

CACFP Meal Count Sheet by Category

Name of Center/Site: _____

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																			