Center Name _____
Agreement Number _____
Month/Year _____

CHILD AND ADULT CARE FOOD PROGRAM
Daily Meal Count For Adults

*N.P. Adults=Non-Program Adults

Attendance			Number of Breakfast Served		Number of _____ Supplements Served		Number of Lunches Served		Number of _____ Supplements Served		Number of Suppers Served	
Date	**1st Shift**	**2nd Shift**	**Participants**	*** N.P. Adults**	**Participants**	*** N.P. Adults**	**Participants**	*** N.P. Adults**	**Participants**	*** N.P. Adults**	**Participants**	*** N.P. Adults**
1												
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Totals												