Center Name_____ **Classroom:**_____ **Month/Year** _____ **Agreement No.** _____

CACFP Daily Meal Count Record by Name (Ages 1-2 Year Olds)

		Date:						Date:						Date:						Date:						Date:						Date:						Date:					
		Sunday						Monday						Tuesday						Wednesday						Thursday						Friday						Saturday					
Circle AGE	**Child's Name (list children by age groups)**	**B**	**AS**	**L**	**PS**	**S**	**LS**	**B**	**AS**	**L**	**PS**	**S**	**LS**	**B**	**AS**	**L**	**PS**	**S**	**LS**	**B**	**AS**	**L**	**PS**	**S**	**LS**	**B**	**AS**	**L**	**PS**	**S**	**LS**	**B**	**AS**	**L**	**PS**	**S**	**LS**	**B**	**AS**	**L**	**PS**	**S**	**LS**
1 / 2	1																																										
1 / 2	2																																										
1 / 2	3																																										
1 / 2	4																																										
1 / 2	5																																										
1 / 2	6																																										
1 / 2	7																																										
1 / 2	8																																										
1 / 2	9																																										
1 / 2	10																																										
1 / 2	11																																										
1 / 2	12																																										
1 / 2	13																																										
1 / 2	14																																										
1 / 2	15																																										
Daily Totals (number of meals served)																																											
Adult meals served (if applicable)																																											
Total Attendance for the Day (from Attendance Record/Sheet)																																											
Meal Totals for the Week		**B**_____						**AS**_____						**L**_____						**PS**_____						**S**_____						**LS**_____											

Codes:
B=Breakfast AS=AM Supplement L=Lunch PS=PM Supplement S=Supper LS=Late PM Supplement