple Menu



# Instruction Manual

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# MY SIMPLE MENU SITE INSTRUCTION MANUAL

The screenshot shows the top navigation bar with buttons 1A through 8A. Below it is a dashboard with four summary cards: Expiring Participants (11), Pending Participants (10), Missing IFP\* (1), and Unread Messages (0). Below these are navigation buttons 1B through 4B. A central text says 'Use the buttons below to navigate'. Below that is a grid of icons for various functions, with buttons 1C through 10C overlaid. A red box on the left points to the 'Center Details' icon with the text: 'Info about the Site. See pages 39 & 40 for instructions.'

- 1A: **Participants** – Enroll or Withdraw Participants (View Active/Pending/Withdrawn Participants)
- 2A: **Forms** – Selection of Blank Forms and completed forms; H1535, H1654, and other featured forms and informational material).
- 3A: **Daily Entry** – Allows the ability to complete Meal Counts and Attendance and Meal Production Records, such as, H1530, H1654, H1535 etc.
- 4A: **Monthly Submission** – Allows Site to submit monthly claim for reimbursement by selecting the 1) Month, 2) Typing full name of person submitting, 3) Signature of person submitting, 4) Submit button, 5) Resetting Signature in the signature is not legible.
- 5A: **Completion Status** – Report allows to view online claim status of Meal Counts & Attendance & Meal Production Records.
- 6A: **Remote Support** – Allows Sponsor to train site staff via remote support.
- 7A: **Settings** – Allows Site to change password.
- 8A: **Logout** – Allows Site to exit My Simple Menu.
- 1B: **Expiring Participants** – Features expiration of Enrollment and Meal Benefit Income Eligibility Forms for the current month.
- 2B: **Pending Participants** – Features pending completion/submittal of Enrollment, Meal Benefit Income Eligibility Forms etc.
- 3B: **Missing IFP** – Infant Feeding Preference Form.
- 4B: **Unread Messages** – Allows to view **Inbox** messages from Sponsor, **Sent** messages by Site, and also to **Compose** messages.
- 1C: **Participants** – See 1A:
- 2C: **H1535** – Allows access to complete Daily Meal Count and Attendance Form H1535.
- 3C: **H1530/H1654** – Allows access to complete Daily Meal Production Record Form H1530/H1654 (ADC).
- 4C: **H1530A** – Allows access to complete Daily Meal Production Record for Infants Form H1530A.
- 5C: **H1535At-Risk** – Allows access to complete Daily Meal Count and Attendance Form H1535At-Risk.
- 6C: **H1530At-Risk** – Allows access to complete Daily Meal Production Record Form H1530At-Risk.
- 7C: **Forms** – See 2A:
- 8C: **Completion Status** – Allows same as 5A:
- 9C: **(New) Menu Template** – Allows completion of Cycle Menus–Must be completed initially prior to H1530/H1530A/H1654.
- 10C: **Monthly Submission** – See 4A:
- 1D: **View Claims** – Allows viewing the Processed Monthly Claims for Reimbursement.
- 2D: **Monitor Reviews** – Allows viewing the Monitor Reviews conducted by Sponsor.
- 3D: **Newsletter** – Allows viewing the monthly newsletters.
- 4D: **Settings** – See 7A:

**1A or 1C: Participants:**

**General Info.**

Allows viewing the participant's status by clicking the options  
 Active  Pending  Withdrawn

Select to View Names  
 --Select--

General Info Parent / Guardian Info Financial Info

Child ID: 0  
 Classroom: 0  
 Enrollment Date: Original Enrollment: [ ] Current Enrollment: [ ]  
 Name: First Name: [ ] Middle Name: [ ] Last Name: [ ]  
 Date of Birth: [ ] Age: [ ]  
 Gender: --Select--  
 Normal Hrs in care: In: [ ] Out: [ ]  
 Normal Days in care: Monday-Friday [ ] Saturday [ ] Sunday [ ]  
 Normal Meals in care: Breakfast [ ] AM Snack [ ] Lunch [ ] PM Snack [ ] Supper [ ] EV Snack [ ]  
 Ethnic Identity: Hispanic<sup>1</sup> [ ] Non-Hispanic<sup>2</sup> [ ]  
 Racial Identities: Asian [ ] White [ ] Black<sup>3</sup> [ ] Native<sup>4</sup> [ ] Hawaiian<sup>5</sup> [ ]  
 Status: At-Risk [ ] Activated [ ]

Enroll Withdraw Save

Click to Enroll a participant and complete the **General Information** section above.

Allows withdrawing a participant

Make sure to click Save when completed.

See Figure # 1

See Figure # 2

**Figure #1 – Parent/Guardian Info.:** Enter Parent/Guardian Information with multiple siblings. If parent/guardian has already been entered on previous sibling, make sure to click “Copy Guardian Info.”

Active  Pending  Withdrawn

--Select--

General Info Parent / Guardian Info Financial Info

--Select Guardian-- Copy Guardian Info.

Parent Name: First Name: [ ] Middle Name: [ ] Last Name: [ ]  
 Address: [ ] City: [ ] --Select-- [ ] zip: [ ]  
 Contact Info: Phone Number: [ ]

Enroll Withdraw Save

May be required to complete all Parent/Guardian info.

Make sure to click Save when completed.

Figure #2 – Financial Info.: View parent’s income or other categorical eligibility, as applicable, to determine participant’s categorical status, ie; free/reduced or paid.

Active  Pending  Withdrawn

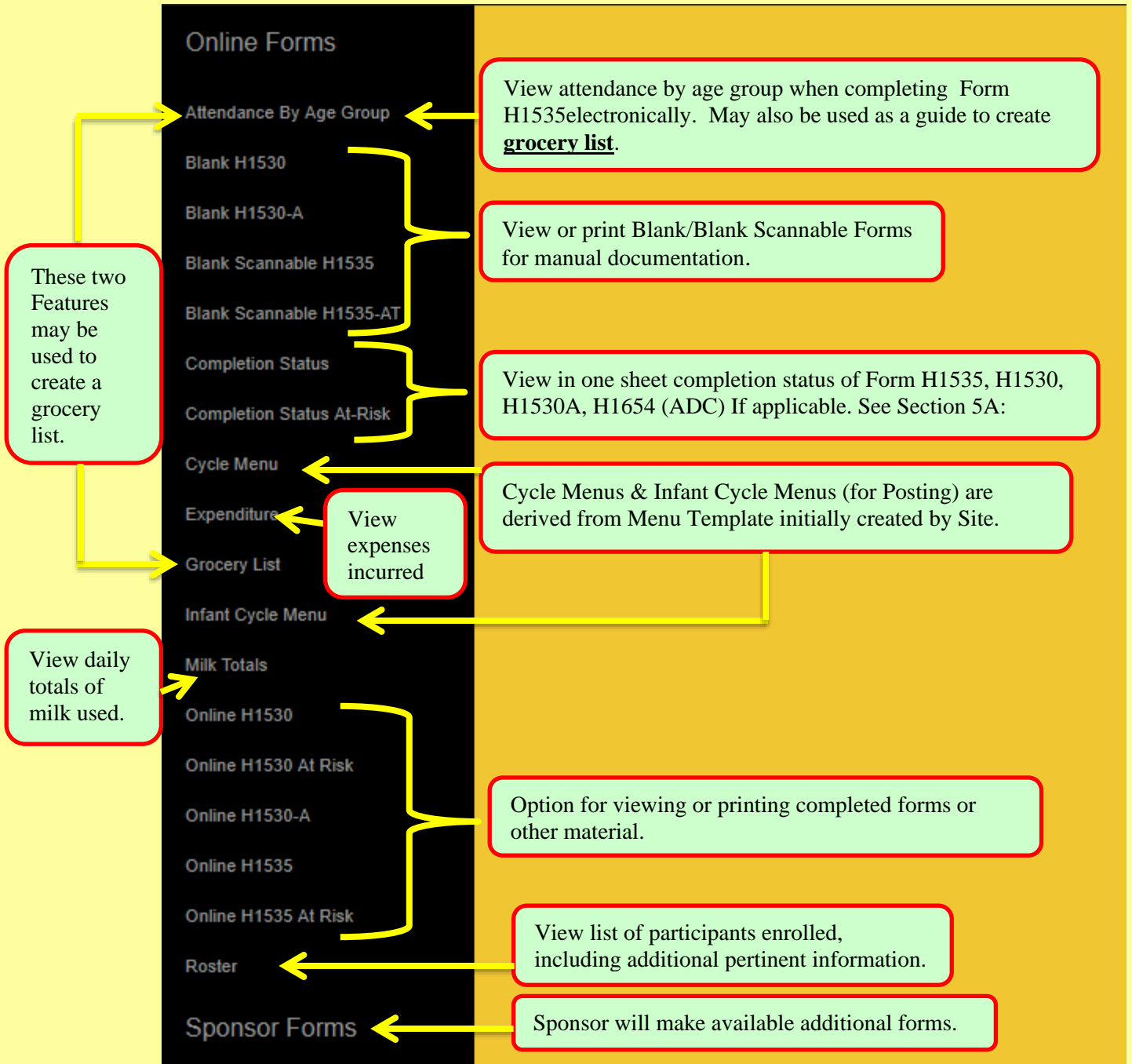
--Select--

General Info	Parent / Guardian Info	Financial Info
Determining Date		
Financial	Case Number Case Number	Household Size Household Size
Other Options	Income Income	Income Frequency Income Frequency
Category	Refused <input type="checkbox"/> Foster <input type="checkbox"/> No Income <input type="checkbox"/> Head Start <input type="checkbox"/>	Category

Enroll Withdraw Save

Make sure to click Save when completed.

