

AUTOMATION PLUS+

901-553-2203

COMPLETE CHILDCARE MANAGEMENT SOFTWARE FORMS /REPORTS EXAMPLES

These are some forms that the software program can create and we can design any other forms that your center requires.

By Day Sign-In/Out Sheet

Weekly Sign-In/Out Sheet

Sign-In /Out Form for One Child for Month

Classroom Teacher's Attendance Form

Attendance and Meal Count Classroom Report

When Electronic Check In /Out Used Attendance Report for All Children for A Day

When Electronic Check In /Out Used Attendance Report for A Child for Month

EAV Report Sheet

EAV Report W / Hours Report

Transportation Log

Field Trip Transportation Log

Meal Count Worksheet and Milk Test Sheet

Attendance and Meal Count Quick-Check Report

Meal Count Breakdown For Week by Day

CACFP Reimbursement Worksheet

Infant Meal Menu For

Infant Meal Menu For -11 Months

6 wks -5 Months

Meal Menu Report ~~W~~WO Supper

Meal Menu Report W Supper

Expense Worksheet For Food Program

Center Activity Calender

CACFP Time Distribution Report

Employee Work Schedule

CACFP Time and Attendance Report

Employee Hours Report

Employee Check Report

Parent Late Report

Parent Late Letter

Income Eligibility Application

Enrollment Form For Childcare

Child Shot Record Report

TN - ELDS Performance Skills List By Ages

LAPS Performance Skills List By Ages

Creative Curriculum Performance Skills List By Ages

Classroom Teacher Lesson Plan Report

Classroom Copy of a Lesson Plan for Recording a Child Progress

Parent's Copy of Recorded Child Progress

Child Recorded Progress Learn by Student at Center By Age

CACFP Time and Attendance Report

Article About the Company By Business Journal

Article About the Company By Memphis News

Remember you can download our DEMO and we can help walk you through the program. Feel Free to call us for the Full Program, we will help you for as long as you have the program. Free Program support. If you have no computer skills no problem, we will train you in the program. If your state change their forms we will change ours.

CHILDREN ATTENDENCE FORM
ANYWHERE CHILDCARE
CHECK IN / CHECK OUT SHEET

DATE Saturday
9/2/2017

AM

PM

CHILD NAME	TIME IN	SIGNATURE IN	TIME OUT	SIGNATURE OUT	TIME IN	SIGNATURE IN	TIME OUT	SIGNATURE OUT
DAVIS, KAYDEN	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> ALEXIA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT								<input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> ALEXIA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT
DAVIS, KAYLEE	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> ALEXIA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT								<input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> ALEXIA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT
DOCKERY, BRYSON	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Ward, Keana								<input type="checkbox"/> Ward, Keana
DULING, A'DORA	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> DULING, VANESSA								<input type="checkbox"/> DULING, VANESSA
DULING, ALIVIA	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> DULING, VANESSA								<input type="checkbox"/> DULING, VANESSA
E <input type="checkbox"/> = "Afterschooler"								
EALY, TAILYNN	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Hopson, Anjorita								<input type="checkbox"/> Hopson, Anjorita
EARL, ZALANDIS	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> Danie								<input type="checkbox"/> Danie
ELKINS, AVA	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> VELVET OLIVER <input type="checkbox"/> RIKKI LINDSEY <input type="checkbox"/> SHANIQUA <input type="checkbox"/> ELKINS, BRITTNEY								<input type="checkbox"/> VELVET OLIVER <input type="checkbox"/> RIKKI LINDSEY <input type="checkbox"/> SHANIQUA <input type="checkbox"/> ELKINS, BRITTNEY
ERVIN, DARRYL	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> DARRYL ERVIN <input type="checkbox"/> TONYA ERVIN <input type="checkbox"/> DARRILYN ERVIN <input type="checkbox"/> ERVIN, LATOYA								<input type="checkbox"/> DARRYL ERVIN <input type="checkbox"/> TONYA ERVIN <input type="checkbox"/> DARRILYN ERVIN <input type="checkbox"/> ERVIN, LATOYA
F <input type="checkbox"/> = "Afterschooler"								
FLOWERS, LEIANNE	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> GREEN, ALVA								<input type="checkbox"/> GREEN, ALVA
FRANKLIN, FAITH	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> FRANKLIN, TAENIESHA								<input type="checkbox"/> FRANKLIN, TAENIESHA

ANYWHERE CHILDCARE
CHECK IN / CHECK OUT SHEET

WEEK OF 8/28/2017 TO 9/1/2017

= "Afterschooler"

CHILD NAME	MONDAY 8/28/2017	TUESDAY 8/29/2017	WEDNESDAY 8/30/2017	THURSDAY 8/31/2017	FRIDAY 9/1/2017
DAVIS, KAYDEN	IN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN
	OUT <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN

DAVIS, KAYLEE

AM

IN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN
OUT <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN

PM

IN <input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> FRANK MCGOWAN <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN
OUT <input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN	<input type="checkbox"/> TUNSTALL, CORLETT <input type="checkbox"/> BARBARA ALEXANDER <input type="checkbox"/> FRANK MCGOWAN

DOCKERY, BRYSON

IN <input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana
OUT <input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana	<input type="checkbox"/> Ward, Keana

DULING, A'DORA

IN <input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA
OUT <input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA

DULING, ALIVIA

IN <input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA
OUT <input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA	<input type="checkbox"/> DULING, VANESSA

EALY, TAILYNN

IN <input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita
OUT <input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita	<input type="checkbox"/> Hopson, Anjorita

EARL, ZALANDIS

IN <input type="checkbox"/> Danie	<input type="checkbox"/> Danie	<input type="checkbox"/> Danie	<input type="checkbox"/> Danie	<input type="checkbox"/> Danie
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Parent

Month:

ANYWHERE CHILDCARE

Year

TUNSTALL, CORLETT

BARBARA ALEXANDER

ALEXIA ALEXANDER

FRANK MCGOWAN

Sep

CHILD NAME

DAVIS, KAYDEN

D.O.B.

08/02/14

2017

AM IN
TIME

AM
PARENT SIGNATURE

AM OUT
TIME

PARENT SIGNATURE

PM IN
TIME

PM
PARENT SIGNATURE

PM OUT
TIME

PARENT SIGNATURE

Sign-In /Out Form for One Child for Month

1	F							
2	Sa	WEEKEND				WEEKEND		
3	S	WEEKEND				WEEKEND		
4	M							
5	T							
6	W							
7	Th							
8	F							
9	Sa	WEEKEND				WEEKEND		
10	S	WEEKEND				WEEKEND		
11	M							
12	T							
13	W							
14	Th							
15	F							
16	Sa	WEEKEND				WEEKEND		
17	S	WEEKEND				WEEKEND		
18	M							
19	T							
20	W							
21	Th							
22	F							
23	Sa	WEEKEND				WEEKEND		
24	S	WEEKEND				WEEKEND		
25	M							
26	T							
27	W							
28	Th							
29	F							
30	Sa	WEEKEND				WEEKEND		
		WEEKEND				WEEKEND		

Month: Sep

Year: 2017

CLASSROOM SIGN IN FOR CHILD CARE PROVIDED AT:

ANYWHERE CHILDCARE

2548 ANY WHERE

MEMPHIS, TN 381114

(901) 452-2812

For Classroom: THREE YEAR OLDS

Teacher:

CHILD NAME	AGE	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	
		F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	
BELL, JAMIR	11/28/13																																
Bradford, MARIO	09/12/12																																
BROWN, CLAYDEN	12/05/13																																
DOCKERY, BRYSON	02/06/14																																
Ealy, Tailyynn	7/22/14																																
ELKINS, AVA	04/28/14																																
FREEMAN, JASMINE	07/23/13																																
GHOLSON, LONDON	12/29/13																																
HARRIS, OCTASIA	02/09/13																																
HILL, KYSON	05/20/14																																
JR. FUNZIE,, DONALD	09/26/13																																
LAWRENCE, AUTUMN	10/01/13																																
LUCKETT, ALYEESIA	12/21/13																																
MURPHY, ARMANI	10/31/13																																
SHARKEY, KAIONA	08/29/13																																
SMITH, DANIEL	01/24/14																																
THOMPSON, COLYN	05/03/13																																
WESBY, K VEION	03/04/14																																

Classroom Teacher's Attendance Form

CHILDREN ATTENDENCE FORM BY CLASSROOM

CLASSROOM PRE-K 4 & 5

WEEK OF 8/28/2017 TO 9/1/2017

CHILD NAME	D.O.B.	MONDAY 8/28/2017							TUESDAY 8/29/2017							WEDNESDAY 8/30/2017							THURSDAY 8/31/2017							FRIDAY 9/1/2017										
		IN	BK	AM	LN	PM	DN	EV	IN	BK	AM	LN	PM	DN	EV	IN	BK	AM	LN	PM	DN	EV	IN	BK	AM	LN	PM	DN	EV	IN	BK	AM	LN	PM	DN	EV				
BATEMAN, ALIYA	01/23/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROOKS, ANTONIUS	04/09/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLE, TRISTAN	06/14/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOKSEY, FAITH	10/21/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARL, ZALANDIS	10/04/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERVIN, DARRYL	06/06/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRANKLIN, FAITH	03/19/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNZIE, DIAJA	08/23/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNZIE, DONALD	09/25/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHOLSON, ANGEL	07/25/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOHNSON, CAIDEN	11/11/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEWIS, AUBREE	04/11/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAPLES, A'HONESTY	02/21/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THOMAS-WOODS, AIDEN	08/20/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TURNER, MADISYN	12/28/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLIAMS, CHRISTIAN	08/23/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINTON, HARPER	08/30/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attendance and Meal Count Classroom Report

When Electronic Check In /Out Used Attendance Report for

All Children for A Day

ANYWHERE CHILDCARE

2548 ANY WHERE

MEMPHIS, TN 381114

(901) 452-2812

MONTH: #Error

BATEMAN, ALIYA

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	9:35	BATEMAN, ASH					16:30	BATEMAN, ASH	7

BATES, DEMETRIUS

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	10:51	Lionel Turner					10:51	Lionel Turner	1

BELL, JAMIR

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	9:31	BELL, KIMBERL					16:30	BELL, KIMBERL	7

BENSON, MARSHAWN

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	13:16	Mariko Benson					13:16	Mariko Benson	1

BOND, LADETRICK

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	6:42	HUNT, SANTER					15:27	HUNT, SANTER	9

BOND, MALIAH

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	6:42	HUNT, SANTER					16:30	HUNT, SANTER	10

BROCK, BRIKYA

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	9:03	KIRBY THOMAS					17:33	THOMAS, KIRBY	8

BROOKS, AMARIUS

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	7:03	TAYLOR, ERICA					15:27	TAYLOR, ERICA	8

BROOKS, ANTONIUS

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	7:10	TAYLOR, ERICA					15:27	TAYLOR, ERICA	8

BROWN, CLAYDEN

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	16:29	Shantel Brown					16:29	Shantel Brown	1

BROWN, Sa'Rya

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	7:13	BROWN, DAWN					15:45	BROWN, DAWN	8

CARR, CHAYCE

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
14-Jun-17	15:02	Myeshia Cooper					15:02	Myeshia Cooper	1

CASTILLIO, MADISON

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
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ANYWHERE CHILDCARE

