# Child and Adult Care Food Program Meal Count and Attendance Record

Child Care Council of Ulster County PO Box 3718 Kingston, NY 12402

Provider Name Phone Month 2005

| Child's Name/Age | Meal | 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 | *OFFICE USE ONLY* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Atten.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bkfst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **B** |
| | am S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LU** |
| | pm S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **D** |
| | **Atten.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bkfst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| | am S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| | Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | LU |
| | pm S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S |
| | Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D |
| | **Atten.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bkfst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **B** |
| | am S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LU** |
| | pm S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **D** |
| | **Atten.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bkfst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **B** |
| | am S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LU** |
| | pm S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **D** |
| | **Total Daily Meals Served** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bkfst | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **B** |
| | am S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| | Lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LU** |
| | pm S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **S** |
| *For Office Use Only* | Dinner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **D** |

P=Presents ✓=Meal Served *Circle snack for Late night snack

**TOTALS**

| **This page** | |
|---|---|
| **Brk** | |
| **S** | |
| **LU** | |
| **S** | |
| **D** | |

| **Monthly Total** |
|---|
| **Brk** |
| **S** |
| **LU** |
| **S** |
| **D** |

**Totals**

| **Tier 1** | **2** |
|---|---|
| **Brk** | |
| **S** | |
| **LU** | |
| **S** | |
| **D** | |

**Provider #**

**Tier Status**

**Max Days**

**Total Days**

**Initials**

I certify that the above listed children were enrolled in my day care for the month claimed and that all the information is accurate and true

Provider Signature Date