MONTHLY MEAL COUNT RECORD

Kids' Nutrition Company, Inc.

SCHOOL'S OUT: _____

DATE	TOTAL DAILY ATTEND	BREAKFAST	#	AM SNACK	#	LUNCH	#	PM SNACK	#	SUPPER	#
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

ENROLLED CHILDREN

List names & ages of all enrolled children who participated in the CACFP this month.

FIRST & LAST NAME	AGE
a	
b	
c	
d	
e	
f	
g	
h	
i	
j	
k	
l	
m	

PROVIDER'S CHILDREN ENROLLED

p	
q	
r	

NEW CHILDREN ENROLLED

s	
t	
u	

DROPPED CHILDREN

I certify that I have followed USDA portion requirements and meal pattern guidelines and am only claiming for meals served to enrolled day care children. When at least one day care child is fed at the meal, I am claiming my foster children 12 years and under and my own enrolled children (if eligible.)

Signature_____ License # _____ Month _____ Year_____

☐ YES, I've kept my copy ☐ YES, my menus are enclosed

FOR OFFICE USE ONLY

# of Days	Attendance	Children	Breakfast	AM Snack	Lunch	PM Snack	Supper	Initial