2A. or 7C. Forms



**3A: or 2C:, 3C:, 4C:, 5C, or 6C: Daily Entry-For Daily Completion of Month Claim for Reimbursement**

The screenshot shows a mobile application interface with a dark blue header and a yellow background. The header includes the text "Welcome Guest Account" and navigation icons for HOME, PARTICIPANTS, FORMS, DAILY ENTRY (highlighted), MONTHLY SUBMISSION, COMPLETION STATUS, REMOTE SUPPORT, SETTINGS, and LOGOUT. A vertical menu is open under "DAILY ENTRY", listing five options: H1535 (with a red 'X' icon), H1530 (with a red 'f' icon), H1530A (with a red 'f' icon), H1535 AT-RISK (with a green 'X' icon), and H1530 AT-RISK (with a green 'f' icon). Two callout boxes are present: the top one points to the first three options and contains the text "Option to select forms for daily documentation. (see figures #3, 4, 5, 6, 7, 8, 9)."; the bottom one points to the last two options and contains the text "Instructions for Form H1535 AT-Risk and Form H1530 AT-Risk are the same as illustrations on figures #3, 4, 5, 6, 7, 8, 9)."

**Figure #3 – Form H1535 - Daily Meal Count And Attendance Form – Complete at point of**

1. Select attendance to record **attendance** for each participant who did not participate on a meal (optional) 2. Select the meal where you will record attendance and the meal served

Meals & Att.  
05/14/2018  
View H1535 Report

of Day  Early Release  Holiday/No School

Attendance	
Breakfast	AM Snack
Lunch	PM Snack
Supper	EV Snack

AT 0 BR 0 AM 0 TOTALS LU 0 PM 0 SU 0 EV 0

Filter Settings  
Class  Save Changes  
Age   
Class

Age Filter is the default option but you may select **Class** if you want your Form H1535 to show participants by classroom.

Don't forget to Save Changes

**Figure #4 – Form H1535 – Attendance – To Record Participants' attendance**

Participant Name

- Ajas Lupe 5yrs
- Cazares Jessica 12yrs
- Classroom Dijugett 5yrs
- Davila Adi 4yrs
- Delupe Lupe 8yrs
- Doe John 4yrs
- Doe Jane 2yrs

Attendance  
Filter by Class  
View All  
0  
1  
2  
3  
4

Participants will be filtered based on the classroom/Age selected

Select Box for each Participant Present

ATT

Save

Don't forget to **Save** once all participants present have been selected

**Important Note:** Before completing Daily Meal Production Record Form H1530 (as illustrated on Figure #5 below), it is recommended that a **(Menu Template - Cycle Menu)** is completed in order to avoid repetitive selection on the **Menu items** and **Food Items Used** columns of the Form H1530. See Figure # 9C for illustration and instructions for "Menu Template".

**Figure #5 – Form H1530/At and H1654(ADC) – Daily Meal Production Record – Complete prior to meal service.**

Select the meal service you want to record on.

H1530-Menu #  
05/05/2018  
View H1530 Report

View completed report

Breakfast AM Snack Lunch PM Snack Supper EV Snack



Figure #6 – Form H1530/At, H1654 (ADC) Daily Meal Production Record – Ready to enter data prior to meal service.

**H1530-Menu #4**  
05/05/2018  
View H1530 Report

Breakfast | AM Snack | Lunch | PM Snack

Planned Participants  
Age 1yr | Age 2yr | Age 3-5yr | Age 6-12yr | Age 13-18yr  
Program Adults | Non-Program

Actual Participants  
Age 1yr | Age 2yr | Age 3-5yr | Age 6-12yr | Age 13-18yr  
Program Adults | Non-Program

Menu	Food Item Used	Amount Needed	Quantity Used
Milk	Whole Milk	0	
Fruit/Vegetable	Apple Juice	0	
Bread	Whole Wheat Bread	0	
Meat	Ground Beef	0	
Extra		N/A	
Extra		N/A	

Copy to Template | Save

**Annotations:**

- Select food items for each component on menu column and food items used as purchased by clicking on the dropdown arrows
- Enter the number of planned participants according to the age group.
- The number of Actual Participants will be populated to this section from Form H1535 once you record attendance of meals electronically.
- Enter actual Quantity Used. Amount needed will show how much of the food item is needed, however it is best to prepare more.
- This selection will transfer the menu and food items selected to your cycle menu (Menu Template)
- Remember to Save

Figure #7 – Form H1530/At, H1654(ADC) Daily Meal Production Record – Illustration of selected 1. Planned Participation, 2. Menu items and Food Items Used, 3. Amount Needed and Quantity Used. 4. Camera Icon for viewing/printing CN Label. Product Analysis/Formulation Statement.

**H1530-Menu #4**  
05/05/2018  
View H1530 Report

Breakfast | AM Snack | Lunch | PM Snack | Supper | EV Snack

Planned Participants  
Age 1yr | Age 2yr | Age 3-5yr | Age 6-12yr | Age 13-18yr  
Program Adults | Non-Program

Actual Participants  
Age 1yr | Age 2yr | Age 3-5yr | Age 6-12yr | Age 13-18yr  
Program Adults | Non-Program

Menu	Food Item Used	Amount Needed	Quantity Used
Milk	Whole Milk	0.5	.5
Milk	Lowfat Milk	1.5	1.5
Milk	Select	0	
Fruit/Vegetable	Apple Juice	2.75	
Bread	Select	0	
Meat	All Bran	0	
Extra	Biscuit		
Extra	Bread		
Extra	Menu		

Copy to Template | Save

**Annotations:**

- Planned participation #'s is needed to enable Amount Needed and to complete Quantity Used.
- Illustration of selected food items.
- Amount Needed is an estimation of how much is needed, thus, Quantity Used is entered by user. **Red** indicates less quantity than the amount needed was entered on Quantity used
- Click on the camera icon to view CN Label/Product Formulation Statement. To Print, right click and select print.
- Remember to Save

Figure #8 – Form H1530-A Infant Daily Meal Production Record – Illustration of selected 1. Planned Participation, 2. Menu items and Food Items Used, 3. Amount Needed and Quantity Used.

### H1530A-Menu #

05/24/2018

View H1530A Report

Age Group 0-5m - Age Group 6-11m -

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- EV Snack

View completed report

Select the **Age Group** and then select the **Meal** to be recorded. Recording of Form H1530-A must be done prior to serving the meal

Figure #9 – Form H1530-A Infant Daily Meal Production Record – Illustration of selected 1. Planned Participation, 2. Menu items and Food Items Used, 3. Amount Needed and Quantity Used.

### H1530A-Menu #1

05/24/2018

View H1530A Report

Age Group 0-5m - Age Group 6-11m -

Breakfast (6-11months)

Planned Participants	Actual Participants
2	

Menu	Amount Needed (oz)	Quantity Used (oz)
Milk Enfamil w/iron	12	12
Fruit/Vegetable Apple Sauce	2	4
Cereal Dry Rice Cereal	2	1
Cheese Select	0	
Yogurt Cheese Food	0	
Meat *Add Multiple* Select	0	

2. Select food items for each component on menu column by clicking on the dropdown arrows.

1. Enter the total of planned participation of infants 6-11 months or other age group when selected.

3. **Amount Needed** is an estimation of how much is needed, thus, **Quantity Used** is entered by user. **Red** indicates less quantity than the amount needed was entered on Quantity used

Do not forget to click on **Save**.

Save

**9C: (NEW) MENU TEMPLATES (Follow Steps 1, 2, and 3 below) Adult Day Care Centers are exempt From completing Menu Template.**

**Step 1.**

Select Menu to create Menu for participants over 1 year of age.

Select Infant Menu to create menu for infants 0 thru 11 months.

**Menu Template Overview(NEW)**  
View/Edit Templates

	Menu			Infant Menu			
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Menu 1		Bfast Lunch PM Snk	Bfast Lunch PM Snk	+	+	+	+
Menu 2		+					+

Select an + to begin selection of menu and Food Items Used. This selection will prompt you to Step 2 below

**Step 2.**

**Menu #1-Wednesday**

Breakfast AM Snack Lunch PM Snack Supper EV Snack

Back to Overview

Select a meal to start the menu template. See Step 3 below.

**Step 3.**

**Menu #1-Wednesday**

Breakfast AM Snack Lunch PM Snack Supper EV Snack

	Menu	Food Item Used
Milk	Select Select Whole Milk	Select Food Item Used Select
Fruit/Vegetable	Select	Select
Bread	Select	Select
Meat	Select	Select
Extra		
Extra		

Click on the drop down arrow on each component of the **Menu** and the **Food Item Used** and select the food that will be served.

Back to Overview

Save

Click to go back to the **Menu Template Overview (New)**. See Step 1

Do not forget to click on **Save**.

