

Name of Provider _____

Meal Count and Attendance Worksheet
(Must record by the end of the day)

Sponsor Use Only: Circle Provider Tier Level - Tier I Tier II-Hi Tier II-Lo Tier II-Mixed

Operating Days _____ Month _____ 20____

Child's Full Name <i>(Sponsor Only: If Tier II-Mixed, circle tier level for each child)</i>	Meal Type	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	Subtotals by Child & Meal Type	
Name: _____ Enrolled: _____ Withdrawn: _____ ✓Age(s): ___Inf___PreK___SA Tier II-Lo Tier II-Hi	BR MS LU AS SU ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BR _____ MS _____ LU _____ AS _____ SU _____ ES _____
Name: _____ Enrolled: _____ Withdrawn: _____ ✓Age(s): ___Inf___PreK___SA Tier II-Lo Tier II-Hi	BR MS LU AS SU ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BR _____ MS _____ LU _____ AS _____ SU _____ ES _____
Name: _____ Enrolled: _____ Withdrawn: _____ ✓Age(s): ___Inf___PreK___SA Tier II-Lo Tier II-Hi	BR MS LU AS SU ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BR _____ MS _____ LU _____ AS _____ SU _____ ES _____
Name: _____ Enrolled: _____ Withdrawn: _____ ✓Age(s): ___Inf___PreK___SA Tier II-Lo Tier II-Hi	BR MS LU AS SU ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BR _____ MS _____ LU _____ AS _____ SU _____ ES _____
Name: _____ Enrolled: _____ Withdrawn: _____ ✓Age(s): ___Inf___PreK___SA Tier II-Lo Tier II-Hi	BR MS LU AS SU ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BR _____ MS _____ LU _____ AS _____ SU _____ ES _____
Name: _____ Enrolled: _____ Withdrawn: _____ ✓Age(s): ___Inf___PreK___SA Tier II-Lo Tier II-Hi	BR MS LU AS SU ES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BR _____ MS _____ LU _____ AS _____ SU _____ ES _____
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Sponsor Use Only	Subtotals by Tier Level								BR: _____		MS: _____		LU: _____		AS: _____		SU: _____		ES: _____		Grand Total:													
	Total Tier I Meals Served:								BR: _____		MS: _____		LU: _____		AS: _____		SU: _____		ES: _____		BR _____													
	Total Tier II Low Rate Meals Served:								BR: _____		MS: _____		LU: _____		AS: _____		SU: _____		ES: _____		LU _____													
	Total Tier II High Rate Meals Served:								Total: _____		Total: _____		Total: _____		Total: _____		Total: _____		Total: _____		AS _____													

I certify that to the best of my knowledge, this information is accurate in all respects.
I also understand that deliberate misrepresentation of information may result in state or federal prosecution.

Signature: _____ Date: _____