Crowley's Ridge Development Council, Inc.
P. O. Box 16720, Jonesboro, AR 72403
1-800-753-5827/ 1-866-491-1951(Fax)

MEAL COUNT AND ATTENDANCE

Facility Name ____

License Number ________________________ License Capacity _________

Tier	Full Names of Children	Shift	Age	1						2						3						4						5						6						7						8						9						10						11						12						13						14						15					
				B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
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Total Breakfast (B)															
Total Lunches (L)															
Total Snacks (A, P, E)															
Total Dinners (D)															

FOR OFFICE USE ONLY	Breakfast	Lunch	Snack	Dinner	Initial
Tier I Total					
Tier II Total					
Subtotal					

All Records must be maintained daily!

You must ensure that all meals are marked with the appropriate meal codes such as: B, A, L, P, D, E check marks or X's will not be accepted.

I certify that I have followed USDA portion requirements and I am only claiming for meals served to enrolled daycare children. Signature ____ Month ______________

In the operation of the Child Care Food Program, no child will be discriminated against because of race, color, national orgin, sex, or handicap. Any person who believes he or she has been discriminated against in any USDA-related activitiy should write immediatley to the Secretary of Agriculture, Washington, DC 20250