**Cycle Menus – Forms (2A:) Cycle Menus are available to print once Menu Template is completed.**

Select Date and Week

Select the month to view menu **June** | **2018**

Select Week

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5

Select **View** to access the cycle menu from Menu Template. See Cycle Menu below.

**View**

**CYCLE MENUS**

Download

pdfGenerator.php 1 / 1

Menu 3 Week 2

	Sun 6/3/2018	Mon 6/4/2018	Tue 6/5/2018	Wed 6/6/2018	Thurs 6/7/2018	Fri 6/8/2018	Sat 6/9/2018
<b>B F S T</b>		Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	
<b>A M</b>		Potatoes Flour Tortillas	Bananas *Cheerios	Apples Flour Tortillas Pinto Beans	Bananas Corn Flakes	Apples Pancakes	
<b>L U N C H</b>		Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	
<b>P M</b>		Apples Corn Rice Chicken	Peaches Potatoes Rice Ground Beef	Bananas Squash Rice Chicken	Bananas Corn *Bread Chicken	Peaches Carrots Rice Chicken	
<b>S U P P E R</b>		Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	
<b>E V</b>		*Bread	Ritz Crackers	*Bread Peanut Butter	Animal Crackers	*Cheerios	
		Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	Whole Milk Lowfat Milk	
		Peaches Lettuce Corn Tortillas Ground Beef	Apples Potatoes Bread Ham Sandwich	Peaches Carrots Flour Tortillas Cheese	Apples Potatoes Hot Dog Buns Beef Franks	Bananas Corn Bread Ground Beef	

Legend  
(\*) = Whole Grain Rich

Print

## 4A: or 10C: Monthly Claim Submission

### Submission

Select Claim Month to Submit

May 2018

Please type your Full Name

Please sign using your mouse or stylus (Click Submit below after completing signature)

By clicking the submit button, you are certifying that the information on this application (Daily Meal Count and Attendance) is true and correct to the best of your knowledge and that you will claim reimbursement only for eligible meals served to eligible participants. You understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Submit
Reset Signature

Print full name of person submitting claim.

Signature of person submitting claim

Click **Submit** once full name has been entered and signature is complete

Click Reset Signature to undo

## 5A: or 8C: Completion Status – Status of Attendance of Meals and Recording of Meals

Completion Status

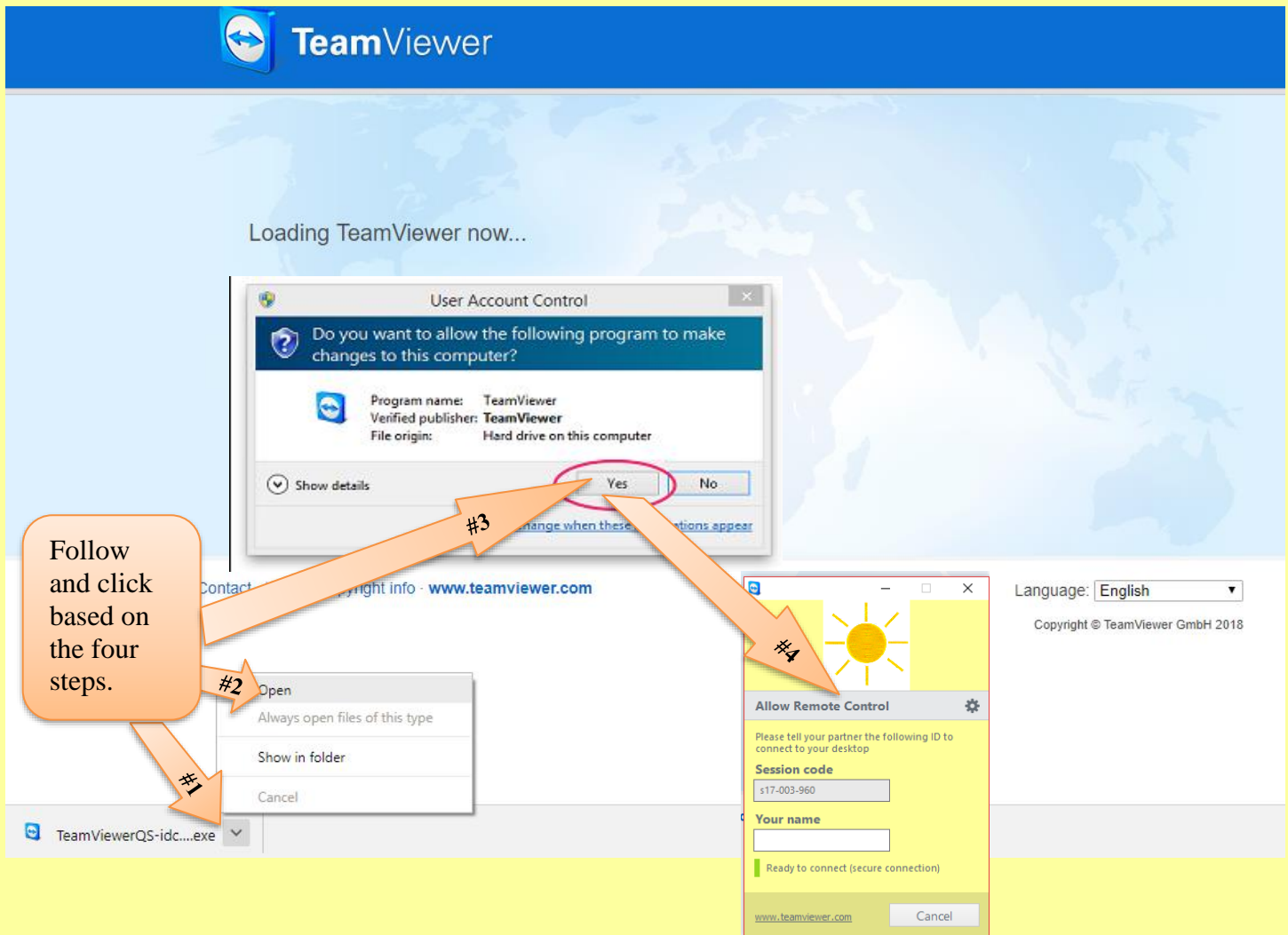
### Guest Account May 2018

Day	H1535						H1530						H1530A					
	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	0-5 Months			6-11 Months		
													Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack
1																		
2	✓		✓	✓			✓		✓	✓			✓		✓	✓		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
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29																		
30																		
31																		

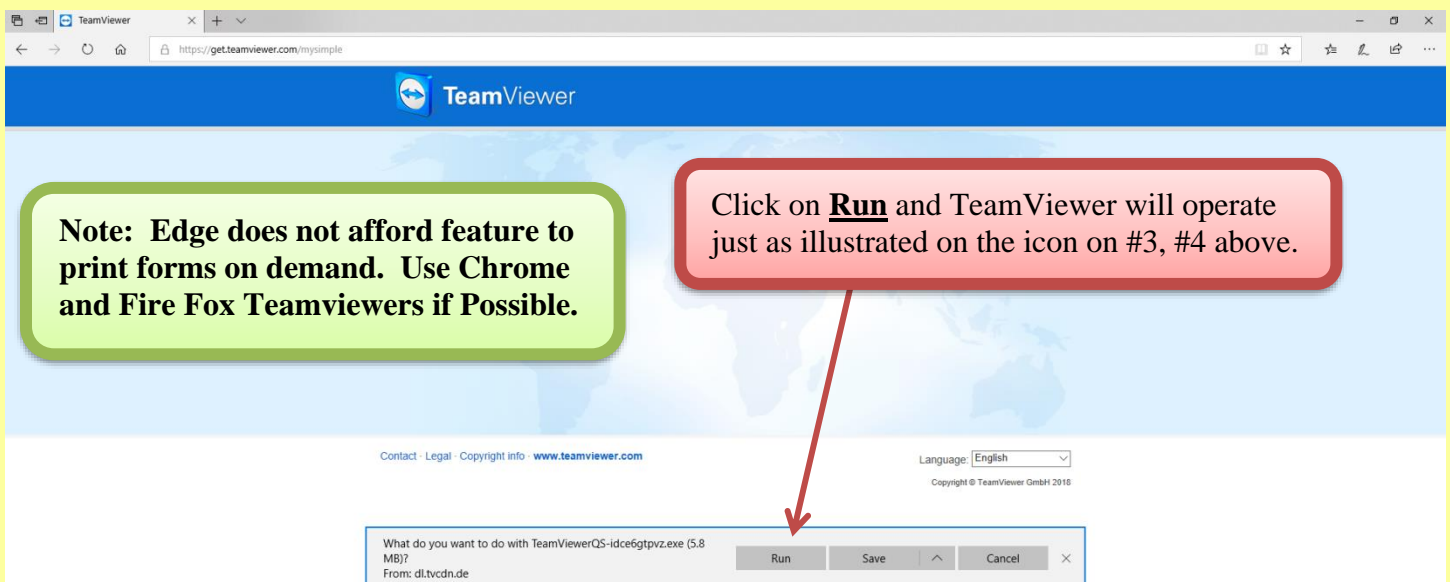
Completion Status Form will show with a check mark that meals claimed have been recorded on Form H1535 and that Form H1530/H1530A and Form H1654 (ADC) (if applicable) has been completed electronically.

