



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM

EXERCISE #1 DAILY ATTENDANCE

MONTH: July 20XX

**DAILY ATTENDANCE RECORD**

Participant's Name	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		
Horner, Jack	C	C	C	C			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓				✓	✓	✓	✓	
Lamb, Mary	L	L	L	L			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓				✓	✓	✓	✓	
Peep, Little Bo	O	O	O	O				✓	✓	✓				✓	✓	✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
Piper, Peter	S	S	S	S			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Porgie, Georgie	E	E	E	E				✓	✓	✓	✓				✓	✓	✓	✓				✓	✓	✓	✓								
Simon, Simple	D	D	D	D			✓	✓		✓	✓			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓					✓	✓	✓	
<b>Total Daily Attendance</b>								4	6	5	6	4		5	6	6	6	5			5	6	6	6	5			3	4	4	4	<b>96</b>	

Grand Total

Enter this number in field (6) of the online claim