Provider Name _____   Agreement No. _____9133_____   Month/Year _____

Daily Meal Count Record by Name
(For Day Care Homes)

Age	Child's Name (Date)	Monday B	AS	L	PS	S	LS	Tuesday B	AS	L	PS	S	LS	Wednesday B	AS	L	PS	S	LS	Thursday B	AS	L	PS	S	LS	Friday B	AS	L	PS	S	LS	Saturday B	AS	L	PS	S	LS
	Daily totals																																				
	Non-program Adults																																				

Codes:

B=Breakfast   AS=AM Supplement   L=Lunch   PS=PM Supplement   S=Supper   LS=Late PM Supplement