



The Child and Adult Care Food Program

**Daily Meal Count Summary Form**

1. CENTER NAME: \_\_\_\_\_

2. MONTH & YEAR OF CLAIM: \_\_\_\_\_

3. CENTER CAPACITY:

4. Day of Month	5. Child Development Center / Adult Day Care Center				6. Outside-School-Hours / At-Risk Afterschool Program				
	Breakfast	Lunch	Supplement		Supper	Breakfast	Lunch	Supplement	
			AM	PM				AM	PM
1.									
2.									
3.									
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29.									
30.									
31.									
<b>7. TOTAL</b>									

8. SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_