Daily CACFP Meal Count & Attendance Record

FOR OUTSIDE SCHOOL HOURS CARE CENTERS

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

NAME OF CONTRACTING ENTITY (CE)	NAME OF SITE	CE ID	MONTH & YEAR

	PARTICIPANT'S NAME (FIRST & LAST)	AGE	DAY	DATE	DAY	DATE	DAY	DATE	DAY	DATE	DAY	DATE	DAY	DATE	DAY	DATE
			At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
Total Number of Program Participants : Attendance & Meal Count		**A**ttendance														
		Breakfast														
		AM Snack														
		Lunch														
		PM Snack														
		Supper														
		Evening Snack														
# of Meals/Snacks Prepared																
# of Participant Meals to be Claimed																
# of Program Staff & Non-Program Meals																

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.

Signature - Site Representative

Date

cacfp.org
CACFP is an indicator of quality care.
This institution is an equal opportunity provider.

NATIONAL CACFP SPONSORS ASSOCIATION