

CHILD CARE FOOD PROGRAM PROVIDER DATA SHEET

Authorization Number:	D-1402	Organization Name:	Infant and Child Nutrition, Inc.
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1. Provider Information:

Provider Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

2. Is your name, address and phone number listed as CONFIDENTIAL with DCF or your local licensing agency?

Yes No

3. Names of all children that reside in your home: _____

4. Days you provide care for children other than those that reside in your home: (Check all that apply)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

5. Operating Hours: Start: _____ Finish: _____

6. Meals to be Claimed:

	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
(Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. Do You Have Child Care Shifts?

Yes No

(If Yes, go to 7b. If No, skip to #8)

7b. Meals to be Claimed by Shift:

(Complete all that apply)

	Start Time	Finish Time	Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack
1 st Shift:	_____	To _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Shift:	_____	To _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Shift:	_____	To _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th Shift:	_____	To _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Meal Time Information:

	Weekdays		Weekends	
	Start Time	Finish Time	Start Time	Finish Time
Breakfast	_____	_____	_____	_____
Morning Snack	_____	_____	_____	_____
Lunch	_____	_____	_____	_____
Afternoon Snack	_____	_____	_____	_____
Supper	_____	_____	_____	_____

I certify that all information on this Provider Data Sheet is true and correct.

Provider's Signature

Approved by: _____

Title: _____

Signature Date

Date: _____

Instructions for Completing the Provider Data Sheet

Sponsor Instructions: The Sponsor of Family Day Care Homes is responsible for collecting and maintaining this provider information. The Sponsor may collect this information on this form or collect it on another form. Do not send Provider Data Sheets to DOH unless requested by DOH.

Provider Instructions: Complete the following information for your day care home.

1. Enter your full name. Then enter your address, phone number, fax number, and e-mail address of your day care home.
2. Indicate whether or not your information is listed as confidential with DCF or the local licensing agency.
3. Enter the first and last names of all children that reside in your home.
4. Check the days of the week in which you provide care for children who do not reside in your home.
5. Operating Hours: Enter the time that your day care home opens and the time it closes.
6. Meals Claimed: Enter all meal types that you plan to claim on the Child Care Food Program (CCFP). The maximum a family day care home may claim for any one child per day is 2 meals and 1 snack or 2 snacks and 1 meal.
7. Indicate whether or not you operate shifts in your day care home. A shift is a unique set of children that attend during a different block of time. Examples of shifts are before school care and after school care.
 - If you do **not** have shifts, select "No." Then skip to Item #8.
 - If you **do** have shifts, enter shift hours from start to finish in 7.b. If you have multiple shifts, fill out the chart accordingly.
 - Meals Claimed by Shift: Enter meal types you plan to claim on the CCFP, per shift. The maximum a day care home may claim per shift is 2 meals and 1 snack or 2 snacks and 1 meal. If you have specific "shift questions," call your sponsor.
8. Enter the start and finish times of each meal type you plan to claim on the CCFP. If you have multiple shifts for one meal, indicate the earliest time as your start time and the latest time as your finish time.

Sign the form and return to your sponsor.