

A project of Oneida County Department of Social Services at The Neighborhood Center, Inc.

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Cynthia Symonds - Program Director



Child and Adult Care Food Program Monthly Provider Summary

Provider: _____

Month: _____

Total Enrollment	
Tier I	Tier II
Total Days Served:	_____
Total Attendance Month:	_____
Total Reimbursement:	_____

Totals	Tier I	Tier II
Breakfast		
AM Snack		
Lunch		
PM Snack		
Dinner		
LN Snack		

Some of the meals you served for the above month did not meet requirements. Reasons follow:

Date	Meal Disallowed	Reason

General Comments:

