

MONTHLY MEAL COUNT

Record Daily
(in ballpoint pen)

Month _____

Reference #
Children
Days Served
Attendance
Breakfast
Lunch
Supper
Snack
Initial

I certify that I have followed USDA portion requirements and meal pattern guidelines and am only claiming for meals served to enrolled day care children. I am claiming my own children only upon proof of meeting USDA income or area eligibility guidelines, and when at least one day care child participating in the CACFP is also fed at that meal. I have claimed no more than three meals, one of which is a snack, per child per day. This information is accurate in all respects. I understand that this information is provided in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

WHITE: OFFICE YELLOW: PROVIDER

Signature _____

Provider No. _____ Licensed Certified

Date	Total Daily Attendance	Breakfast		A.M. Snack		Lunch		P.M. Snack		Supper		Eve. Snack	
		Children	#	Children	#	Children	#	Children	#	Children	#	Children	#
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													
Totals													

Please print. List enrolled children served this month. Indicate providers own children with a PO and relatives with an R. AGE

A	G	L
B	H	M
C	I	N
D	J	O
E	K	P