FORT HOOD CHILD DEVELOPMENT SERVICES
ADULT SIGN-IN & SIGN-OUT SHEET

B = BREAKFAST
A = AM SNACK
L = LUNCH
P = PM SNACK
E = 5:00 SNACK

CENTER: _____ **BLDG #:** _____ **TX #:** 014-0019

DATE: _____ **SUPERVISOR'S NAME:** _____

ROOM: _____

Name of Staff (NAF)	In / Out	In / Out	In / Out	In / Out	In / Out	In / Out	B Hrs Wk 30 Min	A Hrs Wk 30 Min	L Hrs Wk 30 Min	P Hrs Wk 30 Min	E Hrs Wk 30 Min	Total Hrs Wkd For CACFP
Total Attended												
Staff (APF)												
Total Attended												
Visitors												

FHT FORM MAR 95 **608-X45** (DCA)