CACFP Form #120FRP

Meal Count Sheet by Category

VT Department of Education
Child Nutrition Programs
Child & Adult Care Food Program

Center/Agency Name: _____ Month/Year: _____

Date	Daily Attendance	Breakfast			AM Snack			Lunch			PM Snack			Supper			EVE Snack		
		Free	Reduced	Paid	Free	Reduced	Paid	Free	Reduced	Paid	Free	Reduced	Paid	Free	Reduced	Paid	Free	Reduced	Paid
TOTAL																			

Revised 1/00