CACFP
Child and Adult Care Food Program
New York State Department of Health

MONTHLY MEAL COUNT AND ATTENDANCE RECORD

PAGE ____ of ____

PROVIDER NAME:_____

MONTH/YEAR:_____

Child Information	Meals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	TIER
NAME:	Breakfast																																	
	AM Snack																																	
	Lunch																																	
DOB:	PM Snack																																	
Hours of Care:	Supper																																	
	Late Night Snack																																	
NAME:	Breakfast																																	
	AM Snack																																	
	Lunch																																	
DOB:	PM Snack																																	
Hours of Care:	Supper																																	
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