

# TOTAL MEAL RECAP

SITE NAME \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

**Program:**    Child Care Center    Head Start   **Meal Service:**    Early Snack    Breakfast    AM Snack  
 Outside School Hours    Lunch    PM Snack    Supper    Evening Snack

**Instructions:** Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. Write the name of each site classroom in Sections I, II and III. Section I is a consolidation of free daily meals. Section II is a consolidation of reduced daily meals, and Section III is a consolidation of paid daily meals. Reference the Meal Participation Records for the month, by classroom, and enter Row 1 - Free Daily on the appropriate classroom line, for each classroom serving free meals. Do the same for reduced and paid. Sum the columns by day. Transfer the Total Daily Free, Reduced and Paid Meals lines to the WINS claim for reimbursement. **For each program (CCC, HS and OSH) you must complete and save as a separate document.**

SECTION I																															TOTAL					
Free Daily (List all classrooms)	Days of Month																																			
		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				
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2.																																				
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7.																																				
<b>TOTAL DAILY FREE MEALS</b>																																				

SECTION II																															TOTAL						
Reduced Daily (List all classrooms)																																					
		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					
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<b>TOTAL DAILY REDUCED MEALS</b>																																					

SECTION III																															TOTAL							
Paid Daily (List all classrooms)																																						
		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						
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