Daily Meal Count and Attendance Record

Child Care and Emergency Centers

March 2021

Name of Contracting Entity

FP Assistance, Inc.

CE ID 02328

Name of Facility

Code

Site ID

Month and Year

	Participant's Name	DOB MM/DD/YY	Age	Day Mon	Date	Day Tue	Date	Day Wed	Date	Day Thu	Date	Day Fri	Date
				At B A L P S E		At B A L P S E		At B A L P S E		At B A L P S E		At B A L P S E	
1			--										
2			--										
3			--										
4			--										
5			--										
6			--										
7			--										
8			--										
9			--										
10			--										
11			--										
12			--										
13			--										
14			--										
15			--										
			AT										
			B										
			A										
			L										
			P										
			S										
			E										
	Total Number of Program Staff Meals												
	Total Number of Non-Program Meals												

Total number of Program Participants. Fill in the meal count total after every meal. NO MEALS CAN BE MARKED AFTER MEAL IS COMPLETED. *This form must be completed AT THE POINT OF MEAL SERVICE* .

I certify that the information on this form is true and correct to the best on my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Certification Signature (Site Representative)

Date of Signature