## 6. A: Remote Support

### Example of Chrome Teamviewer



### Example of Edge Teamviewer



# Fire Fox Team Viewer

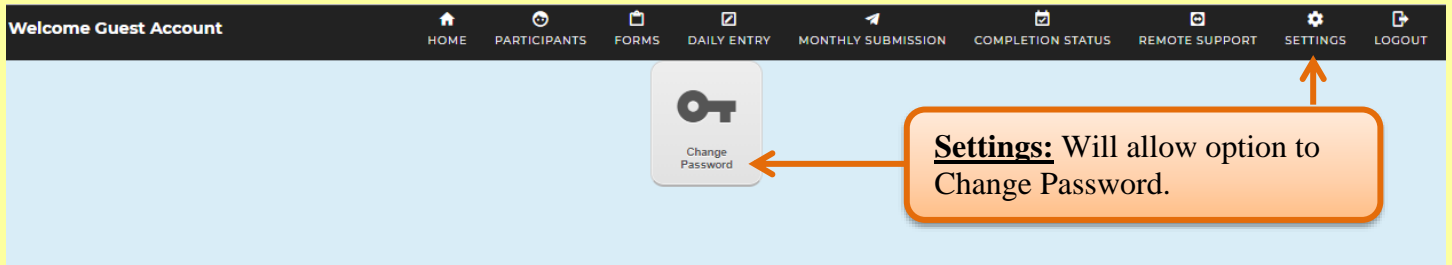
2. Click on arrow to download files

The screenshot shows the Firefox browser window at the URL <https://get.teamviewer.com/mysimple>. The page displays the TeamViewer logo and the text "Loading TeamViewer now..." and "Not loaded yet? Try again". A download bar at the top right shows a file named "TeamViewerQS-ldce6gtpvz(1).exe" which is "Completed -- 5.8 MB". A red arrow points from the annotation "2. Click on arrow to download files" to the download icon in the browser's address bar. Another red arrow points from the annotation "2. Click to run TeamViewer" to the download bar. A file save dialog box is open in the foreground, titled "Opening TeamViewerQS-ldce6gtpvz.exe", showing the file name "TeamViewerQS-ldce6gtpvz.exe" and its size "5.8 MB". A red arrow points from the annotation "1. Click Save" to the "Save File" button in the dialog box. The footer of the page includes "Contact - Legal - Copyright info - [www.teamviewer.com](http://www.teamviewer.com)" and "Language: English" with a dropdown menu. Copyright information "Copyright © TeamViewer GmbH 2018" is also visible.

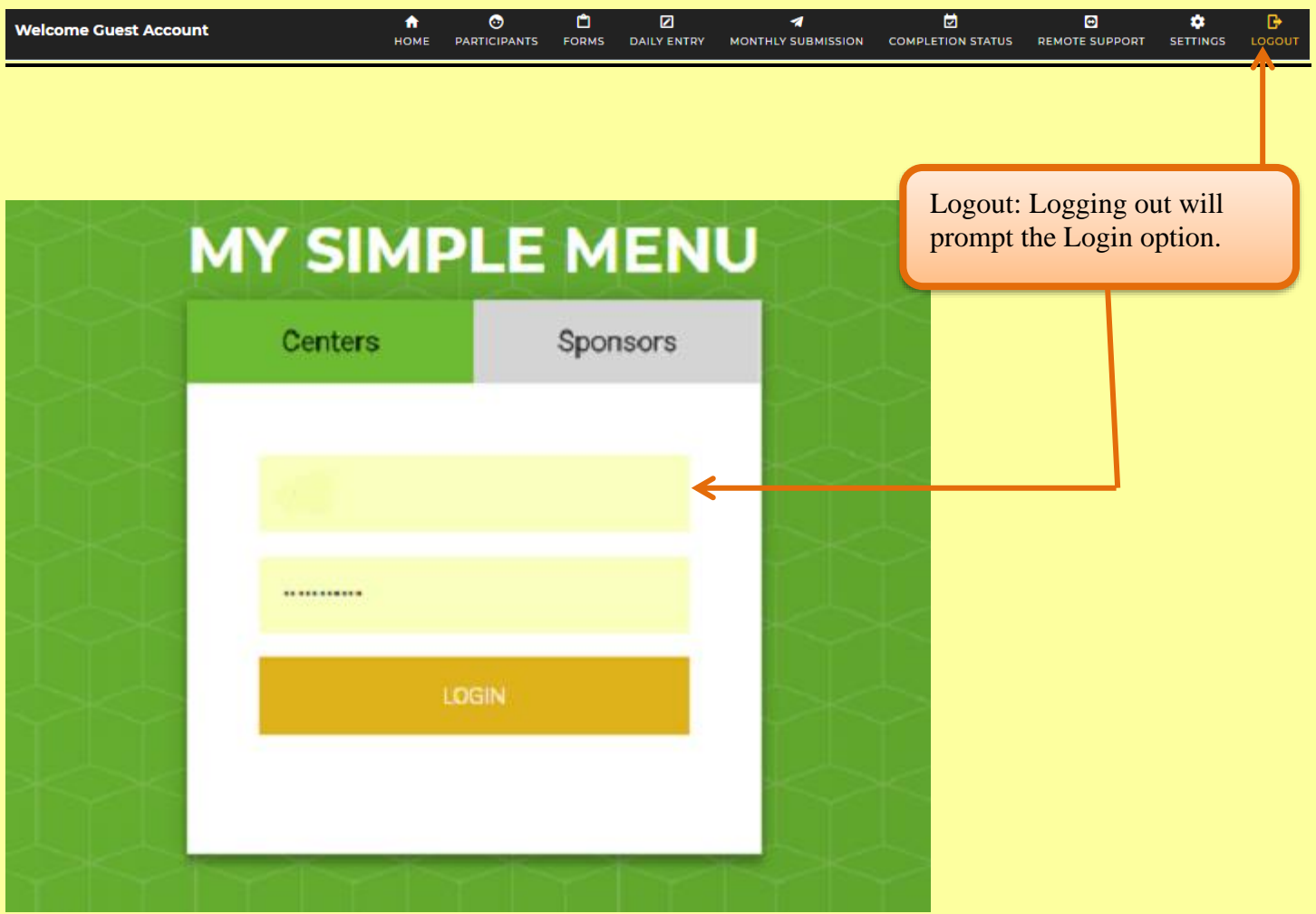
1. Click Save

2. Click to run TeamViewer

## 7A: and 4D: Settings



## 8A Logout





### 1 B: Expiring Participants

Allows viewing of participants whose eligibility forms have or will expire and must update.

June 2018

**Guest Account**  
List of Expired Participants

#	ID	Full Name	Date of Birth	Expiration Date
1	21	Davila Adi	03-06-2014	02-28-2018
2	11	Delupe Lupe	04-04-2010	02-28-2018
3	8	Doe Jane	01-01-2016	03-31-2017
4	2	Doe John	01-01-2014	01-31-2018

Print option on all reports Located here

### 2B: Pending Participants

Allows viewing of participants whose eligibility forms have not been completed or have not been submitted to sponsor

May 2018

**Guest Account**  
List of Pending Participants

#	ID	Full Name	Date of Birth	Enrollment Date
1	7	classroom Dijugetit	09-26-2010	1-29-2017

### 3B: Missing IFP(Infant Feeding Preference Form)

Allows viewing of participants whose Infant Feeding Preference Form has not be completed or has not been submitted to sponsor.

May 2018

**Guest Account**  
List of Missing Infant Feeding Preference Forms

#	ID	Full Name	Date of Birth	Age
1	32	Jane Jane	04-02-2018	0m

**Please Note: Print option is located on the upper right hand side as you enter to view the above reports.**

### 4B: Unread Messages

Allows viewing of messages sent to site by Sponsor. Select preferred date to view.

Compose  
Inbox  
Sent Mail

★ Sponsor - hi August 31, 2017, 08:05 PM  
★ Sponsor - May 04, 2017, 11:20 PM  
★ Sponsor huh - 2222 April 24, 2017, 12:40 PM  
★ Sponsor test - test April 24, 2017, 11:57 AM

**1D: View Claims**

### View Claim Summary

Select Month and Year  
 May 2018  
 Original Claim  
 Load Claim Data View Claim Report

**Total Enrolled**

Free	Reduced	Paid	Total
30	3	11	44

**Meal Totals**

Attendance	Breakfast	AM Snk	Lunch	PM Snk	Supper	EV Snk
732	41	0	596	674	668	0

**Financial Information**

ADA	Operating Days
32	23

Total Meal Amount    Cash in Lieu    Center Reimbursement

\$3,611.23	\$293.8800	\$3,363.43
------------	------------	------------

Select the month and year, and Original or Amended Claim

Load Claim Data will show the data shown on this window.

View Claim Report option will prompt the Form H4502 Claim for Reimbursement Worksheet shown below.

