

**Iowa Child and Adult Care Food Program
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 _____

Month/Year _____

Page # _____

Day	1 st Child (child number)	Time in & Time out	2 nd Child (child number)	Time in & Time out	3 rd Child (child number)	Time in & Time out	Total hours used for all children each day	180 Total hours <small>(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.)</small>	
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							Total "part-time" hours used for this month:		

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 do not exceed 180 hours for this month.

Signature: _____ Date: _____
(DAR3-HSFormsSKSP(7/2003))