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

CACFP Daily Meal Count Record by Name (Ages 6-12 Year Olds)

		Date:						Date:						Date:						Date:						Date:						Date:						Date:					
		Sunday						Monday						Tuesday						Wednesday						Thursday						Friday						Saturday					
Write in 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																																										
	3																																										
	4																																										
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	11																																										
	12																																										
	13																																										
	14																																										
	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