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

CACFP Daily Meal Count Record by Name (Ages 3-5 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
3/4/5	1																																										
3/4/5	2																																										
3/4/5	3																																										
3/4/5	4																																										
3/4/5	5																																										
3/4/5	6																																										
3/4/5	7																																										
3/4/5	8																																										
3/4/5	9																																										
3/4/5	10																																										
3/4/5	11																																										
3/4/5	12																																										
3/4/5	13																																										
3/4/5	14																																										
3/4/5	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