2548 ANY WHERE

MEMPHIS, TN 381114

(901) 452-2812

MONTH: #Error

BOND, MALIAH

Date	Time In	In By	Time Out1	Out By	Time In 1	In By	Time Out	Out By	Hrs
01-Jun-17	9:10	HUNT, SANTER					16:30 HUNT, SANTER		7
02-Jun-17	8:23	HUNT, SANTER					16:30 HUNT, SANTER		8
05-Jun-17	7:26	HUNT, SANTER					16:30 HUNT, SANTER		9
06-Jun-17	9:33	HUNT, SANTER					16:30 HUNT, SANTER		7
07-Jun-17	7:36	HUNT, SANTER					16:30 HUNT, SANTER		9
08-Jun-17	9:54	HUNT, SANTER					16:30 HUNT, SANTER		7
09-Jun-17	8:27	HUNT, SANTER					16:30 HUNT, SANTER		8
12-Jun-17	7:43	HUNT, SANTER					16:30 HUNT, SANTER		9
13-Jun-17	9:15	HUNT, SANTER					16:30 HUNT, SANTER		7
14-Jun-17	6:42	HUNT, SANTER					16:30 HUNT, SANTER		10
15-Jun-17	8:44	Verna Bond					16:30 HUNT, SANTER		8
16-Jun-17	8:14	Verna Bond					16:30 Santera Hunt		8
19-Jun-17	8:52	Verna Bond					16:40 Santera Hunt		8
20-Jun-17	8:49	Verna Bond					15:23 Santera Hunt		7
21-Jun-17	8:37	Verna Bond					15:39 Santera Hunt		7
22-Jun-17	8:28	Verna Bond					15:09 Santera Hunt		7
23-Jun-17	8:56	Verna Bond					16:17 Santera Hunt		8
26-Jun-17	8:50	Verna Bond					15:35 Santera Hunt		7
27-Jun-17	9:02	Verna Bond					16:14 Santera Hunt		7
28-Jun-17	9:06	Verna Bond					15:07 Santera Hunt		6
29-Jun-17	8:09	Verna Bond					17:34 Santera Hunt		9
30-Jun-17	8:58	Verna Bond					15:28 Santera Hunt		7

Date _____

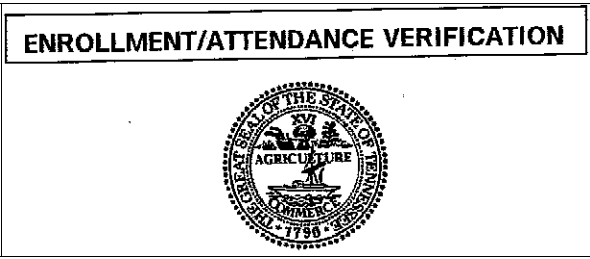
Parent Signature _____

When Electronic Check In /Out Used Attendance Report for
A Child for Month

CENTER NAME: ANYWHERE CHILDCARE

Enter CACFP Eligibility Class (F-R-P)	NAME OF CHILDREN	Period 6/4/2017 To 6/17/2017														Attendance Totals	Child Pay By Day	Child Total for Period	
		4	5	6	7	8	9	10	11	12	13	14	15	16	17				
F	BATEMAN, ALIYA		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	BATES, DEMETRIUS		P	P	P	P	P			A	P	P	P	P			9	\$0.00	\$0.00
F	BELL, JAMIR		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	BENSON, MARSHAW		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	BOND, LADETRICK		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	BOND, MALIAH		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	BROCK, BRIKYA		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	BROOKS, AMARIUS		P	P	P	P	P			A	P	P	P	A			8	\$0.00	\$0.00
F	BROOKS, ANTONIUS		P	P	P	P	P			A	P	P	P	A			8	\$0.00	\$0.00
F	BROWN, Sa'Rya		P	P	P	P	P			P	P	P	A	P			9	\$0.00	\$0.00
F	CASTILLIO, MADISO		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	CASTILLO, KINGSLE		A	P	P	P	P			P	P	P	P	P			9	\$0.00	\$0.00
F	COLE, TRISTAN		A	P	P	P	P			P	P	P	P	P			9	\$0.00	\$0.00
F	COOKSEY, FAITH		P	P	P	P	P			P	P	P	P	A			9	\$0.00	\$0.00
F	CUNNINGHAM, MARC		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	CUNNINGHAM, NOAH		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	DAVIS, KAYDEN		P	P	A	P	P			P	P	P	P	P			9	\$0.00	\$0.00
F	DOCKERY, BRYSON		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	DULING, A'DORA		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	DULING, ALIVIA		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	EARL, ZALANDIS		P	A	P	P	P			P	P	P	A	P			8	\$0.00	\$0.00
F	ERVIN, DARRYL		P	P	P	P	P			P	A	P	P	P			9	\$0.00	\$0.00
F	FRANKLIN, FAITH		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FREEMAN, A'MARIAH		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FREEMAN, AR'MARI		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FREEMAN, JASMINE		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FRISON, RODGER		A	P	P	P	A			P	P	P	P	P			8	\$0.00	\$0.00
F	FULCHER, JAZMINE		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FUNZIE, CARTIER		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FUNZIE, DIAJA		A	P	P	P	P			A	P	A	P	P			7	\$0.00	\$0.00
F	FUNZIE, DONALD		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	FUNZIE, DONTAVIOU		P	P	P	P	P			P	P	P	P	P			10	\$0.00	\$0.00
F	GARNER, DEVIN		A	P	P	P	P			P	P	P	P	P			9	\$0.00	\$0.00
F	GHOLSON, ANGEL		A	A	A	A	A			A	A	P	P	P			3	\$0.00	\$0.00
F	GHOLSON, LONDON		A	P	P	P	P			P	P	P	P	P			9	\$0.00	\$0.00
F	GLASS, JACOB		A	P	A	P	P			A	A	P	A	A			4	\$0.00	\$0.00
F	HARRIS, LA'ILA		A	P	P	P	P			P	P	P	P	P			9	\$0.00	\$0.00

For Child Care Provided At:
ANYWHERE CHILDCARE
 46-0663520 (901) 452-2812
 SHELBY CO. DHS CHILD CARE CERT. PROGRAM



Mail Completed Form To:
 Department of Human Services
 Child Care Fiscal Services
 P.O. Box 198229
 Nashville, TN 37219-8229

CHILD NAME	SSN	Parent Pay	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	
Anderson, Devin		\$0.00			A	A	A	A			A	A	A	A	A			A	A	A	A	A			A	A	A	A	A				8	
BATEMAN, ALIYA		\$0.00			8	9	8	7			A	7	7	8	7				8	8	6	8	7			7	9	8	7	6				7
BATEMAN, MELODEE	756-84-4836	\$0.00			8	6	8	7			7	7	7	8	7				7	7	6	8	7			7	6	8	7	6				7
BATES, DEMETRIUS	883-69-6121	\$0.00			5	8	7	7			7	A	8	8	A				8	7	8	10	8			10	10	6	8	7				1
BELL, JAMIR					A	9	8	9			9	7	7	9	1				9	A	11	10	A			10	9	8	10	9				9
BENSON, MARSHAWN	511-53-9510	\$30.00			9	6	8	8			1	8	10	7	1				6	6	11	8	8			8	7	7	5	6				8
BOND, LADETRICK		\$18.00			7	5	6	9			5	9	1	9	7				9	6	A	7	7			8	7	9	A	8				9
BOND, MALIAH		\$0.00			7	5	6	9			5	9	1	9	7				9	6	6	7	7			8	7	9	A	8				9
Bradford, MARIO		\$20.00			A	A	A	A			A	A	A	A	A				A	A	A	A	9			8	9	8	8	7				9
BROCK, BRIKYA		\$0.00			9	8	8	8			6	8	8	8	8				10	A	9	8	8			10	9	8	4	9				9
BROOKS, AMARIUS		\$0.00			8	8	8	8			7	5	5	6	6				5	4	8	A	10			5	A	9	6	10				4
BROOKS, ANTONIUS		\$0.00			10	8	8	7			7	5	5	6	6				5	8	10	A	9			5	8	8	11	9				4
BROWN, CLAYDEN		\$0.00			8	10	8	8			9	10	10	10	8				9	A	10	11	1			A	A	A	A	A				A
BROWN, Sa'Rya					10	9	9	10			9	9	9	9	9				A	9	9	11	A			9	9	8	9	9				9
CARR, CHAYCE	732-21-1003	\$0.00			A	A	A	A			7	6	7	7	6				8	A	1	2	1			1	9	1	8	10				6
CASTILLO, MADISON		\$0.00			8	8	9	10			10	9	11	10	8				7	10	10	9	10			10	10	9	9	10				9
CASTILLO, KINGSLEY		\$0.00			7	7	9	10			10	9	11	10	8				7	10	10	9	10			10	10	8	9	10				9
CLAYTON, BRAYLON		\$0.00			10	9	A	8			A	A	A	A	A				A	A	A	A	A			A	9	A	A	A				A
COLE, PAYTON		\$0.00			8	8	9	8			A	1	A	8	8				7	7	8	A	8			9	8	8	8	9				8
COLE, TRISTAN		\$0.00			1	8	9	8			10	1	8	8	8				7	7	8	A	8			9	8	8	8	9				8
COOKSEY, FAITH		\$0.00			8	A	6	9			8	8	A	A	8				8	8	A	8	7			9	7	9	6	8				8
CUNNINGHAM, MARCUS		\$0.00			6	5	7	8			6	6	7	9	8				9	8	8	A	10			7	7	8	A	7				A

Comments:

ANYWHERE CHILDCARE
 2548 ANY WHERE
 MEMPHIS ,TN 381114

Period From 7/3/2017 To: 7/31/2017 Page 1 of 6

I certify to the best of my knowledge and belief that all data are correct and in accordance with my enrollment agreement provisions, and that payment is due and has been previously requested.

EAV Report W / hours Report

Transportation Log

One log per trip

Name of Agency: ANYWHERE CHILDCARE

Trip Destination: To Center From Home

Date: 9/10/2017

Back	Vehicle	Front			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ROUTE: 1st pick-up

TYPE: Pickup

DRIVER NOTES:

No:	Child's Name And Address:	Carseat	Absent/ Present	Age:	Picked-Up Time:	Monitor Initials:	Drop-Off Time:	Monitor Initials:	When Transporting Home Child Released to (Signature)
510	BATEMAN, MELODEE -- 2544 TUTWILER AV	No		8 Mons					(901) 871-5252 <input type="checkbox"/> BATEMAN, ASHLIE
30	BOND, MALIAH -- 2400 GOLDEN AVE	No		3 Yrs					<input type="checkbox"/> HUNT, SANTERA
151	BOND, LADETRICK -- 2400 GOLDEN AVE	No		3 Yrs					<input type="checkbox"/> HUNT, SANTERA
388	BROWN, CLAYDEN -- 8700 DENISE COVE	No		3 Yrs					(901) 830-4171 <input type="checkbox"/> BROWN, SHANTEL
453	BROOKS, ANTONIUS --	No		4 Yrs					(901) 282-4658 <input type="checkbox"/> TAYLOR, ERICA
454	BROOKS, AMARIUS -- 3983 ALPHINE	No		1 Yrs					(901) 282-4658 <input type="checkbox"/> TAYLOR, ERICA
461	GIVENS, ESSENCE -- 5292 LODESTONE LAP	No		3 Yrs					(901) 347-2013 <input type="checkbox"/> GIVENS, CRYSTAL

Transportation Log

*My Signature Below Certifies That I Walked Through This Vehicle At The End Of This Trip To Verify That No Child Was Left On Board

Driver Name: _____ Signature: _____ Date: _____

Monitor: _____ Signature: _____ Date: _____

Management: _____ Signature: _____ Date: _____

Field Trip Transportation Log

One log per trip

Name of Agency: **ANYWHERE CHILDCARE**

Trip Destination: **to zoo**

Date:

6/15/2012

Back	Vehicle	Front	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Field Trip Transportation Log

No:	Child's Name:	Carseat	Absent/ Present	Age:	Board Vehicle	Off Stop #1	Back On	Monitor Initials	Off Stop #2	Monitor Initials	Back On	Monitor Initials	Time Return
151	BOND, LADETRICK	No		3 Yrs									
463	BROCK, BRIKYA	No		3 Yrs									
440	BROWN, Sa'Rya	No		3 Yrs									
457	CASTILLIO, MADISON	No		2 Yrs									
303	CUNNINGHAM, MARCUS	No		2 Yrs									
207	DAVIS, KAYDEN	No		3 Yrs									
246	FULCHER, JAZMINE	No		3 Yrs									
216	FUNZIE, CARTIER	No		3 Yrs									
461	GIVENS, ESSENCE	No		3 Yrs									
316	HARRIS, DENTERRIUS	No		3 Yrs									
35	McKinley, ADEN	No		3 Yrs									
515	McKinney, Taylor	No		2 Yrs									
154	NOWLEY, JORDAN	No		2 Yrs									
514	Pittman, Na'Riyah	No		2 Yrs									
225	POINDEXTER, CARTER	No		2 Yrs									

