

## Idaho CACFP Daily Meal Head Count

Center/Classroom:				Sponsor Name:						MONTH & YEAR:			
DAY	BREAKFAST		AM SNACK		LUNCH		PM SNACK		SUPPER		LATE SNACK		TOTAL Attendance
	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Adults	Children	Children Only
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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25													
26													
27													
28													
29													
30													
31													
<b>Totals</b>													

**IMPORTANT: Complete daily for each Meal/Snack service. One Meal Count Form per classroom/meal shift is required when serving in the classroom or in meal shifts. All supporting documentation for the claim must be maintained by the sponsor.**

**This institution is an equal opportunity provider**