

CHILD CARE FOOD PROGRAM MEAL COUNT RECORD

Forms due by the 5th day of the month following care

NCO/Rural Communities Child Care
14913 Lakeshore Drive, Suite C
Clearlake, CA 95422
(707) 994-4018 Ext 603 or 605

Provider _____

Month/Year _____

Time meals are served (including shifts, if applicable)

Breakfast 1: _____ Snack 1(AM): _____ Lunch 1: _____ Dinner 1-2: _____
Breakfast 2: _____ Snack 2(PM): _____ Lunch 2: _____ Snack 3(E): _____

Claim no more than 2 major meals and 1 snack or 2 snacks and 1 major meal per child per day.

DAY	Name _____ age _____							Name _____ age _____							Name _____ age _____						
	TIME		B	L	D	A/P/E		TIME		B	L	D	A/P/E		TIME		B	L	D	A/P/E	
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			B	L	D	S				B	L	D	S					B	L	D	S

I hereby certify that this information is true and correct in all respects and was entered daily. I understand that meal counts not recorded by the end of the day are not eligible for reimbursement. Entering data after the day of meal service is considered fraud I understand that this information is being given in connection with receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

I also certify that

I have followed CCFP requirements on types and minimum amounts of foods served; I have claimed meals served to enrolled children 12 years of age and under; I have claimed meals served to my own children only when they were fed at the same time as day care children, AND ONLY IF I AM ELIGIBLE; I have claimed meals only within the limitations of my child care license; and that this Meal Count accurately reflects the number of eligible meals served.

YES!! My menus are enclosed

Signature _____ Please Sign in Blue or Black Ink Date _____

Rev. 8/19

For Office Use Only						
NUMBER ENROLLED	ADA	BREAKFAST	LUNCH	DINNER	SNACKS	INITIALS