

# FDCH—MONTHLY MEAL COUNT RECORD

For the Month of \_\_\_\_\_



Date	Total Daily Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper
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						
<b>Total</b>						

Children Served — Last Name, First Name
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

Return completed form to:

Northeast Missouri Community Action Agency  
P.O. Box 966  
Kirksville, MO 63501-0966

I certify that the records submitted in support of my claim under the Child Care Food Program are accurate. I understand the information is being given for the receipt of Federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_