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

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

Write in AGE	Child's Name (list children by age groups)	Date: Sunday						Date: Monday						Date: Tuesday						Date: Wednesday						Date: Thursday						Date: Friday						Date: Saturday					
		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
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	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