NEW YORK STATE Department of Health | Child and Adult Care Food Program

DAILY MEAL COUNT RECORD

Record the number of meals served each day, in the appropriate column.

Classroom_____   Month/Year_____

DATE	Meal Served_____	Meal Served_____	Meal Served_____
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			
TOTAL			

This institution is an equal opportunity provider.