

# Meal Counts [Calendar Month]

Sponsor Name: Child Care Sponsor    Sponsor ID: 12345

Site Name

Site ID:000001

Participant	Age		Tue 11/01				Wed 11/02				Thu 11/03				Fri 11/04				Sat 11/05			
			At	B	L	P	At	B	L	P	At	B	L	P	At	B	L	P	At	B	L	P
Parker, Bruce	0Y 4M	43	X	X	X		X	X	X	X	X	X	X	X	X	X	X					
Bennett, Sonya	1Y 10M	24	X	X	X		X	X	X	X	X	X	X	X	X	X	X					
Ramos, Luz	2Y 3M	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
Perez, Archie	3Y 0M	20	X	X	X	X	X	X	X	X	X	X	X	X								
Elliott, Javier	3Y 5M	39	X	X	X	X				X			X	X	X	X						
McGee, Catherine	3Y 5M	42	X	X	X	X																
Carlson, Christie	3Y 8M	37	X		X	X	X		X	X	X		X	X	X	X	X					
Osborne, Delores	4Y 5M	28	X		X		X		X		X		X		X							
Hughes, Jan	4Y 5M	41	X	X	X								X	X	X	X						
Copeland, Nettie	6Y 1M	38	X			X	X		X	X		X	X			X						
May, Lee	6Y 6M	2																				
Bryant, Hazel	6Y 10M	16																				
Black, Bridget	6Y 11M	22																				
Gibbs, Carroll	7Y 5M	5																				
McDaniel, Evelyn	8Y 6M	6																				
Edwards, Corey	8Y 7M	1																				
Cox, Bobbie	9Y 11M	14																				
Recorded Total			10	7	9	6	7	4	6	6	8	4	6	7	9	7	7	6	0	0	0	0
Disallowed			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Payable (Over Claim Limit)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reimbursable Total			0	7	9	6	0	4	6	6	0	4	6	7	0	7	7	6	0	0	0	0

Legend

CACFP Reimbursable

Disallowed/Over Claim Limit

Report Date:11/01/2022

Site Name

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I certify that the information on this form is true and correct to the best of my knowledge and that I have followed the United States Department of Agriculture portion requirements and meal pattern guidelines. I further certify that I am only claiming for meals served to children enrolled in my day care home and that I only claim meals for my own children if they are eligible and an enrolled non-residential child is also being claimed. I understand that misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

12/01/2022

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Signature

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Date

### Child Menu

Tuesday	Wednesday	Thursday	Friday	Saturday
1 Breakfast: Whole Milk (1 yr) 1% Milk (2 yrs+); Bananas; Rice Krispies  Lunch: Whole Milk (1 yr) 1% Milk (2 yrs+); Ham; Baked Potatoes; Kiwi; Bread WGR  PM Snack: Cucumbers; Triscuit Crackers WGR	2 Breakfast: Whole Milk (1 yr) 1% Milk (2 yrs+); Fruit Cocktail; Muffins  Lunch: Whole Milk (1 yr) 1% Milk (2 yrs+); Ground Beef; Green Beans; Pineapple; Spaghetti WGR  PM Snack: Yogurt; Bananas; Blueberries	3 Breakfast: Whole Milk (1 yr) 1% Milk (2 yrs+); Hashbrowns; Biscuits  Lunch: Whole Milk (1 yr) 1% Milk (2 yrs+); Chicken; Mashed Potatoes; Peas; Bread WGR  PM Snack: Applesauce; Cheese Crackers	4 Breakfast: Whole Milk (1 yr) 1% Milk (2 yrs+); Strawberries; Bagels  Lunch: Whole Milk (1 yr) 1% Milk (2 yrs+); Fish; Broccoli; Pineapple; Macaroni  PM Snack: Grapes; Popcorn WGR	5 Breakfast:  Lunch:  PM Snack:

### Infant Menu

Meal Date	Meal Name	Participant	Id	Age	Component 1	Component 1 Amount	Component 2	Component 2 Amount	Component 3	Component 3 Amount
11/01/2022	Breakfast	Bruce Parker	43	1m	Breastmilk	6 oz				
11/01/2022	Lunch	Bruce Parker	43	1m	Breastmilk	6 oz				
11/02/2022	Breakfast	Bruce Parker	43	1m	Breastmilk	6 oz				
11/02/2022	Lunch	Bruce Parker	43	1m	Breastmilk	6 oz				
11/02/2022	PM Snack	Bruce Parker	43	1m	Breastmilk	6 oz				
11/03/2022	Breakfast	Bruce Parker	43	1m	Breastmilk	6 oz				
11/03/2022	Lunch	Bruce Parker	43	1m	Breastmilk	6 oz				
11/03/2022	PM Snack	Bruce Parker	43	1m	Breastmilk	6 oz				
11/04/2022	Breakfast	Bruce Parker	43	1m	Breastmilk	6 oz				

Report Date:11/01/2022

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Meal Date	Meal Name	Participant	Id	Age	Component 1	Component 1 Amount	Component 2	Component 2 Amount	Component 3	Component 3 Amount
11/04/2022	Lunch	Bruce Parker	43	1m	Breastmilk	6 oz				
11/04/2022	PM Snack	Bruce Parker	43	1m	Breastmilk	6 oz				