



# SCHUYLER COUNTY CHILD CARE COORDINATING COUNCIL

DAILY MEAL ATTENDANCE RECORD FOR MONTH OF \_\_\_\_\_, 20\_\_

**NAME OF PROVIDER:** \_\_\_\_\_

CHILD	MEAL	INDICATE PRESENCE BY "X" IN DAY OF THE MONTH																															
		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	
NAME:																																	
	BREAKFAST																																
	AM SNACK																																
	LUNCH																																
BIRTHDATE	PM SNACK																																
	DINNER																																
	EVE SNACK																																
NAME:																																	
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TOTALS: Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_ Dinner \_\_\_\_\_ EVE Snack \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - FOR COUNCIL USE ONLY

<b>TOTALS</b>	<b>TIER I</b>	<b>TIER II</b>				<b>DAYS MEALS WERE SERVED</b>	
BREAKFAST				DATE FORMS RECEIVED			DAYS CHILDREN WERE PRESENT FOR CACFP MEALS
AM SNACK							
LUNCH							
PM SNACK							
DINNER						/ /	
EVE SNACK							