### Claim for Reimbursement Worksheet - Meals

Alternate H4502

## Guest Account

SITE # **1001**  
 Days 23    Cap 32    Staff Member: Roy Roy

Participants Claimed	Free	29	Reduced	3	Paid	9	Total	41
----------------------	------	----	---------	---	------	---	-------	----

**CLAIM MONTH: May 2018**

TOTAL ENROLLED x OPERATING DAYS x 3 MEALS =	3036	1979
---	------	------

	ATTENDANCE	BREAKFAST	AM	LUNCH	PM	SUPPER	EV
<b>Week 1</b>							
05/01/2018	31	0	0	23	29	30	0
05/02/2018	32	0	0	23	29	31	0
05/03/2018	31	0	0	25	30	30	0
05/04/2018	31	0	0	24	29	30	0
	<b>125</b>	<b>0</b>	<b>0</b>	<b>95</b>	<b>117</b>	<b>121</b>	<b>0</b>
<b>Week 2</b>							
05/07/2018	30	1	0	22	28	30	0
05/08/2018	32	0	0	26	29	29	0
05/09/2018	31	1	0	27	31	30	0
05/10/2018	31	0	0	27	29	31	0
05/11/2018	30	0	0	25	29	30	0
	<b>154</b>	<b>2</b>	<b>0</b>	<b>127</b>	<b>146</b>	<b>150</b>	<b>0</b>
<b>Week 3</b>							
05/14/2018	31	1	0	26	31	28	0
05/15/2018	29	0	0	24	29	29	0
05/16/2018	34	1	0	27	30	31	0
05/17/2018	32	4	0	27	30	27	0
05/18/2018	34	3	0	27	30	31	0
	<b>160</b>	<b>9</b>	<b>0</b>	<b>131</b>	<b>150</b>	<b>146</b>	<b>0</b>
<b>Week 4</b>							
05/21/2018	33	5	0	27	29	27	0
05/22/2018	35	3	0	27	29	28	0
05/23/2018	34	4	0	22	29	29	0
05/24/2018	34	3	0	27	29	31	0
05/25/2018	33	2	0	26	29	30	0
	<b>169</b>	<b>17</b>	<b>0</b>	<b>129</b>	<b>145</b>	<b>145</b>	<b>0</b>
<b>Week 5</b>							
05/28/2018	26	6	0	26	26	17	0
05/29/2018	32	2	0	30	29	29	0
05/30/2018	34	5	0	30	31	28	0
05/31/2018	32	0	0	28	30	32	0
	<b>124</b>	<b>13</b>	<b>0</b>	<b>114</b>	<b>116</b>	<b>106</b>	<b>0</b>
	<b>732</b>	<b>41</b>	<b>0</b>	<b>596</b>	<b>674</b>	<b>668</b>	<b>0</b>

Participants Enrolled

Free	30
Reduced	3
Paid	11
Total	44

Max Claimed Infs: 3

- Does not Exceed Cap.
- Compare Att/Enr/Meals
- Signed H1535s
- Dates on H1535s
- Dates on H1530s
- Dates on H1530As
- Name on Center Forms
- Initialing Changes on H1530s, H1535s, MBIEF & Menus
- H1535s submitted
- H1530s submitted
- H1530As submitted
- Food Receipts
- Cash Receipts
- Time Distribution
- Compensation Policy

Comments

## 2D: Monitor Reviews

### List of Monitor Reviews

Click on button to view/print Monitor Review



Select by date the Monitor Review to be viewed or printed.

## 3 D: Newsletters

Select Newsletter by month

Click on icon to view Newsletter



July-2018



June-2018



May-2018



April-2018



March-2018



February-2018



January-2018



December-2017



November-2017



October-2017

**PRINT ON DEMAND INSTRUCTIONS**  
**EXAMPLES BASED ON CHROME AND FIREFOX.**  
**EDGE DOES NOT SUPPORT PRINT ON DEMAND**

**CHROME EXAMPLE:**

**PRINT**

pdfGenerator.ph | 1 / 1

June 2018

**Guest Account  
List of Expired Participants**

#	ID	Full Name	Date of Birth	Expiration Date
1	21	Davila Adi	03-06-2014	02-28-2018
2	11	Delupe Lupe	04-04-2010	02-28-2018
3	8	Doe Jane	01-01-2016	03-31-2017
4	2	Doe John	01-01-2014	01-31-2018

**DOWNLOAD**

**FIREFOX EXAMPLE:**

**PRINT**

Automatic Zoom

**Guest Account**      Menu 1      Week 2

	Sun 6/3/2018	Mon 6/4/2018	Tue 6/5/2018	Wed 6/6/2018	Thurs 6/7/2018	Fri 6/8/2018	Sat 6/9/2018
<b>B F S T</b>	Whole Milk Lowfat Milk Apples *Cereals, Ready-To-Eat	Whole Milk Lowfat Milk Pineapple *Cereals, Ready-To-Eat	Whole Milk Lowfat Milk Bananas *Oatmeal	Whole Milk Lowfat Milk Bananas *Pancakes			
<b>A M</b>							
<b>L U N C H</b>	Whole Milk Lowfat Milk Oranges Corn Fideo Chicken Wings	Whole Milk Lowfat Milk Apples Zucchini *Bread Chicken Drumsticks	Whole Milk Lowfat Milk Applesauce Corn *Chicken Nuggets				
<b>P M</b>	Bananas Celery Peanut Butter		Celery Peanut Butter	Apple Juice Animal Crackers			
<b>S U P P E R</b>		Whole Milk Lowfat Milk Apples Corn *Bread Chicken Leg Quarters		Lowfat Milk Apples Carrots *Bread Beef Bologna			
<b>E V</b>							

Legend  
(\*)=Whole Grain Rich

**DOWNLOAD**

# FORMS

**Attendance By Age Group: Form will display attendance of participants by age group throughout the month.**

Blank Form - Dash (-) indicates no attendance and a number on each age group indicates number of attendance of each of the age groups. See completed form below this form.

Attendance By Age Group

## Guest Account June 2018

Day	Breakfast						AM Snack						Lunch						PM Snack						Supper						EV Snack								
	0-5mo	6-11mo	1/ys	2/ys	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1/ys	2/ys	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1/ys	2/ys	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1/ys	2/ys	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1/ys	2/ys	3-5yrs	6-12yrs	13-18yrs
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
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**Blank and Online Form H1530/H1530At – Both are identical:**

Alternate Form H1530  
Revised October 1, 2017

**Daily Meal Production Record - Child Care (H1530)**

Name of Contracting Entity		CE ID	Name of Site	Site #	Date
<b>B R E A K F A S T</b>	Milk				
	Vegetables and/or Fruits				
	Grains/Bread				
	(Must serve all three components)				
<b>A M S N A C K</b>	Milk				
	Vegetables and/or Fruits				
	Grains/Bread				
	Meat and/or Meat Alternate				
	(Must serve at least 2 of the 4 components)				
<b>L U N C H</b>	Milk				
	Vegetables and/or Fruits (2 or more servings)				
	Grains/Bread				
	Meat and/or Meat Alternate				
	(Must serve all 4 components)				

Name of Contracting Entity	CE ID	Name of Site	Site #	Date
----------------------------	-------	--------------	--------	------

Required Food Components	Menu	Food Item Used	Quantity Used	Planned Participation	Actual Participation
P M  S N A C K	Milk			Ages:	Ages:
	Vegetables and/or Fruits			1 _____	1 _____
	Grains/Bread			2 _____	2 _____
	Meat and/or Meat Alternate			3-5 _____	3-5 _____
	(Must serve at least 2 of the 4 components)			6-12 _____	6-12 _____
				13-18 _____	13-18 _____
			Program Adults _____	Program Adults _____	
			Non-Program _____	Non-Program _____	
S U P P E R	Milk			Ages:	Ages:
	Vegetables and/or Fruits (2 or more servings)			1 _____	1 _____
	Grains/Bread			2 _____	2 _____
	Meat and/or Meat Alternate			3-5 _____	3-5 _____
	(Must serve all 4 components)			6-12 _____	6-12 _____
				13-18 _____	13-18 _____
			Program Adults _____	Program Adults _____	
			Non-Program _____	Non-Program _____	
E V E N I N G  S N A C K	Milk			Ages:	Ages:
	Vegetables and/or Fruits			1 _____	1 _____
	Grains/Bread			2 _____	2 _____
	Meat and/or Meat Alternate			3-5 _____	3-5 _____
	(Must serve at least 2 of the 4 components)			6-12 _____	6-12 _____
				13-18 _____	13-18 _____
			Program Adults _____	Program Adults _____	
			Non-Program _____	Non-Program _____	

Daily Meal Production Record - Child Care  
Page 2/10-2017



**Blank and Online Form H1530-A Infants – Both are identical:**

Alternate Form H1530-A  
October 2017

**Daily Meal Production Record - Infants (H1530-A)**  
(Child Care Centers, Emergency Shelters, and Day Care Homes)

Name of Contracting Entity	CE ID	Name of Site/Provider	Site/Provider #	Date
----------------------------	-------	-----------------------	-----------------	------

