

MONTHLY MEAL COUNT RECORD FOR SHIFTS

School's Out _____



Kids' Nutrition Company, Inc.

SERVING TIME																						
DATE	TOTAL DAILY ATTEND	BREAKFAST I	#	BREAKFAST II	#	SNACK I AM	#	SNACK II AM	#	LUNCH I	#	LUNCH II	#	SNACK I PM	#	SNACK II PM	#	SUPPER I	#	SUPPER II	#	
1																						
2																						
3																						
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28																						
29																						
30																						
31																						
SUB-TOTALS																						

ENROLLED CHILDREN SHIFT

list names of all enrolled children who participated in the CCFP this month

	#
a	_____
b	_____
c	_____
d	_____
e	_____
f	_____
g	_____
h	_____
i	_____
j	_____
k	_____
l	_____
m	_____
n	_____
o	_____
p	_____
q	_____
r	_____
s	_____
t	_____
u	_____
v	_____
w	_____
x	_____
y	_____
z	_____
PROVIDERS CHILDREN ENROLLED	
1	_____
2	_____
3	_____
NEW CHILDREN (Enrollment form enclosed)	
4	_____
5	_____
6	_____
7	_____
8	_____

FOR OFFICE USE ONLY

# of Days	Attendance	Children	Breakfast	AM Snack	Lunch	PM Snack	Dinner	Initials

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 children enrolled for day care.

Signature _____ License # _____ Month _____
 Yes, I've kept my copy! YES, my menus are enclosed.