

Institution Name: Southwestern Child Development
 Center Name: _____

Agreement No: 7272
 CACFP Daily Meal Count by Name

Month/Year: _____

	Participant's Name First Last	Age Group			Date:	Monday			Date:	Tuesday			Date:	Wednesday			Date:	Thursday			Date:	Friday		
		INF	1-2	3-5	Attend	B	L	PS	Attend	B	L	PS	Attend	B	L	PS	Attend	B	L	PS	Attend	B	L	PS
1																								
2																								
3																								
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15																								
16																								
17																								
18																								
19																								
20																								
Daily Meal Counts																								
Total Daily Counts																								
Total Meals for Week																								

Codes:
 B= Breakfast
 L= Supper
 PS= PM Snack

Week (circle): 1 2 3 4 5