Age Group	Required Food Components	Menu	Quantity Prepared	Planned Participation	Actual Participation
Birth thru Five Months	Breakfast 4-6 Ounces Infant Formula or Breast Milk	<b>Breakfast</b>			
	Lunch and/or Supper 4-6 Ounces Infant Formula or Breast Milk	<b>Lunch</b>			
		<b>Supper</b>			
	Supplement 4-6 Ounces Infant Formula or Breast Milk	<b>A.M.</b>			
		<b>P.M.</b>			
		<b>Evening</b>			
Six Thru Eleven Months	Breakfast 6-8 Ounces Infant Formula or Breast Milk and 0-4 Tbsp. Infant Cereal, Meat, Fish, Poultry, whole egg, Cooked Dry Beans or Peas, or 0-2 oz. Cheese or 0-4 oz. Cottage Cheese, or 0-4 oz. or 1/2 cup yogurt and 0-2 Tbsp. Fruit and/or Vegetable	<b>Breakfast</b>			
	Lunch and/or Supper 6-8 Ounces Infant Formula or Breast Milk and 0-4 Tbsp. Infant Cereal, or 0-4 Tbsp. Meat, Fish, Poultry, Whole Egg, or Cooked Dry Beans or Peas, or 0-2 oz. Cheese or 0-4 oz. Cottage Cheese, or 0-4 oz. or 1/2 cup yogurt and 0-2 Tbsp. Fruit and/or Vegetable	<b>Lunch</b>			
		<b>Supper</b>			
	Snack 2-4 Ounces Infant Formula or Breast Milk and 0-1/2 Slice of Bread or 0-2 Crackers* or 0-4 Tbsp. Infant Cereal and 0-2 Tbsp. Fruit and/or Vegetable	<b>A.M.</b>			
		<b>P.M.</b>			
		<b>Evening</b>			

**Blank and Online Form H1654 (ADC) – Both are identical:**

Texas Department of  
Agriculture

October 2017

**Daily Meal Production Record - Adult Day Care (H1654)**

Name of Contracting Entity	CE ID	Name of Site	Site #	Date
----------------------------	-------	--------------	--------	------

Required Food Components	Menu	Food Items Used	Quantity Prepared	Planned Participation			Actual Participation		
				Enrolled Adults	Program Staff	Non-prog.	Enrolled Adults	Program Staff	Non-prog.
<b>B R E A K F A S T</b>	Milk								
	Vegetables and/or Fruits								
	Grains (2 servings)								
	(Must serve all three components)								
<b>A M S N A C K</b>	Milk								
	Vegetables								
	Fruits								
	Grains								
	Meat and/or Meat Alternate (Must serve at least 2 of the 5 components)								
<b>L U N C H</b>	Milk								
	Vegetables								
	Fruits								
	Grains (2 servings)								
	Meat and/or Meat Alternate (Must serve all 5 components)								

Name of Contracting Entity	CE ID	Name of Site	Site #	Date
----------------------------	-------	--------------	--------	------

Required Food Components		Menu	Food Items Used	Quantity Prepared	Planned Participation			Actual Participation		
					Enrolled Adults	Program Staff	Non-prog.	Enrolled Adults	Program Staff	Non-prog.
<b>P M  S N A C K</b>	Milk									
	Vegetables									
	Fruits									
	Grains									
	Meat and/or Meat Alternate									
	(Must serve at least 2 of the 5 components)									
<b>S U P P E R</b>	Vegetables									
	Fruits									
	Grains									
	Meat and/or Meat Alternate									
	(Must serve all 4)									
	Milk (optional)									
<b>E V E N I N G  S N A C K</b>	Milk									
	Vegetables									
	Fruits									
	Grains									
	Meat and/or Meat Alternate									
	(Must serve at least 2 of the 5 components)									

## Blank Scannable and Online Form H1535 – Both are identical:



### Daily Meal Count and Attendance Record (Centers and Emergency Shelters)

Alternate Form H1535  
October 2017

Name of Contracting Entity (CE)	Name of Site Guest Account	CE ID	Month and Year
---------------------------------	-------------------------------	-------	----------------

**Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks. At-risk: may claim up to 1 meal and 1 snack. Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.**

ID	Participant's Name	Age	Day		Date		Day		Date		Day		Date		Day		Date									
			At		B		A		L		P		S		E		Day	Date								
			A	T	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	Fri.	06/1/2018
<input type="checkbox"/>	1																									
<input type="checkbox"/>	2																									
<input type="checkbox"/>	3																									
<input type="checkbox"/>	4																									
<input type="checkbox"/>	5																									
<input type="checkbox"/>	6																									
<input type="checkbox"/>	7																									
<input type="checkbox"/>	8																									
<input type="checkbox"/>	9																									
<input type="checkbox"/>	10																									
<input type="checkbox"/>	11																									
<input type="checkbox"/>	12																									
<input type="checkbox"/>	13																									
<input type="checkbox"/>	14																									
<input type="checkbox"/>	15																									
Number of Program Participants - Attendance & Meal Count		At																								
B																										
A																										
L																										
P																										
S																										
E																										
Number of Program Participant Meals to be Claimed																										
Number of Program Staff and NonProgram Meals																										

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

\_\_\_\_\_ Page 1 of 1  
 Signature-Site Representative Date

**Blank Scannable and Online Form H1535-At Risk – Both are identical:**



**Daily Meal Count and Attendance Record**  
(Centers and Emergency Shelters)

Alternate Form H1535-AT  
October 2017

Name of Contracting Entity (CE)	Name of Site Guest Account	CE ID	Month and Year
---------------------------------	-------------------------------	-------	----------------

Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks. At-risk: may claim up to 1 meal and 1 snack. Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.

ID	Participant's Name	Age	Day					Date					Day					Date							
			At	B	L	SNK	S	At	B	L	SNK	S	At	B	L	SNK	S	At	B	L	SNK	S	Day	Date	
																							Fri.	06/1/2018	
<input type="checkbox"/>	1																								
<input type="checkbox"/>	2																								
<input type="checkbox"/>	3																								
<input type="checkbox"/>	4																								
<input type="checkbox"/>	5																								
<input type="checkbox"/>	6																								
<input type="checkbox"/>	7																								
<input type="checkbox"/>	8																								
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<input type="checkbox"/>	19																								
<input type="checkbox"/>	20																								
<input type="checkbox"/>	21																								
<input type="checkbox"/>	22																								
Total Daily Meals:																									
Total Non-Program Meals:   Total Program Participants:																									

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature-Site Representative \_\_\_\_\_ Date \_\_\_\_\_ Page 1 of 1

**Completion Status: Blank Form**

Completion Status

**Guest Account  
June 2018**

Day	H1535						H1530						H1530A					
	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	0-5 Months			6-11 Months		
													Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
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31																		

**Completion Status: Example Form:**

**GUEST ACCOUNT  
June 2018**

Completion Status

Day	H1535						H1530						H1530A															
	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	0-5 Months					6-11 Months										
													Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack				
1	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
2																												
3																												
4	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
5	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
6	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
7	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
8	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
9																												
10																												
11	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
12	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
13	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
14	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
15	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
16																												
17																												
18	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
19	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
20	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
21	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
22	✓		✓	✓	✓		✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
23																												
24																												
25							✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
26							✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
27							✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
28							✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
29							✓		✓	✓	✓		✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		
30																												
31																												

# Completion Status At-Risk:

pdfGenerator.php 1 / 1

Completion Status AT-Risk

### Kiddie Kare Daycare Center Inc. May 2018

Day	H1535 At-Risk						H1530 At-Risk											
	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack						
1					✓						✓							
2					✓						✓							
3					✓						✓							
4					✓						✓							
5																		
6																		
7					✓						✓							
8					✓						✓							
9					✓						✓							
10					✓						✓							
11					✓						✓							
12																		
13																		
14					✓						✓							
15					✓						✓							
16					✓						✓							
17					✓						✓							
18					✓						✓							
19																		
20																		
21					✓						✓							
22					✓						✓							
23					✓						✓							
24					✓						✓							
25					✓						✓							
26																		
27																		
28																		
29					✓						✓							
30					✓						✓							
31					✓						✓							



**Cycle Menu:**

GUEST ACCOUNT							Menu 2	Week 1
	Sun	Mon	Tue	Wed	Thurs	Fri 6/1/2018	Sat 6/2/2018	
B F S T		Whole Milk Lowfat Milk  Bananas Pancakes	Whole Milk Lowfat Milk  Apples Pancakes	Whole Milk Lowfat Milk  Potatoes Flour Tortillas	Whole Milk Lowfat Milk  Peaches Flour Tortillas Pinto Beans	Whole Milk Lowfat Milk  Apples *Bread Eggs		
A M								
L U N C H		Whole Milk Lowfat Milk  Apples Potatoes *Bread Ground Beef	Whole Milk Lowfat Milk  Peaches Corn Bread Chicken	Whole Milk Lowfat Milk  Apples Potatoes *Bread Ground Beef	Whole Milk Lowfat Milk  Apples Squash Bread Ground Beef	Whole Milk Lowfat Milk  Bananas Potatoes Fideo Chicken		
P M		Whole Milk Lowfat Milk  Rice Chex	Whole Milk Lowfat Milk  *Cheerios	Apple Juice  Ritz Crackers	Whole Milk Lowfat Milk  *Cheerios	Whole Milk Lowfat Milk  Ritz Crackers		
S U P P E R		Whole Milk Lowfat Milk  Apples Lettuce Corn Tortillas Chicken	Whole Milk Lowfat Milk  Bananas Lettuce Corn Tortillas Ground Beef	Whole Milk Lowfat Milk  Bananas Potatoes Bread Ham Sandwich	Whole Milk Lowfat Milk  Bananas Lettuce Corn Tortillas Chicken	Whole Milk Lowfat Milk  Peaches Potatoes Hot Dog Buns Beef Franks		
E V								

