

CCRC CACFP Weekend/Holiday Attendance Log

Month/Year:							
Provider's Name (Please Print):				Provider's ID No:			
up to four children. of their/their childre Remember, the follo of July, Labor day, Ti	If there are more the of the Property of the ONLY the ONL	nttendance for any week nan four children per fa ovider). This form shou holidays CCRC is closed by after Thanksgiving, C lays. Please refer to yo	mily, an aculd be complemented to the compleme	lditional form sholeted the day(s r's Day, Good Fr ve and Christma	ould be used. Parent) of care. iday, Easter Sunday, I s Day. CACFP Progra	ts MUST complete all Memorial Day, Fourth	
Parent/Guardian Name (please print):				Parent/Guardian Phone:			
Child Name (Please Print):				Child Name (Please Print):			
Child Name (Please Print):			Child	Child Name (Please Print):			
					1		
Day	IN Am/Pm	OUT Am/Pm		Day	IN Am/Pm	OUT Am/Pm	
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10 11				26			
12				27 28			
13				28			
13				30			
15				31			
15				<u> </u>			

Parent Signature/Date: _____

^{*}CACFP Programs MUST notify the CCRC in advance by phone (x224) or email of the dates you will be open for weekend care.

^{*}Children's enrollment records must include Saturday/Sunday to be reimbursed for meals served on weekends.

^{*&#}x27;Hash Marks' cannot be used on the form per the guidance of Ohio Department of Education

^{*}Must submit to the CCRC with your monthly claim by the 5th of the month. May be submitted electronically. If submitted electronically, Provider must keep their original as part of the 3 years record retention.

^{*}Parent must complete their own personal data, their child(ren) info and the in/out times.

^{*}Weekend/Holiday Attendance Log with no parent signature will be kept with the submitted claim. However, the weekends will not be reimbursed and will be disallowed.