*My Signature Below Certifies That I Walked Through This Vehicle At The End Of This Trip To Verify That No Child Was Left On Board

Notes:

Driver Name: _____ Signature: _____ Date: _____

Monitor: _____ Signature: _____ Date: _____

Management: _____ Signature: _____ Date: _____

FOR MONTH:

MEAL COUNT WORKSHEET AND MILK TEST
(Complete after the month ends to test your milk purchases)

July

DATE	BREAKFAST			LUNCH			SNACK									DINNER			Check dates milk was served at snack	Days Served		
	1-2 YEAR	3-5 YEAR	6-12 YEAR	1-2 YEAR	3-5 YEAR	6-12 YEAR	1-2 YEARS			3-5 YEARS			6-12 YEARS			1-2 YEARS	3-5 YEAR	6-12 YEARS				
							A M	P M	E V	A M	P M	E V	A M	P M	E V							
03-Jul-17	37	42	3	37	42	3	0	37	0	0	41	0	0	3	0	0	0	0	0	0	0	1
05-Jul-17	40	39	3	40	39	3	0	40	0	0	39	0	0	3	0	0	0	0	0	0	0	2
06-Jul-17	35	35	2	35	35	2	0	35	0	0	35	0	0	2	0	0	0	0	0	0	0	3
07-Jul-17	40	41	3	40	41	3	0	40	0	0	41	0	0	3	0	0	0	0	0	0	0	4
10-Jul-17	36	37	2	37	37	2	0	37	0	0	37	0	0	2	0	0	0	0	0	0	0	5
11-Jul-17	35	39	3	36	39	3	0	35	0	0	39	0	0	3	0	0	0	0	0	0	0	6
12-Jul-17	39	35	3	39	36	3	0	39	0	0	36	0	0	3	0	0	0	0	0	0	0	7
13-Jul-17	38	37	3	38	37	3	0	38	0	0	36	0	0	3	0	0	0	0	0	0	0	8
14-Jul-17	39	37	3	39	37	3	0	39	0	0	37	0	0	3	0	0	0	0	0	0	0	9
17-Jul-17	42	40	3	42	40	3	0	42	0	0	39	0	0	3	0	0	0	0	0	0	0	10
18-Jul-17	43	38	3	43	38	3	0	43	0	0	37	0	0	3	0	0	0	0	0	0	0	11
19-Jul-17	44	40	3	44	40	3	0	44	0	0	40	0	0	3	0	0	0	0	0	0	0	12
20-Jul-17	43	39	3	43	39	3	0	43	0	0	39	0	0	3	0	0	0	0	0	0	0	13
21-Jul-17	45	40	3	45	40	3	0	45	0	0	40	0	0	3	0	0	0	0	0	0	0	14
24-Jul-17	43	40	2	44	40	2	0	43	0	0	40	0	0	2	0	0	0	0	0	0	0	15
25-Jul-17	41	40	3	41	40	3	0	41	0	0	40	0	0	3	0	0	0	0	0	0	0	16
26-Jul-17	43	38	3	44	38	3	0	44	0	0	38	0	0	3	0	0	0	0	0	0	0	17
27-Jul-17	42	38	3	42	38	3	0	42	0	0	38	0	0	3	0	0	0	0	0	0	0	18
28-Jul-17	45	39	2	45	40	2	0	45	0	0	40	0	0	2	0	0	0	0	0	0	0	19
31-Jul-17	42	40	4	42	41	4	0	42	0	0	41	0	0	4	0	0	0	0	0	0	0	20
Age Group Totals	812	774	57	816	777	57	0	814	0	0	773	0	0	57	0	0	0	0	0	0	0	
TOTAL MEALS	BREAKFAST 1643			LUNCH 1650			SNACK AM 0 PM 1644 EV 0 1644									DINNER 0						

TOTAL OUNCES NEEDED FOR BREAKFAST/LUNCH MEALS

1-2 YEAR OLDS:	<u>812</u>	Brkfst +	<u>816</u>	Lunch +	<u>0</u>	Dinner =	<u>1628</u>	X 4 ozs =	<u>6512</u>	ozs.	<u>50.875</u>	Gals
3-5 YEAR OLDS:	<u>774</u>	Brkfst +	<u>777</u>	Lunch +	<u>0</u>	Dinner =	<u>1551</u>	X 6 ozs =	<u>9306</u>	ozs.	<u>72.703</u>	
6-12 YEAR OLDS:	<u>57</u>	Brkfst +	<u>57</u>	Lunch +	<u>0</u>	Dinner =	<u>114</u>	X 8 ozs =	<u>912</u>	ozs.	<u>7.125</u>	
TOTAL										16730	Total ozs.	

"X" COUNT THE NUMBER OF SNACKS CHECK MARK THAT HAVE MILK AS A COMPONENT

1-2 YEAR OLDS:	<u>0</u>	SNACKS X	<u>4</u>	OZS. =	<u>0</u>	OZS.		Total ozs
3-5 YEAR OLDS:	<u>0</u>	SNACKS X	<u>4</u>	OZS. =	<u>0</u>	OZS.		<u>0</u>
6-12 YEAR OLDS:	<u>0</u>	SNACKS X	<u>8</u>	OZS. =	<u>0</u>	OZS.		

TOTAL OZS NEEDED FOR ALL MEALS (BREAKFAST, LUNCHES AND SNACKS WITH MILK)

TOTAL MILK PURCHASED CONVERTED TO OUNCES: **130.703** Gallons. (gallons = 128 ozs OR .209125 half pint = 8 ozs cartons)

IF YOU DID NOT BUY ENOUGH MILK, DIVIDE THE SHORTAGE BY THE NUMBER OF OUNCES IN THE CONTAINER (gallons = 128 ozs / half gallons = 64 ozs / half pint = 8 ozs) TO DETERMINE HOW MANY MORE GALLONS, HALF GALLONS OR HALF PINTS YOU SHOULD HAVE PURCHASED FOR THE MONTH. Always round up to nearest gallon, half gallon or half pint.

	BREAKFAST	LUNCH	SNACK	DINNER	PARTICIPANTS	ATTENDANCE TOTAL
7: FREE	1701	1708	1703	0	101	1828
8: REDUCED	19	19	19	0	1	
9: PAID	100	101	100	0	8	
10: INFANTS in total	177	178	178	0	8	
11: TOTAL	1820	1828	1822	0	110	178

Attendance And Meal Count Form

ATT <input checked="" type="checkbox"/> endence	
Present <input checked="" type="checkbox"/>	Absent <input type="checkbox"/>
AGE 5 Yrs	Office Use Only
CHILD FULL NAME DAVIS, KAYLEE	

SHIFT NUMBER: _____ CLAIM MONTH / YEAR June - 2017

AGE 11 Yrs	Office Use Only
CHILD FULL NAME JACKSON, LANIYAH	

AGE 6 Yrs	Office Use Only
CHILD FULL NAME MCKINLEY, ANTAR	

AGE 4 Yrs	Office Use Only
CHILD FULL NAME MCKINNEY, AIDEN	

AGE 8 Yrs	Office Use Only
CHILD FULL NAME TATE, KAMARI	

PROVIDER SIGNATURE X

Date	ATT	BR	AM	LN	PM	DN	EV
1							
2							
3							
4							
5							
6	X	X		X	X		
7	X	X		X	X		
8	X	X		X	X		
9	X	X		X	X		
10							
11							
12	X	X		X	X		
13	X	X		X	X		
14							
15							
16							
17							
18							
19	X	X		X	X		
20	X	X		X	X		
21							
22	X	X		X	X		
23							
24							
25							
26	X	X		X	X		
27	X	X		X	X		
28	X	X		X	X		
29	X	X		X	X		
30	X	X		X			
31							
14	14	0	13	14	0	0	
ATT	BR	AM	LN	PM	DN	EV	

For Office Use Only

Date	ATT	BR	AM	LN	PM	DN	EV
1	X	X		X	X		
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	X	X		X	X		
13							
14	X	X		X	X		
15	X	X		X	X		
16							
17							
18							
19	X	X		X	X		
20	X	X		X	X		
21	X	X		X	X		
22	X	X		X	X		
23							
24							
25							
26	X	X		X	X		
27							
28	X	X		X	X		
29	X	X		X	X		
30	X	X		X			
31							
12	12	0	11	12	0	0	
ATT	BR	AM	LN	PM	DN	EV	

For Office Use Only

Date	ATT	BR	AM	LN	PM	DN	EV
1	X	X		X	X		
2	X	X		X	X		
3							
4							
5	X	X		X	X		
6	X	X		X	X		
7	X	X		X	X		
8	X	X		X	X		
9	X	X		X	X		
10							
11							
12	X	X		X	X		
13	X	X		X	X		
14	X	X		X	X		
15	X	X		X	X		
16	X	X		X	X		
17							
18							
19	X	X		X	X		
20	X	X		X	X		
21	X	X		X	X		
22	X	X		X	X		
23	X	X		X	X		
24							
25							
26	X	X		X	X		
27	X	X		X	X		
28	X	X		X	X		
29	X	X		X	X		
30	X	X		X			
31							
22	22	0	21	22	0	0	
ATT	BR	AM	LN	PM	DN	EV	

For Office Use Only

Date	ATT	BR	AM	LN	PM	DN	EV
1	X	X		X	X		
2	X	X		X	X		
3							
4							
5	X	X		X	X		
6							
7							
8	X	X		X	X		
9	X	X		X	X		
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20	X	X		X	X		
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
6	6	0	6	6	0	0	
ATT	BR	AM	LN	PM	DN	EV	

For Office Use Only

Date	ATT	BR	AM	LN	PM	DN	EV
1	X	X		X	X		
2	X	X		X	X		
3							
4							
5	X	X		X	X		
6	X	X		X	X		
7	X	X		X	X		
8							
9	X	X		X	X		
10							
11							
12							
13							
14	X	X		X	X		
15	X	X		X	X		
16							
17							
18							
19							
20							
21	X	X		X	X		
22	X	X		X	X		
23	X	X		X	X		
24							
25							
26							
27	X	X		X	X		
28	X	X		X	X		
29	X	X		X	X		
30	X	X		X			
31							
15	15	0	14	15	0	0	
ATT	BR	AM	LN	PM	DN	EV	

For Office Use Only

FOR WEEK OF

7/10/2017 TO 7/14/2017

MEAL COUNT RECORD

BREAKFAST

NUMBER SERVED PER DAY

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Milk Totals
1-2 Yrs	36	35	39	38	39			187	4 ozs = 748
3-5 Yrs	37	39	35	37	37			185	6 ozs = 1110
6-12 Yrs	2	3	3	3	3			14	8 ozs = 112
Infants	7	8	7	9	8			39	
Total	82	85	84	87	87			425	1970 OZS
6 AM - 7 AM	2	4	6	4	2			18	15.39 Gals
7 AM - 8 AM	46	24	29	44	40			183	

AM SNACK

NUMBER SERVED PER DAY

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Milk Totals
1-2 Yrs									4 ozs =
3-5 Yrs									6 ozs =
6-12 Yrs									8 ozs =
Infants									0 OZS
Total									0.00 Gals

LUNCH

NUMBER SERVED PER DAY

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Milk Totals
1-2 Yrs	37	36	39	38	39			189	4 ozs = 756
3-5 Yrs	37	39	36	37	37			186	4 ozs = 1116
6-12 Yrs	2	3	3	3	3			14	8 ozs = 112
Infants	7	8	7	9	8			39	1984 OZS
Total	83	86	85	87	87			428	15.50 Gals

PM SNACK

NUMBER SERVED PER DAY

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Milk Totals
1-2 Yrs	37	35	39	38	39			188	4 ozs =
3-5 Yrs	37	39	36	36	37			185	6 ozs =
6-12 Yrs	2	3	3	3	3			14	8 ozs =
Infants	7	8	7	9	8			39	0 OZS
Total	83	85	85	86	87			426	0.00 Gals

DINNER

NUMBER SERVED PER DAY

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Milk Totals
1-2 Yrs									4 ozs =
3-5 Yrs									4 ozs =
6-12 Yrs									8 ozs =
Infants									0 OZS
Total									0.00 Gals

EVENING SNACK

NUMBER SERVED PER DAY

Age Group	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals	Milk Totals
1-2 Yrs									4 ozs =
3-5 Yrs									6 ozs =
6-12 Yrs									8 ozs =
Infants									0 OZS
Total									0.00 Gals

REIMBURSEMENT WORKSHEET

CLAIM MONTH: JULY

101	FREE PARTICIPANTS	1820	TOTAL BREAKFASTS
1	REDUCED PARTICIPANT	1828	TOTAL LUNCHES
8	PAID PARTICIPANTS	1822	TOTAL SUPPLEMENTS
110	TOTAL PARTICIPANTS		

TO DETERMINE THE PERCENTAGE OF FREE, REDUCED AND PAID PARTICIPANTS IN THE CACFP AND CONVERT TO DECIMALS

TOTAL FREE PARTICIPANTS / TOTAL PARTICIPANTS		= PERCENTAGE OF FREE
<u>101</u>	/	<u>110</u>
		= <u>91.82%</u>
TOTAL REDUCED PARTICIPANTS / TOTAL PARTICIPANTS		= PERCENTAGE OF REDUCED
<u>1</u>	/	<u>110</u>
		= <u>0.91%</u>
TOTAL PAID PARTICIPANTS / TOTAL PARTICIPANTS		= PERCENTAGE OF PAID
<u>8</u>	/	<u>110</u>
		= <u>7.27%</u>

BREAKFASTS

1701	TOTAL BREAKFASTS	X	91.82%	(% FREE)		X \$ 1.71 RATE =	\$2,908.71
19	TOTAL BREAKFASTS	X	0.91%	(% REDUCED)		X \$ 1.41 RATE =	\$26.79
100	TOTAL BREAKFASTS	X	7.27%	(% PAID)		X \$ 0.29 RATE =	\$29.00

LUNCHES

1708	TOTAL LUNCHES	X	91.82%	(% FREE)		X \$ 3.16 RATE =	\$5,397.28
19	TOTAL LUNCHES	X	0.91%	(% REDUCED)		X \$ 2.76 RATE =	\$52.44
101	TOTAL LUNCHES	X	7.27%	(% PAID)		X \$ 0.3 RATE =	\$30.30
1828	CDL TOTAL	X				X \$ 0.23 RATE =	\$420.44

SUPPLEMENTS

1703	TOTAL SUPPLEMENTS	X	91.82%	(% FREE)		X \$0.86 RATE =	\$1,464.58
19	TOTAL SUPPLEMENTS	X	0.91%	(% REDUCED)		X \$0.43 RATE =	\$8.17
100	TOTAL SUPPLEMENTS	X	7.27%	(% PAID)		X \$0.07 RATE =	\$7.00

TOTAL REIMBURSEMENT (figures are approximate and may vary due to rounding) \$10,344.71

50% OF REIMBURSEMENT \$5,172.36

Complete an infant menu/meal count for each infant 6 through 11 months. (Total infant meals by type add to total meal counts for 1-12 yrs old children)

INFANT MENU/MEAL COUNT RECORD (complete one per infant per week)

DAYCARE ANYWHERE

Infant's Name: Rice, Asylan

Age: 10 Months

Birth Date: 01/13/17

Type of Formula Served _____

Month: Nov Year: 2017

BABIES AGE 6-11 MONTHS

Infant's Name: Rice, Asylan

		09-Nov-17				
		Thursday				
Breakfast	6-8 oz (IFIF) Formula/breast milk (BM)	IFIF				
	0-4 Tbsp. Infant Protein	Rice Cereal				
	0-2 Tbsp. Fruit or Vegetable	Applesauce				
Lunch	6-8 oz (IFIF) Formula/breast milk (BM)	IFIF				
	0-4 Tbsp. Infant Cereal	Oatmeal Cereal				
	0-2 Tbsp. Fruit or Vegetable	Green Beans				
PM Snack	2-4 oz (IFIF) Formula/breast milk (BM)	IFIF				
	0-4 Tbsp. Infant Protein*	Apple Mango Rice Cereal				
	0-2 Enriched Crackers/ 1/2 SL Breads*	Cereal				
	0-2 Tbsp. Fruit or Vegetable	WG Graham Crackers				
		13-Nov-17	14-Nov-17	15-Nov-17	16-Nov-17	17-Nov-17
		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	6-8 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
	0-4 Tbsp. Infant Protein	Oatmeal Cereal	Rice Cereal	Oatmeal Cereal	Rice Cereal	MultiGrain Cereal
	0-2 Tbsp. Fruit or Vegetable	Apple Strawberry Banan	Applesauce	Bananas	Apple Strawberry Banan	Applesauce
Lunch	6-8 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
	0-4 Tbsp. Infant Cereal	Oatmeal Cereal	Oatmeal Cereal	Rice Cereal	Oatmeal Cereal	Oatmeal Cereal
	0-2 Tbsp. Fruit or Vegetable	Banans	Apple & Cherries	Apple Strawberry Banan	Squash	Banana
PM Snack	2-4 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
	0-4 Tbsp. Infant Protein*	Apple Mango Rice Cereal	Rice & Banana Apple Cereal	Apple Mango Rice Cereal	Rice & Banana Apple Cereal	Apple Mango Rice Cereal
	0-2 Enriched Crackers/ 1/2 SL Breads*	Cereal	Cereal	Cereal	Cereal	Cereal
	0-2 Tbsp. Fruit or Vegetable	Green Beans	Applesauce	WG Crackers	Applesauce	MultiGrain Cereal

Circle either formula (IFIF) or breast milk (BM). Document the kind of formula served. All Infant Formula (IFIF) Infant Cereal (IFIC) must be iron fortified. List the specific type of cereal, vegetable, Juices Not served. (Ex. *Optional until introduced to infant's diet. Once it is introduced into the diet, it is required.

Meal Count Totals: Breakfasts: 6 Lunch: 6 Snacks: 6 Dinners: 0

Infants Menu 6-11 Months

Complete an infant menu/meal count for each infant 6wks through 5 months. (Total infant meals by type add to total meal counts for 1-12 yrs old children)

INFANT MENU/MEAL COUNT RECORD (complete one per infant per week)

DAYCARE ANYWHERE

Infant's Name: Kneeland, Ariana

Age: 2 Months

Birth Date: 08/11/17

Type of Formula Served _____

Month: Oct Year: 2017

BABIES AGE 6wks-5 MONTHS

Infant's Name: Kneeland, Ariana

		09-Oct-17	10-Oct-17	11-Oct-17	12-Oct-17	13-Oct-17
		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
Lunch	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
PM Snack	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
		16-Oct-17	17-Oct-17	18-Oct-17	20-Oct-17	
		Monday	Tuesday	Wednesday	Friday	
Breakfast	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	
Lunch	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	
PM Snack	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	
		23-Oct-17	24-Oct-17	25-Oct-17	26-Oct-17	27-Oct-17
		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
Lunch	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
PM Snack	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF	IFIF	IFIF	IFIF
		30-Oct-17	31-Oct-17			
		Monday	Tuesday			
Breakfast	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF			
Lunch	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF			
PM Snack	4-6 oz (IFIF) Formula/breast milk (BM)	IFIF	IFIF			

Circle either formula (IFIF) or breast milk (BM).

Document the kind of formula served. All Infant Formula (IFIF) must be iron fortified.

Meal Count Totals:

Breakfasts: 16

Lunch: 16

Snacks: 16

Dinners: 0

Infant Menu 6 wks - 5 Months

CACFP WEEKLY MENU

Meal Menu Report
 NAME OF AGENCY ANYWHERE CHILDCARE

Enter Dates

DATE:	DATE:	DATE:	DATE:	DATE:
8/7/2017	8/8/2017	8/9/2017	8/10/2017	8/11/2017
Monday	Tuesday	Wednesday	Thursday	Friday

BREAKFAST Meal Pattern/Must serve the required **BOLDED** 3 Items

MILK	Milk	Milk	Milk	Milk	Milk
FRUIT / VEGETABLE / JUICE	Applesauce	Oranges Fresh	Apple Fresh	Mixed Fruit	Bananas Fresh
BREAD / CEREAL / RICE	Waffles	Cereal	Oatmeal	Butter Toast/Oatmeal	Cherrios
MEAT / MEAT ALTERNATE					
Optional (not required; no credit CACFP)					

LUNCH Meal Pattern/Must serve the required **BOLDED** 5 Items

MILK	Milk	Milk	Milk	Milk	Milk
MEAT / MEAT ALTEPNATE	Turkey Franks	Chicken Breast	Baked Beans/w Franks	Chicken Strips	Baked Chicken Strips
FRUIT / VEGETABLE / JUICE	French Fries Crinkle	Applesauce	Applesauce	French Fries Crinkle	Mashed Potatoes
FRUIT / VEGETABLE		Green Beans Cut		Carrots Fresh	
BREAD / PASTA / RICE	Buns	Brown Bread	Buns	Wheat Bread	Rolls
Optional (not required; no credit CACFP)	Oranges Fresh	Baked Potato	Combination Salad	Bananas Fresh	Corn Whole Kernel

PM SNACK Meal Pattern **Must serve 2 items from different food groups**

MILK	Orange Juice	Apple Juice	Fruit Juice	Apple Juice	Grape Juice
MEAT / MEAT ALTERNATE					
FRUIT / VEGETABLE / JUICE			Apple Sliced		
BREAD / PASTA / RICE / CEREAL	Ritz Crackers	Gold Fish	Chex Mix	Ritz Crackers	Graham Crackers

I Certify that the information (records) submitted to received reimbursement for meals through the CACFP are complete and accurate. If the submitted information is not complete and accurate, I understand that it may be necessary for my CACFP sponsor to disallow part or my entire claim. I understand that this information is being given in connection with the receipt of Federal funds; that the CACFP Sponsor official(s) or Tennessee Department of Human Services (THDS) officials(s) may, for cause, verify information; that deliberate misrepresentation may subject me to CACFP termination and possible prosecution under applicable State and Federal criminal statutes.

Print Name _____ Signature _____ Date _____

Menu Planning Worksheet

MONTH / YEAR 6 - 2017

Facility Name ANYWHERE CHILDCARE

County Shelby

Mailing Address 2548 ANY WHERE

Telephone No (901) 452-2812

Page 2 of 5 Record all food and beverages served. List all servings. Please print in ink. Refer to Appendix C in Regulations Governing Licensure of Child care Facilities.

MEAL	MEAL PATTERN REQUIREMENTS				DATE:	DATE:	DATE:	DATE:	DATE:
	FOOD GROUP / ITEM	AGE 1-2	AGE 3-5	AGE 6-12	6/5/2017 Monday	6/6/2017 Tuesday	6/7/2017 Wednesday	6/8/2017 Thursday	6/9/2017 Friday
BREAKFAST	FLUID/ MILK	4 OZ	6 OZ	8 OZ	Milk	Milk	Milk	Milk	Milk
	BREAD /BREAD ALT. OR CEREAL (COLD) OR CEREAL (HOT)	1/2 SLICE 1/2 CUP 1/4 CUP	1/2 SLICE 1/2 CUP 1/4 CUP	1 SLICE 1 CUP 1/2 CUP	Waffles	Biscuit	Biscuit	Cherrios	Cereal
	FRUIT / VEGETABLE	1/4 CUP	1/2 CUP	1/2 CUP	Applesauce	Applesauce	Applesauce	Bananas Fresh	Oranges Fresh
	PROTEIN	1/2 OUNCE	1/2 CUP	1/2 CUP					
AM SNACK SELECT 2 OF 4*	FLUID/ MILK	4 OZ	6 OZ	8 OZ	Mix Berry Juice	Strawberry Juice	Strawberry Juice	Grape Juice	Strawberry Juice
	BREAD /BREAD ALT.	1/2 SLICE	1/2 SLICE	1 SLICE	Doughnuts	Oatmeal Rasin Cookies	Oatmeal Rasin Cookies	Graham Crackers	Oatmeal Rasin Cookies
	FRUIT / VEGETABLE	1/4 CUP	1/4 CUP	1/2 CUP					
	PROTEIN	1/2 OUNCE	1/2 CUP	1/2 CUP					
LUNCH	FLUID/ MILK	4 OZ	6 OZ	8 OZ	Milk	Milk	Milk	Milk	Milk
	PROTEIN	1 OUNCE	1 1/2 OUNCE	2 OUNCE	Turkey Franks	Raviolli/xtra beef	Raviolli/xtra beef	Baked Chicken Strips	Chicken Breast
	VEGETABLE (1)	1/8 CUP TOTAL	1/4 CUP TOTAL	1/2 CUP TOTAL	French Fries Crinkle	Green Beans Cut	Green Beans Cut	Mashed Potatoes	Applesauce
	VEGETABLE (2)				Oranges Fresh	Applesauce	Applesauce	Corn Whole Kernel	Baked Potato
	BREAD /BREAD ALT.	1/2 SLICE	1/2 SLICE	1 SLICE	Buns	Wheat Bread	Wheat Bread	Rolls	Brown Bread
									Green Beans Cut
PM SNACK SELECT 2 OF 4*	FLUID/ MILK	1/2 CUP	1/2 CUP	1 CUP	Orange Juice	Grape Juice	Grape Juice	Grape Juice	Apple Juice
	BREAD /BREAD ALT.	1/2 SLICE	1/2 SLICE	1 SLICE	Ritz Crackers	Oatmeal Rasin Cookies	Oatmeal Rasin Cookies	Graham Crackers	Gold Fish
	FRUIT / VEGETABLE	1/2 CUP	1/2 CUP	3/4 CUP					
	PROTEIN	1/2 OUNCE	1/2 OUNCE	1 OUNCE					
SUPPER	FLUID/ MILK	4 OZ	6 OZ	8 OZ	Milk	Milk	Milk	Milk	Milk
	PROTEIN	1 OUNCE	1 1/2 OUNCE	2 OUNCE	Turkey Franks	Raviolli/xtra beef	Raviolli/xtra beef	Saulsberry Steak	Raviolli/xtra beef
	VEGETABLE (1)	1/8 CUP TOTAL	1/4 CUP TOTAL	1/2 CUP TOTAL	French Fries Crinkle	Green Beans Cut	Green Beans Cut	Mashed Potatoes	Green Beans Cut
	VEGETABLE (2)				Tropical Fruit	Applesauce	Applesauce	Corn Whole Kernel	Applesauce
	BREAD /BREAD ALT.	1/2 SLICE	1/2 SLICE	1 SLICE	Buns	Wheat Bread	Wheat Bread	Rolls	Wheat Bread
EVE SNACK SELECT 2 OF 4*	FLUID/ MILK	4 OZ	6 OZ	8 OZ	Mix Berry Juice	Strawberry Juice	Strawberry Juice	Grape Juice	Strawberry Juice
	BREAD /BREAD ALT.	1/2 SLICE	1/2 SLICE	1 SLICE	Doughnuts	Oatmeal Rasin Cookies	Oatmeal Rasin Cookies	Graham Crackers	Oatmeal Rasin Cookies
	FRUIT / VEGETABLE	1/2 CUP	1/2 CUP	3/4 CUP					
	PROTEIN	1/2 OUNCE	1/2 OUNCE	1 OUNCE					

Meal Menu Report

* JUICE AND MILK MAY NOT BE USED TOGETHER TO MEET THE SNACK REQUIREMENTS

CACFP EXPENSE WORKSHEET

Cost claimed on the CACFP must be supported by dated and itemized receipts.

Agency Name: ANYWHERE CHILDCARE

Date	Vendor	Food and Milk Cost	Non-Food Cost	Milk Amt (gallons,pints)	Milk Cost
03-Jul-17	Sysco	\$0.00	\$0.00	24	\$133.33
05-Jul-17	Lit Summer	\$0.00	\$52.41	0	\$0.00
06-Jul-17	Walmart	\$0.00	\$133.41	0	\$0.00
06-Jul-17	Dollar Tree	\$0.00	\$15.30	0	\$0.00
06-Jul-17	Uline	\$0.00	\$120.00	0	\$0.00
07-Jul-17	Sysco	\$0.00	\$0.00	24	\$133.33
09-Jul-17	Sam's Club	\$0.00	\$0.00	7	\$21.34
09-Jul-17	Sam's Club	\$0.00	\$115.97	0	\$0.00
09-Jul-17	Office depot	\$0.00	\$7.19	0	\$0.00
09-Jul-17	Best Buy	\$0.00	\$338.66	0	\$0.00
11-Jul-17	Global Rugs	\$0.00	\$515.00	0	\$0.00
13-Jul-17	KROGER	\$0.00	\$0.00	12	\$44.50
13-Jul-17	KROGER	\$40.83	\$0.00	0	\$0.00
14-Jul-17	Lit Jr.	\$0.00	\$32.76	0	\$0.00
14-Jul-17	Little Caesars	\$81.94	\$0.00	0	\$0.00
17-Jul-17	Sam's Club	\$1,194.94	\$0.00	0	\$0.00
18-Jul-17	Barnes	\$0.00	\$26.41	0	\$0.00
19-Jul-17	No Problem Embroidery	\$0.00	\$520.00	0	\$0.00
21-Jul-17	Lit Summer	\$0.00	\$83.06	0	\$0.00
21-Jul-17	Lowe's	\$0.00	\$12.54	0	\$0.00
21-Jul-17	KROGER	\$0.00	\$0.00	12	\$0.00
24-Jul-17	Discount Cleaners	\$0.00	\$40.56	0	\$0.00
26-Jul-17	Lowe's	\$0.00	\$87.33	0	\$0.00
26-Jul-17	Lowe's	\$0.00	\$51.51	0	\$0.00
27-Jul-17	Walmart	\$0.00	\$10.24	0	\$0.00
27-Jul-17	Sam's Club	\$0.00	\$0.00	133	\$140.46
27-Jul-17	No Problem Embroidery	\$0.00	\$120.00	0	\$0.00
27-Jul-17	No Problem Embroidery	\$0.00	\$100.00	0	\$0.00
27-Jul-17	Lit Summer	\$18.22	\$0.00	0	\$0.00
30-Jul-17	lowe's	\$0.00	\$32.74	0	\$0.00
TOTAL		\$1,335.93	\$2,415.09	212	\$472.96

Labor can only be charged to CACFP if DHS has approved it on the CACFP budget

Total Food Costs \$1,808.89

Total Non-Food Costs \$2,415.09

Category not Non-Food	Month Sum
SUPPLIES	30-Jul-17 \$32.74
SUPPLIES	06-Jul-17 \$120.00
SUPPLIES	05-Jul-17 \$52.41
Cat Total	\$205.15
Uniforms	27-Jul-17 \$220.00
Uniforms	24-Jul-17 \$40.56
Uniforms	19-Jul-17 \$520.00
Cat Total	\$780.56
Total	\$985.71

Combines Total CACFP Costs \$4,223.98

Expense Worksheet For Food Program

ANYWHERE CHILDCARE

ACTIVITY SCHEDULE FOR Month: Sep 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2
3	4	5	6	7	8	9
				go to zoo		
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
<input type="checkbox"/>	<input type="checkbox"/>					

MONTH: July

(MONTHLY) TIME DISTRIBUTION REPORT

Year: 2017

Enter the appropriate code in each block of time throughout the day and total the hours of each code daily.																															
Code: O = Operational: Food prep, cooking, serving meals, clean up of meal service area, kitchen, grocery shopping																															
Code: A = Administrative: Planning meals, menus, attending food training, record keeping completing CACFP claim and eligibility determination																															
Code: C = Child Care: Supervision and instruction of children, maintaining records for childcare, and other activity benefiting the daycare operation																															
Dates:	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
6:00-6:30 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
6:30-7:00 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
7:00-7:30 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
7:30-8:00 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
8:00-8:30 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
8:30-9:00 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
9:00-9:30 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
9:30-10:00 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
10:00-10:30 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
10:30-11:00 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
11:00-11:30 AM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
11:30-12:00 PM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
12:00-12:30 PM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
12:30-1:00 PM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
1:00-1:30 PM:			O		O	O	O			O	O	O	O	O			O	O	O	O	O			O	O	O	O	O			O
1:30-2:00 PM:																															
2:00-2:30 PM:																															
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3:00-3:30 PM:																															
3:30-4:00 PM:																															
4:00-4:30 PM:																															
4:30-5:00 PM:																															
5:00-5:30 PM:																															
5:30-6:00 PM:																															
Total Hours: O			7.5		7.5	7.5	7.5			7.5	7.5	7.5	7.5	7.5			7.5	7.5	7.5	7.5	7.5			7.5	7.5	7.5	7.5	7.5			7.5
Total Hours: A			0		0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0
Total Hours: C			0		0	0	0			0	0	0	0	0			0	0	0	0	0			0	0	0	0	0			0

We certify to the best of our knowledge that this report is true and correct in all aspects: for **COOPER, CYNTHIA**

Employee Signature and Date	Supervisor Signature and Date
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CACFP Time Distribution Report

ANYWHERE CHILDCARE

EMPLOYEE SCHEDULE FOR 6/13/2016 TO 6/19/2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12	13 DOWELL, KIMBERLY 8:00 AM 12:00 P 1:00 PM 4:00 P DOTSON, TEDRA 8:00 AM 11:00 A 12:00 PM 4:00 P	14 DOWELL, KIMBERLY 8:00 AM 12:00 P 1:00 PM 4:00 PM DOTSON, TEDRA 8:00 AM 11:00 A 12:00 PM 4:00 PM	15 DOWELL, KIMBERLY 8:00 AM 12:00 P 1:00 PM 4:00 PM DOTSON, TEDRA 8:00 AM 11:00 A 12:00 PM 4:00 PM	16 DOWELL, KIMBERLY 8:00 AM 12:00 P 1:00 PM 4:00 PM DOTSON, TEDRA 8:00 AM 11:00 A 12:00 PM 4:00 PM	17 DOWELL, KIMBERLY 8:00 AM 12:00 P 1:00 PM 4:00 P DOTSON, TEDRA 8:00 AM 11:00 A 12:00 PM 4:00 P	18
19	20	21	22	23	24	24
26	27	28	29	30	1	2

Employee Work Schedule

CACFP TIME AND ATTENDANCE REPORT

Time and Attendance Report for each employee charges to CACFP must: 1. be prepared in a timely manner 2. coincide with employee pay period 3. show starting time, ending time and absences for each work day 4. include a certification statement "The information entered on the report is true and correct" 5. be signed by the employee and by a supervisor having first hand knowledge of the activities performed by the employee during the period covered in the report.

Name of Employee: DOTSON, TEDRA

Pay Period: #Name? To 6/19/2016

Day	Time In	Lunch Time Out Lunch	Lunch Time Return	Time Out	Leave	Total Leave Hours	Type of Leave (Annual or Sick)	Supervisor Approval (Initials)	Comments/Reasons for Leave
6/13/2016 Monday	9:00 AM	12:00 PM	1:00 PM	5:50 PM					
6/14/2016 Tuesday	8:30 AM	12:00 PM	1:00 PM	5:45 PM					
6/15/2016 Wednesday	8:30 AM	12:00 PM	1:00 PM	5:30 PM					
6/16/2016 Thursday	8:30 AM	12:00 PM	1:00 PM	5:30 PM					
6/17/2016 Friday	8:20 AM	12:57 PM	1:57 PM	5:30 PM					
6/18/2016 Saturday									
6/19/2016 Sunday									

We certify to the best of our knowledge that this report is true and correct in all aspects:

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____

CACFP Time and Attendance Report

EMPLOYEE PAY STATEMENT

9/4/2017

Employer: ANYWHERE CHILDCARE

Address: 2548 ANY WHERE

City: MEMPHIS, TN 381114

Hrs Worked 40

DOTSON, TEDRA

MEMPHIS TN

Reg Per Hr \$7.50

SSN: \$0.00

Title: Dept:

Pay Period: 6/13/2016 To 6/19/2016

HOURS BREAKDOWN

DATE	DAY	IN	OUT	IN	OUT	IN	OUT	IN	OUT	Hours Total
6/13/2016	Monday	9:00 AM	12:00 PM	1:00 PM	5:50 PM					7.83
6/14/2016	Tuesday	8:30 AM	12:00 PM	1:00 PM	5:45 PM					8.25
6/15/2016	Wednesday	8:30 AM	12:00 PM	1:00 PM	5:30 PM					8.00
6/16/2016	Thursday	8:30 AM	12:00 PM	1:00 PM	5:30 PM					8.00
6/17/2016	Friday	8:20 AM	12:57 PM	1:57 PM	5:30 PM					8.17
6/18/2016	Saturday									0.00
6/19/2016	Sunday									0.00
		Reg Week Total: 40				OT Week Total: 0.25				

Employee Hours Report

Sep 04, 2017

TEDRA DOTSON

\$246.95

Two Hundred Fourty-Six Dollars & Ninety-Five Cents

Employer: ANYWHERE CHILDCARE
Address: 2548 ANY WHERE
City: MEMPHIS, TN 381114

9/4/2017	Hrs Worked	40	Reg Hr Pay				Year To
DOTSON, TEDRA	OT Hrs Worked	0.25	\$300.00	Work Pay Amount:	\$300.00		Date
			OT Hr Pay	Additional Income:	\$0.00	\$0.00	
MEMPHIS TN			\$0.00	Gross Pay Total:	\$300.00	\$300.00	
SSN: XX-XXX-	Reg Per Hr		\$7.50	Before Tax Withholding:	\$0.00	\$0.00	
Pay Period: 6/13/2016 To 6/19/2016				Additional Withholding:	\$0.00	\$0.00	
				State Tax	\$0.00	\$0.00	
				Taxes	\$30.10	\$30.10	
				FICA	\$18.60	\$18.60	
				MEDICARE	\$4.35	\$4.35	
				Pay Amount	\$246.95		

Employer: ANYWHERE CHILDCARE
Address: 2548 ANY WHERE
City: MEMPHIS, TN 381114

9/4/2017	Hrs Worked	40	Reg Hr Pay				Year To
DOTSON, TEDRA	OT Hrs Worked	0.25	\$300.00	Work Pay Amount:	\$300.00		Date
			OT Hr Pay	Additional Income:	\$0.00	\$0.00	
MEMPHIS TN			\$0.00	Gross Pay Total:	\$300.00	\$300.00	
SSN: XX-XXX-	Reg Per Hr		\$7.50	Before Tax Withholding:	\$0.00	\$0.00	
Pay Period: 6/13/2016 To 6/19/2016				Additional Withholding:	\$0.00	\$0.00	
				State Tax	\$0.00	\$0.00	
				Taxes	\$30.10	\$30.10	
				FICA	\$18.60	\$18.60	
				MEDICARE	\$4.35	\$4.35	
				Pay Amount	\$246.95		

Employee Check Report

LATE REPORT FOR PARENTS THAT NO PAID

9/4/2017

5/23/2016

5/23/2016

PARENT NAME: BROWN, SHANTEL

LAST PAID FOR WEEKS OF

CHILD NAME:

7/10/2017

7/21/2017

BROWN, CLAYDEN

NOT PAID FOR WEEKS OF

7/17/2017

7/21/2017

PARENT NAME: BURNETT, EBONY

LAST PAID FOR WEEKS OF

CHILD NAME:

7/24/2017

8/4/2017

TATE, KAMARI

NOT PAID FOR WEEKS OF

8/1/2017

8/4/2017

8/7/2017

8/11/2017

8/7/2017

8/7/2017

PARENT NAME: CAIN, KEOSHIA

LAST PAID FOR WEEKS OF

CHILD NAME:

2/23/2015

2/27/2015

CAIN, MARKEESE

NOT PAID FOR WEEKS OF

2/23/2015

2/27/2015

FIFE, DEANDRE

NOT PAID FOR WEEKS OF

2/23/2015

2/27/2015

PARENT NAME: CALHOUN, LATOYA

LAST PAID FOR WEEKS OF

CHILD NAME:

4/18/2016

4/22/2016

CALHOUN, JOSIAH

NOT PAID FOR WEEKS OF

4/18/2016

4/22/2016

4/25/2016

4/29/2016

PARENT NAME: CLAXTON, SIERRA

LAST PAID FOR WEEKS OF

CHILD NAME:

2/13/2017

2/17/2017

CLAXTON, SANAA

NOT PAID FOR WEEKS OF

2/13/2017

2/17/2017

2/21/2017

2/24/2017

2/27/2017

2/28/2017

2/28/2017

2/28/2017

3/2/2017

3/3/2017

3/6/2017

3/10/2017

3/13/2017

3/17/2017

3/20/2017

3/23/2017

PARENT NAME: CLAYTON, BRANDY

LAST PAID FOR WEEKS OF

CHILD NAME:

7/3/2017

7/7/2017

CLAYTON, BRAYLON

NOT PAID FOR WEEKS OF

Parent Late Report

ANYWHERE CHILDCARE
2548 ANY WHERE
MEMPHIS, TN 381114
(901) 452-2812

04-Sep-17

MORGHAN BRANDON
3365 STEVE ROAD APT. 4
MEMPHIS , TN 38111-

The Department of Human Service has requested that we report all parents that are not paying as their weekly co-payments as agreed in their children contract. Anyone that is not paying as agreed will loose their childcare. Effective now, we will be obligated to report this information. If you want to keep childcare, please began making your weekly payment as agreed.

According to your contract, you have a parent fee of \$ \$132.00 per week. You are responsible for paying this fee. **All day care fees MUST be paid a week in advance.** Fees are to be paid on Friday, no later than Monday. If paid after Monday there will be a \$25.00 late fee.

You must come to the office on or before _____ in order for us to continue your childcare needs.


Transportation Fee	<u> \$0.00 </u>
Past Due Amount	<u> \$396.00 </u>
Late Fee	<u> \$25.00 </u>
Total Amount Due	<u> \$421.00 </u>

Thank you for your cooperation in advance.

CHILD NAME
BRANDON, VALOR

Director:

Parent Late Letter

Tennessee Department of Human Services (TDHS)		Form HS-1949 Revised May 2011	
Child and Adult Care Food Program (CACFP) INCOME ELIGIBILITY APPLICATION FOR CHILD CARE CENTER PARTICIPANT(S)			
PART 1A – NAME OF CHILD CARE CENTER (Enter the name of the child care center): ANYWHERE CHILDCARE			
PART 1B – PARTICIPANT(S) SERVED BY CENTER (Enter the information below for all children from your household that are enrolled for care at the child care center):			
Name	Age	Check if Foster Child	
PAYTON COLE	1 Yrs	<input type="checkbox"/>	
TRISTAN COLE	4 Yrs	<input type="checkbox"/>	
RODGER FRISON	4 Yrs	<input type="checkbox"/>	
<input type="checkbox"/>			
PART 2A – HOUSEHOLDS WHICH ARE CURRENTLY RECEIVING BENEFITS THROUGH THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), OR FAMILIES FIRST (FF) CASH ASSISTANCE OR FAMILIES FIRST (FF) CHILD CARE ASSISTANCE (If your household is now receiving benefits under one or more of these programs, complete this part, and sign the statement in Part 4 – Do not complete Part 2B.): ACCENT Case No. for SNAP or FF Cash Assistance: 673209 <u> </u> OR FF Child Care Assistance Case No.:			
PART 2B – ALL OTHER HOUSEHOLD MEMBERS (If no information is entered in Part 2A above, complete this part for all household members not identified in Part 1B above and sign the statement in Part 4. Attach additional sheets as necessary)			
Names of All Other Household Members	Earnings from Work (Before Deductions)	Child Support, Alimony or Other Income	Payments Received from Pensions, Retirement, & Social Security
1.	\$ _____ per year	\$ _____ per year	\$ _____ per year
2.	\$ _____ per year	\$ _____ per year	\$ _____ per year
3.	\$ _____ per year	\$ _____ per year	\$ _____ per year
4.	\$ _____ per year	\$ _____ per year	\$ _____ per year
Total Number of Household Members: <u> </u> Total Yearly Income for Household from All Sources: \$ _____ Yearly income is calculated as follows: Multiply Weekly income by 52, Bi-weekly income (received every two weeks) by 26, Semi-monthly income (received twice a month) by 24, and Monthly income by 12. Do not round up any numbers.			
PART 3 – Medicaid and State Children’s Health Insurance Programs – Please check if you do not want the information in this application to be shared with the Medicaid and State Children’s Health Insurance Programs: <u> </u> DO NOT WANT APPLICATION INFORMATION TO BE SHARED WITH THE MEDICAID AND STATE CHILDREN’S HEALTH INSURANCE PROGRAMS.			
PART 4 – SIGNATURE (An adult household member must sign the application.) PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of Federal Funds; that institution officials may verify the information on the statement; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.			
Printed Name of Adult :	Signature of Adult:		Social Security Number (only last four digits):
ASHLEY COLE			
Street:	City:	State and Zip Code:	Home Telephone:
2483 DEXTER	MEMPHIS	TN 38108-	(901) 498-7719
PART 5 – ETHNIC/RACIAL IDENTITY (You are not required to answer this question.): For Ethnicity, please check one of the following: <u> </u> Hispanic or Latino <u> </u> Not Hispanic or Latino. For Race, please check one or more of the following: <u> </u> American Indian or Alaskan Native <u> </u> Asian <u> </u> Black or African American <u> </u> Native Hawaiian or Other Pacific Islander <u> </u> White. Please see the definitions of Ethnicity and Race on the back of this application.			
FOR INSTITUTION USE ONLY: To identify the eligibility classification of the enrolled children identified above, please circle: FREE, REDUCED-PRICE or PAID. To identify the basis for classification, please circle: CATEGORICALLY ELIGIBLE or INCOME ELIGIBLE			
Determining Official Signature:			Date:

ADDENDUM TO ENROLLMENT FORM FOR CHILDCARE

ANYWHERE CHILDCARE

Name of Child Care Facility

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued by the U.S. Department of Agriculture on September 1, 2004. The Addendum will be valid on one calendar year following the date of the parent's or guardian's signature.

Participant Name: COLE TRISTAN
Last First Middle Initial

Normal Hours of Care (Circle as Appropriate):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Normal Hours of Care during School Year: 8:00:00 AM to 5:30:00 PM

_____ to _____
_____ to _____
_____ to _____

Normal Hours of Care during Summer: 8:00:00 AM to 5:30:00 PM

_____ to _____
_____ to _____
_____ to _____

Participant Meals (Circle as Appropriate):

Breakfast AM Supplement Lunch
 PM Supplement Supper Evening Supplement

Parent/Guardian Name: COLE ASHLEY
Last First Middle Initial

Parent/Guardian Daytime Telephone Number Area Code _____ Number _____

Signature of Parent/Guardian **Date of Signature**

FULL NAME: FUNZIE, DONALD

DOB: 09/25/11

Classroom: PRE-K 4 & 5

STUDENT TYPE: Afterschooler

Shot Taken

Shot Needed Date

Shot Given Date

DTP/DTaP/DT/Td

dtP shot1 <input checked="" type="checkbox"/>	dtP shot2 <input checked="" type="checkbox"/>	dtP shot3 <input checked="" type="checkbox"/>	dtP shot4 <input checked="" type="checkbox"/>	dtP shot5 <input checked="" type="checkbox"/>
11/25/2011	1/25/2012	3/25/2012	9/25/2012	

HIB

hib shot1 <input checked="" type="checkbox"/>	hib shot2 <input checked="" type="checkbox"/>	hib shot3 <input checked="" type="checkbox"/>	hib shot4 <input checked="" type="checkbox"/>
11/25/2011	1/25/2012	3/25/2012	9/25/2012

HEPATITIS B

heB shot1 <input checked="" type="checkbox"/>	heB shot2 <input checked="" type="checkbox"/>	heB shot3 <input checked="" type="checkbox"/>
11/25/2011	1/25/2012	3/25/2012

POLIO

Polio shot1 <input checked="" type="checkbox"/>	Polio shot2 <input checked="" type="checkbox"/>	Polio shot3 <input checked="" type="checkbox"/>	Polio shot4 <input checked="" type="checkbox"/>
11/25/2011	1/25/2012	3/25/2012	9/25/2012

Health Examination Documentation

<input checked="" type="checkbox"/>
9/25/2012

MEASLES/MUMPS/RUBELLA /ROTAVIRUS

mumps shot1 <input checked="" type="checkbox"/>	mumps shot2 <input checked="" type="checkbox"/>
11/25/2011	

S PNEUMO

Pnoemo shot1 <input checked="" type="checkbox"/>	Pnoemo shot2 <input checked="" type="checkbox"/>	Pnoemo shot3 <input checked="" type="checkbox"/>	Pnoemo shot4 <input checked="" type="checkbox"/>
11/25/2011	1/25/2012	3/25/2012	9/25/2012

PREVNAR.

HEPATITIS A

heA shot1 <input checked="" type="checkbox"/>	heA shot2 <input checked="" type="checkbox"/>
9/25/2013	3/25/2014

Child Shot Record Report

ELDS

Performance Skills List

Approaches to Learning

1 Year to 2 years

Objective:	Activity:	Materials:	Art:	Music:	Books:
AL.13-24.2 Begin to self-select play activities to support own curiosity and to engage in pretend and imaginative play. Growl or bark while playing with toy animal; imitate sounds of animals or machines in the environment (make car sounds while playing with car).	BEGIN TO SELF SELECT PLAY ACTIVITIES TO SUPPORT OWN CURIOSITY AND TO ENGAGE AND PRETEND AN IMAGINATIVE PLAY.				
AL.13-24.10 Show increasing involvement in familiar activities. Play with favorite toy for longer periods of time; choose and look at pages in book.	Play with favorite toy for longer periods of time; choose and look at pages in book.	Print Teachers Form.			
AL.13-24.9 Recognize and respond to familiar sounds, activities and people. Show excitement when caregiver announces a favorite activity; begin dancing when a familiar song is played,					
AL.13-24.8 Show increasing awareness of his effect on his environment. Pull at caregiver's leg and point to favorite nap item in cubby; say more when cup is empty; may indicate when diaper is wet or soiled.	SHOW INCREASE IN AWARENESS OF HIS EFFECT ON HIS ENVIRONMENT. PULL A CAREGIVER'S LEG AND POINT TO LIQUID FAVORITE IN CUBBY; SAY MORE WHEN CUP IS EMPTY; MAY INDICATE WHEN DIAPER IS WET OR SOILED.				
AL.13-24.7 Begin to identify a problem. Cry or protest when caregiver stops an enjoyable activity; smile when caregiver smiles; repeat an action that makes her "r.orard,,r ,ndc, n, o, nh."					
AL.13-24.6 Use materials in ways other than originally intended. Use toy banana as a telephone; use spoon to bang on table like a drum.	Use materials in ways other than originally intended. Use toy banana as telephone; use spoon to bang on table like a drum.	Bananas and Spoons	Print teachers Forms		
AL.13-24.5 Begin to ask simple questions. Use simple statements such as "Doing?" "Going?" "What?,"	BEGIN TO ASK SIMPLE QUESTIONS, USE SIMPLE STATEMENTS SUCH AS DOING, GOING, WHAT.				

LAP

Performance Skills List

Cognitive

1 Year to 2 years

Objective:	Activity:	Materials:	RESULT:
12-17 months: 1. Removes lid of box to find hidden toy	Say, "Watch me." Place an object in shoe box and cover with lid. Open box and replace cover. Hand closed box to child and say, "Find the ." Demonstration may be repeated 2-3 times. Repeat procedure 2 additional times with remaining objects.	3 small objects; Shoe box with lid	Credit if child removes cover to find toy at least 2 of the times requested.
13 months: 54. Looks in appropriate place when asked, for example, "Where is the ball?"	Ask child where objects are in the observation room when asked, "Where's the light, your shoe, the TV?" Include only inanimate objects—not pets or family. If observation is not possible, ask caregiver, parent, or guardian.	Familiar toys or objects (e.g., ball, shoe, doll, book)	Credit if child looks at object or otherwise indicates recognition. Child is not required to repeat words.
14 months: 55. Unwraps toy	While child is watching, wrap a small favorite object in a loose bag-like bundle with a sheet of onionskin paper. Ask child to "Get the toy."	Materials: Toy (e.g., rattle, squeaky toy, doll); Onionskin paper (8-1/2" x 11")	Credit if child obtains object in a purposeful manner. No credit if object falls out accidentally.
14 months: 56. Inserts round shape into formboard	Demonstrate putting the circle into a formboard. Give formboard to child. It is recommended to use individual circle formboard. Observe child's response.	Formboard with circle	Credit if child indicates understanding that round shape fits into round space. The shape need not be inserted completely in hole.
14 months: 57. Holds 3 cubes	Present child with one cube. After s/he takes it, present a second cube but do not actually place into child's hand. If second cube is taken, offer a third. Do not provide child with a flat surface in reach.	Three 1" cubes	Credit if child takes and holds 3 cubes at one time by any method. Two cubes may be taken in each hand and the third cube may be held against the body.
15 months: 58. Adapts round shape in formboard	Present formboard with circle, square, and triangle in place in front of child. Remove shapes and place beside formboard. Ask child to put circle in hole. Next, rotate formboard so circle is on reverse side. Repeat request.	Formboard with circle, square, triangle	Credit if child makes a prompt adaptive placement or near placement when formboard is rotated.
15 months: 59. Asks for objects by pointing and vocalizing	Observe child's efforts to communicate by asking for or refusing toys or other objects. Child may reach out, push away, or turn away in evident gestures of communication. May be accompanied by nondescript vocalizations.	Familiar toys or objects (e.g., ball, shoe, doll, book)	Credit if child is observed to make gestures and vocalizations to indicate wants. Crying is not credited.
15 months: 60. Overcomes simple obstacles	Observe if child does any of the following: opens closed doors, climbs upon chairs, uses stool for reaching, uses stick as implement, removes simple impediment, uses basket or receptacle for carrying things, or overcomes other obstacles. If observation is not possible, ask caregiver, parent, or guardian.	None	Credit if child is able to maneuver a minimum of two obstacles in environment.
16 months: 61. Obtains peg from bottle	Place small object such as peg or bead beside a small plastic bottle. If child does not spontaneously put peg in bottle, offer more encouragement or drop it in and say, "Now, get it out."	Pegs or beads; Small plastic bottle	Credit if child solves problem without demonstration.

LAPS Performance Skills List By Ages

CC

Performance Skills List

Cognitive

1 Year to 2 years

Objective:	Activity:	Materials:	RESULT:
11. a. 2. a. • Watches the teacher walk across the room			
11. a. 2. b. • Turns head toward sound of mother's voice			
11. b. 2. a. • Repeatedly shakes a rattle to produce noise			
11. b. 2. b. • Hits a toy on a play gym accidentally; then waves arms to hit it again			
11. b. 2. c. • Puts objects in a wagon and then dumps them out over and over again			
11. b. 4. a. • Stacks blocks again and again until tower no longer falls			
11. b. 4. b. • Uses shovel in many ways to fill small bucket with sand			
11. b. 4. c. • Chooses the same puzzle every day until he can insert each piece quickly and easily			
11. c. 2. a. • Grunts when cube gets stuck in shape sorter			
11. c. 2. b. • Reaches for a toy that is just out of reach			
11. c. 2. c. • Blows on warm cereal after seeing someone blow on cereal			
11. d. 2. a. • Turns in direction of a sound			
11. d. 2. b. • Moves closer to touch an object			
11. d. 2. c. • Shakes or bangs a toy to make it work			
11. e. 2. a. • Notices another child reach a toy with the broom handle; then tries			
11. e. 2. b. • Imitates a friend putting a basket on head to use as a hat			
12. a. 2. a. • Looks for food dropped from high chair			
12. a. 2. b. • Uncovers bear after adult covers it with a blanket			

ANYWHERE CHILDCARE

2548 ANY WHERE

MEMPHIS, TN 381114

(901) 452-2812

Classroom: TODDLERS 2 Yrs

Teacher:

LESSON PLAN FOR: Period From: 8/1/2017 To: 8/30/2017

Approaches to Learning

2 Year to 3 years

ELDS

OBJECTIVE:

AL.25-36.10 Play with favorite toy, repeating actions over and over. Fill container with blocks only to intentionally dump it and refill; put together puzzle, dump pieces and put together again,

Cognitive

ACTIVITY:

MATERIALS NEEDED:

ART

MUSIC:

BOOKS:

2 Year to 3 years

CC

OBJECTIVE:

11. a. 4. c. • Continues the play about going to a restaurant after the teacher offers a menu

ACTIVITY:

MATERIALS NEEDED:

ART

MUSIC:

BOOKS:

2 Year to 3 years

LAP

OBJECTIVE:

27 months: 85. Repeats 2 digits

ACTIVITY:

Gain child's attention. Say "Listen, say 2." Now say, "Listen, say 4-7, 6-3, 5-8." After each series of 2 is pronounced, the assessor waits for child's response before saying next series. The series are pronounced distinctly and uniformly and may not be repeated.

MATERIALS NEEDED:

None

RESULTS

Credit if child repeats one series of 2 digits, in correct order, without error.

Classroom Teacher Lesson Plan Report

Classroom Copy

Purpose: Report to parents the child's development listing mastered skills

We have recently completed an assessment of your child's development skills. Please recognize that there are no right or wrong answers, as each child develops at their own pace. This is simply helps us understand what milestones ADEN has mastered.

Child's Name: ADEN MCKINLEY

Teacher Name:

Date of Birth: 04/19/14

School Name: ANYWHERE CHILDCARE

Your Child Performance in the following skills:

Period From 8/1/2017 **To:** 8/30/2017

Cognitive			CC	Mastered Skills	
Incomplete	Satisfactory	Master			Student Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	11. a. 4. c. • Continues the play about going to a restaurant after the teacher offers a menu	
Approaches to Learning			ELDS	Mastered Skills	
Incomplete	Satisfactory	Master			Student Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	AL.25-36.10 Play with favorite toy, repeating actions over and over. Fill container with blocks only to intentionally dump it and refill; put together puzzle, dump pieces and put together again,	
Cognitive			LAP	Mastered Skills	
Incomplete	Satisfactory	Master			Student Notes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	27 months: 85. Repeats 2 digits	Credit if child repeats one series of 2 digits, in correct order, without error.

Classroom Copy of a Lesson Plan for Recording a Child Progress

Purpose: Report to parents the child's development listing mastered skills

We have recently completed an assessment of your child's development skills. Please recognize that there are no right or wrong answers, as each child develops at their own pace. This is simply helps us understand what milestones BRIKYA has mastered.

Child's Name: BRIKYA BROCK

Teacher Name:

Date of Birth: 09/23/14

School Name: ANYWHERE CHILDCARE

Your Child has mastered the following skills:

Period From 8/1/2017 To: 8/30/2017

Cognitive CC Mastered Skills

Incomplete Satisfactory Master

* 11. a. 4. c. • Continues the play about going to a restaurant after the teacher offers a menu

Student Notes:

Approaches to Learning

ELDS Mastered Skills

Incomplete Satisfactory Master

* AL.25-36.10 Play with favorite toy, repeating actions over and over. Fill container with blocks only to intentionally dump it and refill; put together puzzle, dump pieces and put together again,

Student Notes:

Cognitive LAP Mastered Skills

Incomplete Satisfactory Master

* 27 months: 85. Repeats 2 digits

Credit if child repeats one series of 2 digits, in correct order, without error.

Student Notes:

Parent's Copy of Recorded Child Progress

S= Satisfactory U= UnSatisfactory M= Mastered

Performance Skills List For AGE

BROCK, BRIKYA

3 Yrs

Approaches to Learning

2 Year to 3 years

Date Assigned

- | | |
|--|--|
| <p>* AL.25-36.9 Demonstrate increasing interest in familiar activities. Sit down on floor for 'book time'; take seat at table when teacher puts out art materials; line up at door when outside time is announced. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.1 Interact with other children in a playful manner. Begin to play near other children; imitate the play of another child; play simple interactive games like rolling a ball to one another. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.3 Demonstrate an increasing awareness of the connection between prior and new knowledge. Complete a puzzle without assistance after receiving help from an adult first or second time; change position of a block when tower falls initially; begin to declare independence ("I do it; "do it myself.") <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.5 Demonstrate emerging ability to ask questions for information or clarification. What doing? Where going? Why? <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.7 Identify a problem and try to solve it. Try to push steps up to sink to wash hands; change position of shape in shape sorter to make it fit: push toy away from edge of shelf when sees it is about to fall. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> | <p>* AL.25-36.10 Play with favorite toy, repeating actions over and over. Fill container with blocks only to intentionally dump it and refill; put together puzzle, dump pieces and put together again, <input checked="" type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M 8/1/2017</p> <p>* AL.25-36.2 Self-select play activities to support own curiosity and to engage in pretend and imaginative play. Use pots and pans to cook; pretend to be mommy" or daddy' in dramatic play; enjoy wearing mom or dads shoes or carrying a purse. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.4 Attempt new things with excitement and anticipation. Show excitement when a new toy is presented; want to be "first" to try something new. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.6 Invent uses for materials other than originally intended. Use blocks as play food; use tub or container as a baby bed; use clothes basket as a house. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* AL.25-36.8 Begin to intentionally affect his environment. Shake or bang toys to hear the sound; push buttons or switch on toy to see lights, move chair to sit by favorite person. <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> |
|--|--|

Cognitive

2 Year to 3 years

Date Assigned

- | | |
|--|---|
| <p>* 27 months: 83. Makes train of cubes <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 27 months: 85. Repeats 2 digits <input type="checkbox"/> U <input checked="" type="checkbox"/> S <input type="checkbox"/> M 8/1/2017</p> <p>* 30 months: 87. Shows or tells use of one or more familiar objects on request <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 30 months: 89. Builds tower of 8 cubes <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 30 months: 91. Names 5 pictures on a picture card when asked, "What is this?" <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 30 months: 93. Gives full name <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 33 months: 95. Responds correctly to "Show me one block (or finger)" <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 33 months: 97. Imitates "bridge" of cubes <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 99. Adapts to formboard reversal <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 101. Points to small details In pictures <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 103. Understands 3 prepositions <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 105. Answers correctly "Are you a boy or a girl?" <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 24-29 months: 5. Completes 3-piece formboard or puzzle <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> | <p>* 27 months: 84. Imitates drawing vertical line, horizontal line, and circle <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 27 months: 86. Understands size differences <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 30 months: 88. Names or identifies objects by use <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 30 months: 90. Points to 7 pictures <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 30 months: 92. Imitates cross <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 33 months: 94. Names or points to self in photograph <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 33 months: 96. Builds tower of 10 cubes <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 98. Copies circle <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 100. Adds 2 parts to incomplete person <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 102. Names 8 pictures correctly <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 36 months: 104. Joins in nursery rhymes and songs <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 24-29 months: 4. Pulls mat to get object <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> <p>* 24-29 months: 6. Gives object similar to a familiar object <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> M</p> |
|--|---|



ALAN HOWELL | MBJ

Automation Plus owner Luster Williams and assistant Chanrika Williams review a client's software system.

Tracking to prevent losses

Software firm Automation Plus aids small businesses

BY MICHAEL SHEFFIELD

After more than 20 years in the software design business, Automation Plus has launched a day care center management software package designed to help small- to medium-size centers manage operations.

Automation Plus
Software development and computer service company
Owner: Luster Williams
Address: 682 Walnut
Phone: (901) 553-2203
Web site: automationplussoftware.com

The company was started by brothers Luster and Eric Williams after they developed a scanning software for their family grocery store in the early 1980s. Luster Williams, who learned software development skills while in the U.S. Air Force, estimates he has created more than 20 different packages over the years, primarily for small businesses.

Automation Plus developed accounting and warehousing software for Ewing Moving Service Inc. that tracks merchandise, invoices and receipts. It also developed Check Advance software for Cash Depot, a 50-store check cashing and title loan company located in Memphis and parts of East Arkansas.

Automation Plus has found that many small businesses lose track of inventory through carelessness, inaccurate counts or, in some cases, employee theft. It specializes in automating inventory control to simplify a small business operation.

Luster Williams created the latest software, Daycare Compliance, at the request of his sister, who owns a small day care center and needed help keeping track of attendance, billing and meal program paperwork.

Once that program was completed, he was approached by South Parkway East, a day care center with more than 200 kids that was having similar issues. Automation Plus now has 25 day care centers throughout the city using the software, including Gateway Learning Academy and Stonehedge Academy.

The Daycare Compliance software ranges from \$500 to \$750, depending on the number of children enrolled in a center. Luster Williams offers a free demo that can be used for 45 days. He says every center that has used a demo has signed up permanently.

"What we've done is take all of the paperwork and put

it into the system," he says. "My sister's center was losing between \$200 and \$300 a month and another was losing \$700 a month because they couldn't keep track of all the paperwork."

Mary Parker, director of A Child Shall Lead Them day care center, which has a roster of 40 children and has been in business for more than 18 years, says Daycare Compliance has been a "blessing in disguise" for her center.

"It takes care of everything and all I have to do is take a couple of hours a week to put in the information and print it out," Parker says. "Whenever I have problems, Mr. Williams can log in and help me with it."

That user friendliness is critical, Luster Williams says, because there is still a lack of computer literacy in many

'If you don't know what the inventory is at your store, you can't track and consolidate.'

Luster Williams
Automation Plus

small businesses. In addition to designing software and repairing computers, Automation Plus teaches computer programming to kids in the Vance neighborhood. Luster Williams' focus, however, is on continuing to grow and spread the word on the company's products.

"If you don't know what the inventory is at your store, you can't track and consolidate," he says. "The loss factor is tremendous because all it takes is a little bit out the back door and you're out of there."

The Check Advance software costs \$1,500 per store. Automation Plus charges \$5,000 to \$7,000 for its warehousing software.

"Everybody believes to get the stuff big corporations get that you have to pay half a million dollars, but it doesn't take that," Luster Williams says.

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By Memphis Business Journal

SMALL BUSINESS SPOTLIGHT

Automation Plus Computer Services Takes Pride in South Memphis Roots

Lance Wiedower
Special to The Memphis News

When it comes to computers, Luster Williams is an old pro.

He started in computers 42 years ago while in the U.S. Air Force. He spent six years as a trouble shooter for NATO and another three years tracking satellites for NASA.

When he retired in 1993, Williams probably could've considered opportunities in various cities. But he returned to Memphis, specifically his old South Memphis neighborhood. While in the Air Force, he rarely saw other African-Americans doing similar work. When he returned to Memphis, that rare sight became nonexistent.

So he started Automation Plus Computer Services, a company that specializes in writing software as well as handling computer repairs.

"My whole thing was being in computers I didn't see many people like myself," Williams said. "I decided I'd bring my computer skills here and help people."

Williams owns the business and is program specialist. His brother, Eric Williams, is a training specialist and has experience in troubleshooting and solving technical software problems.

The company builds software that is used in industries such as warehousing, grocery store scan-

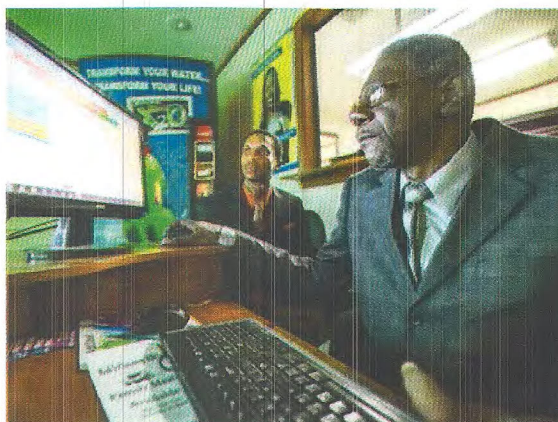
ning systems and title loan companies. One of the company's main focuses is software for day care center management.

The software includes a report card for the centers to use as they teach children and record progress. Luster Williams said the program helps child care centers take the next step beyond just being a daytime babysitter to become an early part of a child's educational foundation.

"Their minds are fresh and forming like a sponge," he said. "When child care centers can teach and be able to track that it would change the way kids are. ... I want to take my child care management program nationwide. It's possible, it's just been hard trying to find anyone that would back that here in Memphis."

Williams said he enjoys writing software when it's an opportunity to help people. And in the South, he takes pride in being one of the few minority companies in the field. Part of that is coming back home to work in South Memphis where he also wanted to offer computer repair services to the community.

"Someone did a story on us a long time ago and called us Microsoft in the 'hood," Williams said. "It's been a hard time in Memphis because convincing people here about high tech is hard. ... For someone in the projects, if their computer is broken



Luster Williams and his son, Michael Lopez-Bond, operate Automation Plus Computer Systems. (Memphis News/Andrew J. Breig)

and they call me I keep my price down for them."

Working in South Memphis isn't easy. He should know. Williams was one of 12 children who grew up in the Foote Homes project.

Williams said his life was heading in the wrong direction, but when he got to Booker T. Washington High School he started competing with friends in a new way: to see who was the smartest. So he began focusing on academics.

He also began his tech training in high school where he learned how to repair TVs and radios. The work helped him pay for necessities.

After high school graduation in 1969, Williams attended what was then known as State Tech where he had his sights set on becoming an engineer. But then his draft number came up, and he enlisted in the Air Force.

He tested well in electronics and ended up in radios.

"Then they came out with a new career field called computers," he said. "Next thing I know it's 1972 and I'm working in computers. The kids don't learn now like we had to learn. I had to be able to troubleshoot down to the component level. I had to learn how a computer works from the inside-out."

Williams has adapted to con-



I had to be able to troubleshoot down to the component level."

Luster Williams, Owner/Automation Plus Computer Services

stant changes in computer technology over the past 40-plus years. One constant in his career is that he enjoys tackling a task from start to finish, and he enjoys software design requests from clients who have nothing more than an idea. It's his job to ultimately tell the computer what to do.

Today, Automation Plus creates software for a range of companies and industries, from moving services and warehouses, to grocery stores, child care and the construction industry.

Williams had a storefront at one time but he closed it a couple of years ago. It's just as easy to do his work at home. Plus, he said, he wants his neighborhood to see him as an example.

"I will not leave my neighborhood," he said. "I feel that kids need to know that you can become a success and don't have to run to Germantown and run away from the 'hood but stay here. I can be right among you and be just like you. That will go a long way."

By Memphis Daily News

Birth of a Product Company, Part 4

Editor's note: Part four in a four-part series. Read the previous three at memphis-dailynews.com.



MICHAEL GRABER
LET'S GROW

"After you have a solid business plan and actual market feedback on your product concepts, including revenue," I continued, "you'll want to think about raising capital."

"You don't want your company to wither on the vine before it ripens, so we'll need to raise a round of Friends and Family money."

"How do I do that? Just ask them for a hundred bucks each?" she asked.

"First, you need to figure out what

"Equity. Debt. Board. Man, these are things I haven't thought about at all," she confessed.

"Have you heard of old wives' tales?" She nodded affirmatively. "This is one from the world of business: 'Most companies die of digestion rather than starvation,' meaning they got a bunch of orders, hit a certain level of success and then found out

She nodded, as this vision was one potentiality.

"The reasons they fail are two-fold and unavoidable. First, they didn't have a viable plan for scaling their growth. A plan cannot predict every possibly pitfall, but it gives you a roadmap for finding your way and highlights key assets and resources you'll need at certain levels of growth. You'll be able to have a sense of what's needed and can adapt more readily, more creatively with this plan. It pays to do your homework."

I took a minute and made sure she was listening. She was, deeply.

So, I added, "The other reason is

before you can either get a bank loan or raise what they call 'more institutional money.' Without ready capital, you can get trapped in a death spiral, a painful spot, which is why you want to plan for growth, account for it, and have money on hand when it is time to grow. I've had too many friends - all good people - who grew for a few years then got in over their heads, couldn't handle their loan service or the price of production, then screech and grind until they finally close shop, still owing taxes, others. It's a tragic end, but it is avoidable."

Don't focus on just the products. Write a business plan. Test market. Raise some money. Then build your way out from