# MONTHLY MEAL COUNT RECORD

Kids' Nutrition Company, Inc.

SCHOOL'S OUT: May 15

| | TOTAL DAILY ATTEND | BREAKFAST | # | AM SNACK | # | LUNCH | # | PM SNACK | # | SUPPER | # |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 3 | ab | 2 | c | 1 | abc | 3 | abc | 3 | | |
| 2 | 3 | a | 1 | b | 1 | abc | 3 | abc | 3 | c | 1 |
| 3 | 2 | b | 1 | bc | 2 | c | 1 | c | 1 | | |
| 4 | 5 | abcde | 5 | | | abcd | 4 | abcde | 5 | | |
| 5 | 5 | abcde | 5 | | | abcd | 4 | abcde | 5 | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | 5 | abce | 4 | d | 1 | abcd | 4 | abce | 4 | e | 1 |
| 9 | 5 | abce | 4 | | | abcd | 4 | abcde | 5 | e | 1 |
| 10 | 3 | abd | 3 | | | abd | 3 | abd | 3 | | |
| 11 | 3 | ab | 2 | abd | 3 | abd | 3 | | | | |
| 12 | 5 | abcde | 5 | | | abcd | 4 | abcde | 5 | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | 4 | acde | 4 | acde | 4 | acde | 4 | | | | |
| 16 | 3 | ace | 3 | a | 1 | ac | 2 | ce | 2 | | |
| | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| | 46 | | 39 | | 13 | | 39 | | 36 | | 3 |

**ENROLLED CHILDREN**

List names & ages of all enrolled children who participated in the CCFP this month.

| | FIRST & LAST NAME | AGE |
|---|---|---|
| a | April Ham | 4 |
| b | Joey Brain | 2 |
| c | Sally Smith | 2 |
| d | Katie Kelly | 9m |
| e | Joe Jackson | 8y |
| f | | |
| g | | |
| h | | |
| i | | |
| j | | |
| k | | |
| l | | |
| m | | |

**PROVIDER'S CHILDREN ENROLLED**

| | | |
|---|---|---|
| p | | |
| q | | |
| r | | |

**NEW CHILDREN ENROLLED**

| | | |
|---|---|---|
| s | | |
| t | | |
| u | | |

**DROPPED CHILDREN**

| | |
|---|---|
| | |
| | |
| | |

I certify that I have followed USDA portion requirements and meal pattern guidelines and am only claiming for meals served to enrolled day care ildren. 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 enrolled children ligible.)

Signature Jane Doe License # _____ Month May Year 2017

☐ YES, I've kept my copy ☐ YES, my menus are enclosed

**FOR OFFICE USE ONLY**

| # of Days | Attendance | Children | Breakfast | AM Snack | Lunch | PM Snack | Supper | Initial |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |