

Center Name _____

Month/Year _____

Agreement Number _____

CACFP Daily Meal Count Record For Children

(For Institutions serving and claiming 3 meals or less)

Date	Daily Attendance	Meal Type:					Meal Type:					Meal Type:					Non-Program Adults # of Meals		
		Infants	1-2 years	3-5 years	6-12 years	Daily Total	Infants	1-2 years	3-5 years	6-12 years	Daily Total	Infants	1-2 years	3-5 years	6-12 years	Daily Total	Indicate Meal Type*		
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MONTHLY TOTALS																			

*** Codes:**

B=Breakfast

AS=AM Supplement

L=Lunch

PS=PM Supplement

S=Supper

LS=Late PM Supplement