

Provider Name: _____

Menu Dates: _____

FOOD REQUIRED	AGE	AGE	AGE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 - 2	3 - 5	6 - 12					
BREAKFAST								
MILK, FLUID	½ CUP	¾ CUP	1 CUP					
VEGETABLE, FRUIT OR JUICE	¼ CUP	½ CUP	¾ CUP					
BREAD OR ALTERNATE	½ SLICE	½ SLICE	1 SLICE					
AM SNACK choose 2 different components								
MILK, FLUID	½ CUP	½ CUP	1 CUP					
MEAT OR ALTERNATE	½ oz	½ oz	1 oz					
VEGETABLE AND/OR FRUIT	½ CUP	½ CUP	¾ CUP					
BREAD OR ALTERNATE	½ SLICE	½ SLICE	1 SLICE					
LUNCH								
MILK, FLUID	½ CUP	¾ CUP	1 CUP					
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz					
VEGETABLE AND/OR FRUIT (NO JUICE) (Serve 2 Selections)	¼ CUP	¼ CUP	¾ CUP					
BREAD OR ALTERNATE	½ SLICE	½ SLICE	1 SLICE					
PM SNACK choose 2 different components								
MILK, FLUID	½ CUP	½ CUP	1 CUP					
MEAT OR ALTERNATE	½ oz	½ oz	1 oz					
VEGETABLE OR FRUIT	½ CUP	½ CUP	¾ CUP					
BREAD OR ALTERNATE	½ SLICE	½ SLICE	1 SLICE					
SUPPER								
MILK, FLUID	½ CUP	¾ CUP	1 CUP					
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz					
VEGETABLE AND/OR FRUIT (NO JUICE) (Serve 2S selections)	¼ CUP	¼ CUP	¾ CUP					
BREAD OR ALTERNATE	½ SLICE	½ SLICE	1 SLICE					
LN SNACK choose 2 different components								
MILK, FLUID	½ CUP	½ CUP	1 CUP					
MEAT OR ALTERNATE	½ oz	½ oz	1 oz					
VEGETABLE OR FRUIT	½ CUP	½ CUP	¾ CUP					
BREAD OR ALTERNATE	½ SLICE	½ SLICE	1 SLICE					

Date: _____

CACFP WEEKLY MEAL COUNT

Provider Name _____

List children you are claiming this week Circle meals claimed for each child Documentation of enrollment must be available on all children claimed

CHILD'S FULL NAME LAST FIRST	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY																	
	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN		
1	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
2	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
3	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
4	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
5	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
6	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
7	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
8	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
9	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
10	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
11	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
12	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
13	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
14	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
15	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN	BR	SN	LU	SN	SP	SN								
TOTALS																																						

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider _____

Date _____

Provider's Totals

For the week

Breakfast _____

AM SN _____

Lunch _____

PM SN _____

Supper _____

LN SN _____

OFFICE USE ONLY

Breakfast

AM SN

Lunch

PM SN

Supper

LN SN

Tier I

Tier II
