MENU MEAL COUNT RECORD

SENDCAA
Food Program

Provider Signature: ______________________________ Control No.: __________

Split Shifts: Y N Capacity: __________ Month/Year: ________________

I certify that all the information submitted as part of this claim is true and correct. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal law.

	Day of Week/Day of Month (circle if no school)	No School	No School	No School	No School	No School
BREAKFAST	Fruit or Vegetable					
	Grains(Meat/Meat Alt)					
	Milk (circle) W = Whole S = Skim	W 1% S	W 1% S	W 1% S	W 1% S	W 1% S
AM SNACK	Serve from 2 food groups (write in types of milk, if served)					
LUNCH	Meat/Alternate					
	Vegetable					
	Fruit or Vegetable					
	Grains					
	Milk (circle) W = Whole S = Skim	W 1% S	W 1% S	W 1% S	W 1% S	W 1% S
PM SNACK	Serve from 2 food groups (write in types of milk, if served)					
DINNER/SUPPER	Meat/Alternate					
	Vegetable					
	Fruit or Vegetable					
	Grains					
	Milk (circle) W = Whole S = Skim	W 1% S	W 1% S	W 1% S	W 1% S	W 1% S
EVENING SNACK	Serve from 2 food groups (write in types of milk, if served)					

Claim up to 3 meals per child—one being a snack B=Breakfast A=AM Sn. L=Lunch P= PM Sn. D=Dinner/Supper E=Evening Sn.

Child's Name	**Age**																														
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
ColumnTotals:	Tier I																														
	Tier II																														

Daily Attendance: Tier I

TOTALS: Tier II

Tier I - B __________ AM __________ L __________ PM __________ D __________ E __________ Att. __________ Days __________

Tier II - B __________ AM __________ L __________ PM __________ D __________ E __________ Att. __________ Days __________