## Daily CACFP Meal Count & Attendance Record

FOR FAMILY DAY CARE HOMES

\*May claim up to 2 meals and 1 snack, or 1 meal and 2 snacks\*

NAME OF PROVIDER			NAME OF SITE											N	NUMBER OF OPERATING DAYS/WEEK											MONTH & YEAR										
PARTICIPANT'S NAME (FIRST & LAST)	AGE	DAY At B A		DATE				DAY				DATE			DAY At B A				L P S E			At B A				L P S E			DAY				DATE			
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Total Number of Program Participants : Attendance & Meal Count	<b>At</b> tendance																																			
	Breakfast																																			
	AM Snack																						_													
	Lunch																																	کم		
	PM Snack																																			
	Supper																																			
Number of Participant Meals to	Evening Snack be Claimed																																			<u> </u>

I certifiy that the information in this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligibile meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.



