Appendix A–FCS-44--Report of the Child and Adult Care Food Program

FORM APPROVED OMB NO. 0584-0078

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND CONSUMER 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 Consumer 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. REIMBURSEMENT METHOD
- A. ☐ Meals Served x Rates
- B. ☐ Meals Served x Rates Compared to Actual Costs

FOR FCS USE ONLY

REG	STATE	LOC #		

CAL. YEAR	MONTH	TYP		
9				

FCS REGIONAL OFFICE USE

☐ REVIEWED

DATE

SIGNATURE OF FCS OFFICIAL

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 3 hours 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 homes for which sponsors 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)		CHILD CARE & DAY CARE (B2)		ADULT CARE (C)	TOTAL (D)
PARTICIPATION	8. No. of institutions or sponsors							
	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	PROPRIETARY TITLE XX CENTERS (A)	OUTSIDE SCH HRS CARE CENTERS (B)	HEAD START CENTERS (C)	TOTAL (D)
PARTICIPATION	11. No. of institutions				
	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	

FORM FCS-44 (5-97) Previous editions obsolete.

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

PART C (CONTINUED)

REPORT IN OCTOBER/MARCH		ADULT DAY CARE			
		PROPRIETARY TITLE XIX CENTERS (A)	PROPRIETARY TITLE XX CENTERS (B)	ALL OTHER ADULT CARE CENTERS (C)	TOTAL (D)
PARTICIPATION	18. No. of institutions or sponsors				
	19. No. of outlets				
	20. Average daily attendance of outlets reported on line 19				

REPORT MONTHLY (Complete Only for 90-Day Report)	PART D - COMMODITY DATA						
	CHILD CARE CENTERS		DAY CARE HOMES		ADULT DAY CARE		G. TOTAL
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).	A. CASH-IN-LIEU ASSISTANCE	B. ENTITLEMENT COMMODITY ASSISTANCE	C. CASH-IN-LIEU ASSISTANCE	D. ENTITLEMENT COMMODITY ASSISTANCE	E. CASH IN LIEU ASSIST.	F. ENTITLEMENT ASSIST.	

PART E (Complete Monthly)

MEAL TYPE				(A) CHILD CARE CENTERS	(B) DAY CARE HOMES			(C) ADULT DAY CARE	(D) TOTAL
					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						

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PART E (Complete Monthly)

MEAL TYPE				(A) CHILD CARE CENTERS	(B) DAY CARE HOMES TIER I	(B) DAY CARE HOMES TIER II Higher	(B) DAY CARE HOMES TIER II Lower	(C) ADULT DAY CARE	(D) TOTAL
SUPPLEMENTS	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						

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 monthly report. Part E is to be completed monthly. The FCS-44 must be mailed to the Regional Administrator, Food and Consumer Service.

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

DEFINITIONS:

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

2. "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.

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

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

5. "Outlets" - Any facility where meals were actually served.

6. "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.

7. "Tier II All Higher" Home: A day care home where all children are certified as eligible for the higher reimbursement rate.

8. "Tier II All Lower" Home: A day care home where none of the children are certified as eligible for the higher reimbursement rate.

9. "Tier II Mixed" Home: A day care home enrolling at least one child in each reimbursement category (higher and lower).

10. "Higher" : Meals claimed in day care homes at the higher reimbursement rate.

11. "Lower" : Meals claimed in day care homes at the lower reimbursement rate.

TYPE OF SUBMISSION

"30-Day Report" - Due in FCS 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" - A 60-day report is not required.

"90-Day Report" - The 90-Day Report must be submitted to the FCS Regional Office within ninety 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 FCS instructions.

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

"Other Reports" - Submit other reports in accordance with FCS 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. 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. (Count sponsors only once.)

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 1-50 (A)	HOMES 51-200 (B)	HOMES 201-1000 (C)	HOMES 1001 + (D)	TOTAL (E)
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 with an approved agreement that operated only Child Care Centers during the reporting month. Child Care Centers include Proprietary Title XX Centers, Outside School Hours Care Centers, and Head Start Centers.

Column B1 - Complete Quarterly - Enter the number of Day Care Home Sponsors with an approved agreement that operated only Day Care Homes during the reporting month.

Column B2 - Enter the number of institutions or sponsors 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 Sponsors with an approved agreement that operated during the reporting month.

Line 9

Column A - Enter the number of Centers, including eligible Proprietary Title XX Centers, Outside School Hours Care Centers, and Head Start Centers that were eligible and that operated during the reporting month. Report in Column A child care centers operated by institutions in 8(A) and 8(B2).

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 institutions reported in 8(B1) and 8(B2) during the report month. (See definitions.)

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

Line 10

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

Line 11

Enter the number of Proprietary Title XX Centers (Column A), Outside School Hours Care Centers (Column B), or Head Start Centers (Column C) with an approved agreement that operated during the months of October and March. (These figures, Line 11 Columns A, B, and C are subsets of the figures appearing in Line 8 Column A for the month of March.) Sponsors administering both Proprietary Title XX Centers and Outside School Hours Care Centers shall be entered in Columns A and B.

Line 12

Enter the number of Proprietary Title XX Centers (Column A), or Outside School Hours Care Centers (Column B), or Head Start Centers (Column C) that were eligible and that operated during the reporting month. (These figures, Line 12 Columns A, B, and C 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 Proprietary Title XIX Centers (Column A), Proprietary Title XX Centers (Column B), and all other Adult Day Care Centers (Column C) with an approved agreement that operated during the months of October and March. (These figures Line 18 Columns A, B, and C are subsets of the figure appearing in Line 8, Column C for the month of March.)

Line 19

Enter the number of Proprietary Title XIX Centers (Column A), Proprietary Title XX Centers (Column B), and all other Adult Day Care Centers (Column C) that were eligible and that operated during the reporting month. (These figures, Line 19 Columns A, B, and C are subsets of 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 Family Day Care Homes. Enter in 21D the total number of lunches and suppers for Family 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 Pages 2-3 "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 SUPPLEMENTS served in Centers. (Include in Column A, Outside School Hours Care Centers, Proprietary Title XX Centers, and Head Start Centers.)

Column B

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

Column D

(Enter the line totals of Columns A, 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