Legend  
(\* ) = Whole Grain Rich

**Infant Cycle Menu:**

Menu 1

Week 1

**GUEST ACCOUNT**

	Sun	Mon	Tue	Wed	Thurs	Fri 6/1/2018	Sat 6/2/2018
<b>BR</b> 0-5		Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	
6-11		Similac Sensitive Dry Mixed Cereal Apples	Similac Sensitive Dry Mixed Cereal Apples	Similac Sensitive Dry Barley Cereal Bananas	Similac Sensitive Dry Mixed Cereal Apples	Similac Sensitive Dry Mixed Cereal Apples	
<b>AM</b> 0-5							
6-11							
<b>LU</b> 0-5		Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	
6-11		Similac Sensitive Dry Mixed Cereal Chicken Carrots	Similac Sensitive Chicken Broccoli	Similac Sensitive Dry Barley Cereal Beef Carrots	Similac Sensitive Dry Barley Cereal Beef Carrots	Similac Sensitive Dry Mixed Cereal Beef Carrots	
<b>PM</b> 0-5		Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	
6-11		Similac Sensitive Dry Mixed Cereal Bananas	Similac Sensitive Stauffer's Animal Crackers Original Bananas	Similac Sensitive Kraft Ritz Crackers Apples	Similac Sensitive Kraft Ritz Crackers Pears	Similac Sensitive Nabisco Ritz Crackers Bananas	
<b>SU</b> 0-5		Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	Similac Sensitive	
6-11		Similac Sensitive Dry Mixed Cereal Beef Squash	Similac Sensitive Dry Mixed Cereal Beef Sweet Potatoes	Similac Sensitive Dry Barley Cereal Chicken Squash	Similac Sensitive Dry Barley Cereal Chicken Carrots	Similac Sensitive Dry Barley Cereal Chicken Squash	
<b>EV</b> 0-5							
6-11							

**Expenditure:**

Select Report Year

1. Click on the year window

2. Select the month to view

3. Click on **Done**

4. Click on **View** to view, download or print the expenditure below

Expenditure Report

Guest Account													Center Number: 1001	Phone Number: 999-999-9999	Director:	2017-2018
Operation	Monthly Budget	October	November	December	January	February	March	April	May	June	July	August	September			
Labor	\$4,246.67	\$6,160.00	\$6,160.00	\$5,040.00	\$5,104.00	\$5,600.00	\$5,880.00	\$5,880.00	\$6,440.00							
Food	\$1,900.00	\$2,407.76	\$1,923.13	\$1,895.62	\$1,514.16	\$1,934.92	\$1,867.11	\$1,767.68	\$2,007.01							
Facility/Space	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Supplies & Equip	\$300.00	\$145.21	\$180.50	\$352.67	\$112.08	\$74.22	\$151.04	\$124.96	\$176.07							
Purchased Svc.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Financial Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Media Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Org. Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
<b>Administration</b>																
Labor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Facility/Space	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Supplies & Equip	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Purchased Svc.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Financial Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Media Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Org. Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00							
Total Receipts	\$6,446.67	\$8,712.97	\$8,263.63	\$7,288.29	\$6,730.24	\$7,609.14	\$7,898.15	\$7,772.64	\$8,623.08							
Reimbursement	\$5,879.28	\$5,966.09	\$5,358.12	\$5,946.18	\$5,946.18	\$6,192.57	\$7,282.08	\$7,062.41	\$8,140.13							
Over (Under)		\$2,833.69	\$2,297.54	\$1,930.17	\$784.06	\$1,416.57	\$616.07	\$710.23	\$482.95							

Year to Date Expenditures vs. Yearly Budget						
	YTD Operation Expenditures			YTD Administration Expenditures		
	(A1)	(B1)	(C1)	(A2)	(B2)	(C2)
	YTD Total	Yearly Budget	Balance	YTD Total	Yearly Budget	Balance
Labor	\$46,264.00	\$50,960.00	\$(4,696.00)	\$0.00	\$0.00	\$0.00
Food	\$15,317.39	\$22,800.00	\$(7,482.61)	\$0.00	\$0.00	\$0.00
Facility/Space	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies & Equip	\$1,316.75	\$3,600.00	\$(2,283.25)	\$0.00	\$0.00	\$0.00
Purchased Svc.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Financial Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Media Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Org. Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Grand Totals			
	(A1+A2)	(B1+B2)	(C1+C2)
	YTD Total	Yearly Budget	Balance
Total Receipts	\$62,898.14	\$77,360.00	\$(14,461.86)
Reimbursement	\$51,826.86	\$51,826.86	
Over (Under)	\$11,071.28	\$25,533.14	\$(14,461.86)

**Grocery List: May use "Attendance By Age Group Report" to help you plan**

Select Date and Week  
 June 2018

Select the month and year.

Select Week  

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5

Select Days  

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Days are auto selected as approved by TDA.

### Add Planned Participation

Enter the planned number of participants.

Breakfast			
5	5	5	5
AM Snack			
Age 1	Age 2	Age 3-5	Age 6-18
Lunch			
10	10	10	10
PM Snack			
10	10	10	10
Supper			
10	10	10	10
EV Snack			
Age 1	Age 2	Age 3-5	Age 6-18

View

**GUEST ACCOUNT**  
**June 2018**

*Attendance By Age Group*

Day	Breakfast						AM Snack						Lunch						PM Snack						Supper						EV Snack							
	0-5mo	6-11mo	1yrs	2yrs	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1yrs	2yrs	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1yrs	2yrs	3-5yrs	6-12yrs	13-18yrs	Total	0-5mo	6-11mo	1yrs	2yrs	3-5yrs	6-12yrs	13-18yrs	Total						
1	2	3	8	10	12	5	-	40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4	3	3	5	9	13	6	-	39	-	-	-	-	-	-	-	-	3	3	14	19	30	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	3	2	5	10	15	11	-	46	-	-	-	-	-	-	-	-	3	3	13	20	29	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6	3	3	8	11	15	8	-	48	-	-	-	-	-	-	-	-	3	3	13	20	30	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	1	-	5	6	12	7	-	31	-	-	-	-	-	-	-	-	3	2	9	18	26	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	3	2	6	10	15	6	-	42	-	-	-	-	-	-	-	-	3	3	13	20	29	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11	3	2	9	8	17	10	-	49	-	-	-	-	-	-	-	-	3	2	13	18	31	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12	3	2	10	9	16	8	-	48	-	-	-	-	-	-	-	-	3	2	14	18	30	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	3	2	8	10	15	11	-	49	-	-	-	-	-	-	-	-	3	2	14	18	29	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	3	2	10	9	17	5	-	46	-	-	-	-	-	-	-	-	3	2	14	17	28	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15	2	2	11	9	20	6	-	50	-	-	-	-	-	-	-	-	2	2	14	18	29	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18	2	3	8	6	19	8	-	46	-	-	-	-	-	-	-	-	2	3	14	16	29	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19	1	4	8	7	18	6	-	44	-	-	-	-	-	-	-	-	1	4	14	17	30	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	1	3	10	5	19	11	-	49	-	-	-	-	-	-	-	-	1	3	13	14	27	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22	1	3	7	7	11	6	-	35	-	-	-	-	-	-	-	-	1	3	13	16	27	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Breakfast Totals		AM Snack Totals		Lunch Totals		PM Snack Totals		Supper Totals		EV Snack Totals	
0-5 mo:	34	0-5 mo:	0	0-5 mo:	36	0-5 mo:	36	0-5 mo:	35	0-5 mo:	0
6-11 mo:	36	6-11 mo:	0	6-11 mo:	40	6-11 mo:	41	6-11 mo:	33	6-11 mo:	0
1-2 yrs:	244	1-2 yrs:	0	1-2 yrs:	468	1-2 yrs:	467	1-2 yrs:	409	1-2 yrs:	0
3-5 yrs:	234	3-5 yrs:	0	3-5 yrs:	429	3-5 yrs:	442	3-5 yrs:	386	3-5 yrs:	0
6-12 yrs:	114	6-12 yrs:	0	6-12 yrs:	165	6-12 yrs:	180	6-12 yrs:	177	6-12 yrs:	0
13-18 yrs:	0	13-18 yrs:	0	13-18 yrs:	0	13-18 yrs:	0	13-18 yrs:	0	13-18 yrs:	0
<b>Totals:</b>	<b>662</b>	<b>Totals:</b>	<b>0</b>	<b>Totals:</b>	<b>1138</b>	<b>Totals:</b>	<b>1166</b>	<b>Totals:</b>	<b>1040</b>	<b>Totals:</b>	<b>0</b>

## GROCERY LIST: May Attach Receipts

Grocery List	June 2018 Menu 1	
#	Item Name	Quantity
<b>Guest Account</b>		
<b>Milks</b>		
	Lowfat 1% Milk (gallons)	22.5
	Whole Milk(cups)	77.5
<b>Grains</b>		
	General Mills Cheerios(wgr)(1serving=3/4c or 1oz)(cups)	16
	HCF 16ct Hot Dog Buns(24oz-bg=16ct)(bg)	1.75
	Kelloggs Corn Flakes(1serving=3/4c or 1oz)(cups)	16
	Kraft Ritz Crackers(14.25oz-bx=60ct)(bx)	1
	Nature's Own 100% Whole Wheat(wgr)(1slice=26g)(slice)	50
	Pasta, spaghetti, dry(uncooked)(lbs.)	2.5
	Rice,White, Med. Grain, Reg., Dry(lbs)	2
	Schwan Buttermilk Pancakes(3ct=120g)(cnt)	27.5
	Stauffer's Animal Crackers Original(16ct=30g)(cnt)	350
	Tortillas, Flour Exquisita's(28oz-bg=20ct)(bg)	2.75
	Tortillas, Corn Exquisita(1 tort.=24g)(cnt)	45
	Tortillas, Corn Exquisita(84oz-bg=100ct)(bg)	0.5
	Vermicelli(1 box =142g)(box)	5
	Wheat Bread, HEB Bake-Shop(24oz-bg=22ct)(bg)	2.5
<b>Fruits/Vegetables</b>		
	100% Apple Juice (128oz can)	3
	Apples,fresh,100ct,unpeeled(lbs)	12
	Bananas,fresh,Regular (lbs)	28.75
	Beans,Pink,dry,Whole (lbs)	4.5
	Carrots,fresh,Baby (lbs)	6.5
	Corn,canned,Cream style (#10 can)	1
	Corn,heated,drained,vacuum pkd,canned,Whole kernel (#10 can)	1.25
	Grapes,fresh,Seedless (lbs)	3
	Lettuce,fresh,Iceberg (lbs)	4
	Peaches,Cling,Diced,drained,Light syrup (#10 can)	2
	Potatoes,Fresh,White or Russet,Whole (lbs)	4.5
	Potatoes,fresh,Red,Whole (lbs)	8.5
<b>Meats</b>		
	07505 Oscar Mayer Classic Beef Franks(1cnt=1.5oz)(cnt)	51.25
	beef ground,fresh/frzn,mkt.style 30% fat(lbs)	25
	chicken breast, boneless w/o skin(fresh or frozen)(lbs.)	4.75
	chicken, boneless, w/skin fresh/frozen(lbs)	10
	eggs,shell eggs,fresh,large whole(dozen)	1
	mozarella cheese natural/process(lbs)	3.5

**Milk Totals: Total gallons of milk used throughout the month.**

Milk Totals

May 2018

**GUEST ACCOUNT**

<b>Date</b>	<b>Whole Milk</b>	<b>Lowfat/Fat-Free Milk</b>	<b>Flavored Fat-Free Milk</b>
May 1 2018	1	5.25	0
May 2 2018	1.375	7.75	0
May 3 2018	1.3125	8	0
May 4 2018	1	5.5	0
May 5 2018	0	0	0
May 6 2018	0	0	0
May 7 2018	1.3125	8	0
May 8 2018	1.25	8	0
May 9 2018	1.4375	8	0
May 10 2018	1.375	8	0
May 11 2018	0	0	0
May 12 2018	0	0	0
May 13 2018	0	0	0
May 14 2018	1.375	8	0
May 15 2018	1.375	8	0
May 16 2018	1.5	8.25	0
May 17 2018	1.3125	8.25	0
May 18 2018	1.5	8.5	0
May 19 2018	0	0	0
May 20 2018	0	0	0
May 21 2018	1.4375	8.75	0
May 22 2018	1	5.75	0
May 23 2018	1.375	8.75	0
May 24 2018	1.375	8.5	0
May 25 2018	1.0625	5.5	0
May 26 2018	0	0	0
May 27 2018	0	0	0
May 28 2018	1.4375	11	0
May 29 2018	1.4375	10.5	0
May 30 2018	1.5	10.5	0
May 31 2018	1.4375	13.25	0
<b>Total Gallons:</b>	<b>29.1875</b>	<b>182</b>	<b>0</b>

## Roster

Roster:

0 Guest Account

Enrolled

6/22/2018

Claim Month: June 2018

Total: 6  
("F+R"): 100%

					Ethnicity			Race						
Age	Inf.	1-2	3-5	6-12	F: 6	R: 0	P: 0	His.	Non-His.	Am.Indian	Asian	Black	Pac. Islander	White
Group	0	3	5	3	F: 100%	R: 0%	P: 0%	9	2	0	0	0	0	11
#	ID	Full Name	Category	Basis	Age	Gender	Date of Birth	Enrolled	Expires	E/R	Withdrawn Date			
1	31	*Ajas Lupe		Other	5yrs 4mo	F	02/07/2013	10/12/2017	10/12/2018	H/W				
2	30	*classroom Dijugetit		Other	5yrs 2mo	M	04/02/2013	09/26/2017	09/26/2018	H/W				
3	21	*Davila Adi		Other	4yrs 3mo	F	03/06/2014	11/06/2017	11/6/2018	H/W				
4	11	Delupe Lupe	F	HSP	8yrs 2mo	M	04/04/2010	2/16/2017	02/16/2018	H/W				
5	8	Doe Jane	F	Other	2yrs 5mo	F	01/01/2016	3/24/2016	03/24/2017	N/W				
6	2	*Doe John	F	Inc	4yrs 5mo	M	01/01/2014	01/02/2018	01/2/2019	H/W				
7	12	*Espinosa Carol	F	Inc	7yrs 10mo	F	08/21/2010	01/02/2018	01/2/2019	H/W				
8	7	*Garza Maria	F	Inc	7yrs 9mo	F	09/26/2010	1/29/2017	01/29/2018	H/W				
9	15	Jack Cactus	F	ATRISK	4yrs 3mo	M	03/04/2014	3/3/2017	03/3/2018	N/W				
10	23	temp te3mp		Other	2yrs 3mo	F	03/23/2016	03/23/2017	03/23/2018	H/W				
11	19	temp temp		Other	2yrs 3mo	F	03/20/2016	03/20/2017	03/20/2018	H/W				

Blank category indicates that Site has not submitted eligibility forms to sponsor and or that eligibility forms have not been completed.

Eligibility forms will have to be renewed before or by the expiration date. Eligibility forms are good until the end of the expiration month.

## Sponsor Forms

Sponsor may include additional forms at their discretion, such as;

1. *Building For The Future,*
2. *Civil Rights - Complaint Procedures for Parent/Guardian and Potential Participants and Site Staff,*
3. *Blank Compensation Policy for Staff assuming CACFP duties,*
4. *Blank Infant Feeding Preference Form and,*
5. *Etc.*

### Sponsor Forms

Blank IFP

Building for The Future

Civil Rights

Compensation Policy

English Enrollment Packet

Enrollment Example

Income Elig. Form(ADC)

Income Elig. Form(CCC)

Income Elig. Guidelines 16-17

Income Elig. Guidelines 17-18

Meal Pattern

Medical Statement

Receipt For Wages

Spanish Enrollment Packet

Time Distribution



**Center Details – Allows to enter Site’s General Information, License Information and Meal Information. Enter the Site’s Information as applicable. Make sure to also use Site’s Operation Details Report from DFPS Licensing other Licensing Source.**

Welcome Guest Account

HOME PARTICIPANTS FORMS DAILY ENTRY MONTHLY SUBMISSION COMPLETION STATUS REMOTE SUPPORT SETTINGS LOGOUT

Approved Meal Times: **Breakfast** 8:00 am-9:00 am **Lunch** 11:00 am-12:00 pm **PM Snack** 2:30 pm-3:30 pm **Supper** 5:00 pm-6:00 pm

Participants Expiring This Month: 11 Expiring Participants [View Report](#)

Participants not active, Pending Forms: 10 Pending Participants [View Report](#)

\*Infant Feeding Preference: 1 Missing IFP\* [View Report](#)

Unread Messages sent by sponsor: 0 Unread Messages [View Inbox](#)

Use the buttons below to navigate

Center Details, Participants, H1535, H1530, H1530A, H1535 AT-Risk, H1530 AT-Risk, Forms, Completion Status, (New) Menu Template, Monthly Submission, View Claims, Monitor Reviews, Newsletter, Settings

See the Three Illustrations Below

### Site Details

General Info	License Info	Meal Info
<p><b>Center Type</b></p> <p>Child Care Center <input checked="" type="checkbox"/> Adult Day Care <input type="checkbox"/> At Risk <input checked="" type="checkbox"/></p> <p><b>Facility Name</b></p> <p>Guest Account <input type="text"/></p>		
<p><b>Contact Info</b></p> <p>Name of Director: John Doe</p> <p>Phone Number: (555) 555-5555</p> <p>Email: hbirdnutrition@aol.com</p> <p>Alternate Number: ( ) -</p>		
<p><b>Physical Address</b></p> <p>Address: 100 Main St</p> <p>City: Pharr</p> <p>State: Texas</p> <p>Zipcode: 78577</p>		

## Site Details

General Info

License Info

Meal Info

### Days of Operation

Monday-Friday Saturday Sunday



### License Info:

License #

000000001

Capacity

25

Infant Capacity

25

### License Age Group:

Infants (0-17m) Toddlers (18m-2yrs) Pre K (3-5yrs) School-Age(6-12yrs)



## Site Details

General Info

License Info

Meal Info

### Approved Meals

#### Weekday Meals

##### First Shift

Breakfast



AM Snack



Lunch



PM Snack



Supper



EV Snack



##### Second Shift

Breakfast



AM Snack



Lunch



PM Snack



Supper



EV Snack



#### Weekend Meals

Breakfast



AM Snack



Lunch



PM Snack



Supper



EV Snack

