

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL COUNT WORKSHEET

Agreement Number: DC-06-036 Month: _____ 200_____ (To be maintained at institution with CACFP records.)
 Center: _____ Classroom: _____

DATE	NUMBER MEALS SERVED TO PROGRAM CHILDREN			NUMBER MEALS SERVED TO PROGRAM ADULTS*			NUMBER MEALS SERVED TO NONCLAIMABLE CHILDREN**			NUMBER MEALS SERVED TO NONPROGRAM ADULTS***		
	Breakfast	Lunch	Snack	Breakfast	Lunch	Snack	Breakfast	Lunch	Snack	Breakfast	Lunch	Snack
1.												
2.												
3.												
4.												
5.												
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23.												
24.												
25.												
26.												
27.												
28.												
29.												
30.												
31.												
Total												

* Program adults include teaching staff, staff working directly with the children, and parent volunteers that have received the "Guidelines for Parent Volunteers" training.
 ** Nonclaimable children include children that are not enrolled in our program.
 *** Nonprogram adults include adults that are not staff and/or have not received the training.