THE CHILDCARE NETWORK - USDA CACFP

Provider ____ Month _________________ Year ________ ATTENDANCE / MEAL COUNT

I certify that to the best of my knowledge, this information is accurate in all respects. I understand that this information is provided in connection with the receipt of federal funds, that it may be verified, and that deliberate misrepresentation may result in state or federal procecution Provider's Signature

CHILD'S NAME ____ Circle each meal at time of service

Write in time child arrives and departs each day >																																TOTALS
Breakfast	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	
AM Snack	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	
Lunch	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	
PM Snack	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	
Dinner	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	

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