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