

Meal Count Form
Child and Adult Care Food Program (CACFP)
Three or Less Meals

Month _____

Site/Classroom _____

Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Additional Snack	Attendance
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							
Infant Meal Records/Total # of Reimbursable Meals*							
TOTAL							
ADA**							

* Record total monthly infant meal counts here if not included in daily counts

**ADA - add total attendance for each day site was open and serving meals. Divide total by # of days of service.