



21 W 2nd
Hutchinson, KS 67501

Day	Attendance
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	
Child Care Days	Total Attendance

Name: _____
Please Print

I claim meals for my own children

Month: _____ Yes No

Year: _____

I am using these checked exceptions:

Pre school

School age

Claim Cover

**Due in Child Care Link's office
the 3rd of each month.**

Referrals? Do you want referrals from Child Care Links? yes no

Weekends yes no

Eve/night yes no

DCF approved? yes no

I am full yes no

Vacancy check for referrals:

of Openings:

0-17 mo: _____

18 mo.-5 yr: _____

School age: _____

As a benefit to our food program participants your name will be given to parents looking for child care if you want referrals.

Provider Check List

Attendance & Meal Count	Menus
<input type="checkbox"/> Signed & dated last day of month	<input type="checkbox"/> Name printed & dates entered
<input type="checkbox"/> Month & Year recorded - top left	<input type="checkbox"/> Menu for each meal claimed on Meal Count
<input type="checkbox"/> Attendance X on yellow line for each child claimed	<input type="checkbox"/> Food recorded on each line of menu claimed
<input type="checkbox"/> Child's full name & age category recorded	<input type="checkbox"/> Foods match food category at left
<input type="checkbox"/> Child's days & hours of care MATCHES enrollment EXACTLY	<input type="checkbox"/> Vitamins A & C checked
<input type="checkbox"/> Meals counted & recorded on total line on right side	
Claim Cover Front	Claim Cover Back
<input type="checkbox"/> Month & Year recorded	<input type="checkbox"/> New enrollments enclosed
<input type="checkbox"/> Attendance total for each day of child care	<input type="checkbox"/> Children no longer in my care
<input type="checkbox"/> Days & Attendance totaled	<input type="checkbox"/> Supplies needed
	<input type="checkbox"/> Notes for Child Care Links
	<input type="checkbox"/> Scheduling changes

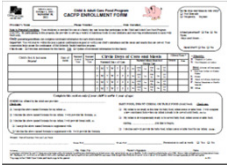
Office Use Only below this line

	B	AM	L	PM	D	BT
Clerical checks _____						
Check enrollments _____						
Menu for each day _____						
Menu+Misc. checks _____						
Reimb. Calculation _____						
	# of days in month _____			Total all meals _____		
	# of children attending _____			Date paid _____		
	Days times children _____			Check # _____		
	x3			Total paid _____		

Child Care Links 669-0291 or 1-888-488-7870



Scheduling changes:



New enrollments enclosed:



Children no longer in my care:



I need these supplies:

Thank You



Note to my home visitor:
