



Child Development Associates Nutrition Program
 678 Third Avenue, Suite #206 · Chula Vista, California 91910 · (619) 427-4922

CDA MONTHLY CLAIM INFORMATION SHEET

This form must be submitted along with your monthly claim every month. Meals for holidays and school age issues sent in after the fact (after the claim is submitted) will not be reimbursed.

Claim Month	Provider ID #	Provider Name	Provider Phone #	Monitor's Name
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MEAL TIME REMINDER:

- Two hours needs to elapse between the beginning of one meal service and the beginning of another meal service when supplements are served.
- If no supplement is served between major meals, three hours needs to elapse between the serving of major meals.
 - > Breakfast must be served prior to 9:00 am.
 - > Lunch must be served after 11:00 am and prior to 1:30 pm.
 - > Supper must be served after 4:00 pm and prior to 7:00 pm.

Meal Times: Please note your current meal times. (Have they changed? Yes <input type="checkbox"/> No <input type="checkbox"/>)					
Breakfast	;AM Snack	;Lunch	;PM Snack	;Dinner	;Eve Snack

HAVE YOU:

- ✓ submitted Child Enrollments for new children in your care?
- ✓ bubbled in the children's numbers and your number correctly?
- ✓ had any change in your license this month? (move, capacity, name change)
- ✓ Yes NO If yes, have you submitted your new license to CDA?
- ✓ remembered to use only black ink or a sharpie?
- ✓ remembered to have parents sign for a holiday if you were open?
- ✓ submitted Menus for children 1-12 years?
- ✓ submitted Menus for infants?
- ✓ submitted Attendance/Meal Count Records?
- ✓ listed school age children (6 years or older) who were off track, sick, vacation or minimum day on the reverse side of this form?

PRE-SCHOOL/INFANT Exceptions To Enrollment Hours:

List any and all changes in schedule for any of your Pre-school children and/or infants below: Please note the changes in the schedule compared to the original Child Enrollment schedule that was submitted.

Date	Child's #	Child's Name	Reason

SCHOOL AGE Exceptions To Enrollment Hours:

List any and all changes in schedule for any of your **school age** children below: sick? vacation? other? Please note the changes in the schedule compared to the original Child Enrollment schedule that was submitted.

Date	Child's #	Child's Name	Off Track	Min Day	Sick	Vacation	Other
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> vacation <input type="checkbox"/> other (explain)				
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> vacation <input type="checkbox"/> other (explain)				
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> vacation <input type="checkbox"/> other (explain)				
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> vacation <input type="checkbox"/> other (explain)				
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> vacation <input type="checkbox"/> other (explain)				

HOLIDAY ATTENDANCE (Parent Signature Needed)

In order for meals to be reimbursed for children on the holidays listed below, this form must be completed and signed by parent when the day care child is in attendance.

Child's Name	Parent's Signature

Holidays Requiring Parent Signatures:

New Year's Day; Memorial Day, 4th of July, Labor Day, Thanksgiving Day, Christmas Day

DINNERS AND/OR WEEKENDS (Parent Signature Needed)

Please list all children who are in attendance for dinner or weekend meals. Have parent mark if their child is in attendance for dinners or weekend meals and have them sign that their child received the marked meals.

Child #	Child's Name	Dinners	Weekends	Parent Signature
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

Provider Signature

Date