

**Michigan Department of Education  
Child and Adult Care Food Program**

**Average Daily Center Attendance Record Instructions**

Center attendance is required for all programs to support meals and snacks claimed. Attendance must be taken on a daily basis as participants arrive and depart. If the caretaker/parent does not sign the participant in or out, it is the responsibility of the center to do so. Attendance records cannot be altered or recreated later and cannot be recreated using meal attendance or other records. Center attendance requirements vary by program as follows:

- Centers: A list of participants who attended the center each day including first and last names of participants and arrival and departure times
- Emergency/Homeless Shelters: A daily roster of participants are in attendance, to include first name and initial of last name
- Afterschool Supper and Snack Program in At-Risk Areas: A daily roster of participants that receive meals each day, to include first and last names of participants
- Adult Day Services Program: A list of participants who attended the center each day including first and last names of participants

To calculate average daily attendance, which must be reported on monthly claims, follow the steps below, using center attendance records.

- Step 1: At the end of each day, count each individual enrolled participant who attended the facility.
- Step 2: At the end of the reporting month, add the daily attendance totals in each column. This figure is your total number of participants in attendance.
- Step 3: Divide the total number of participants in attendance by the number of days food was served. This is your Average Daily Attendance.  
Note: Round the Average Daily Attendance up to the nearest whole number.

**Centers with two half-day sessions:** Count each participant separately for daily total for that site (Step 1). Proceed with Step 2 and Step 3.

**For sponsors of two or more sites:** Add the average daily attendance for **all sites together (do not round individual totals)**. **This number is your ADA. If number is not a whole number, round up.** Report the ADA on the claim.

