Child Care & Nutrition, Inc.
Daily Meal Count Form

324 N Norman Street - PO Box 138
Ivanhoe, MN 56142
info@childcarenutrition.com 800.634.3359

Signature: ______________________________ *Date:* ______________________

Provider ID: ______________________________ *Claim Month:* ______________________

"'I certify that, to the best of my knowledge, this information is accurate in all respects, I understand this information is provided in connection with the receipt of federal funds and may be verified. I also understand that deliberate misrepresentation may result in state or federal prosecution"

Full Name - Please Print	Attendance (check daily)	B	AM	L	PM	S	E	Attendance (check daily)	B	AM	L	PM	S	E	Attendance (check daily)	B	AM	L	PM	S	E	Attendance (check daily)	B	AM	L	PM	S	E
		Age:			Grade:				Age:			Grade:				Age:			Grade:				Age:			Grade:		
		Time In:			Time Out:				Time In:			Time Out:				Time In:			Time Out:				Time In:			Time Out:		
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Please total your meals by child on bottom line; then indicate page totals in the box below under meals & snacks claimed

This Is For Office Use Only

Single Tier Paid	Claimed	Adjs	Final
Breakfast			
AM Snack			
Lunch			
PM Snack			
Supper			
Eve Snack			

This Is For Office Use Only

Mixed Tier Paid	Claimed	Adjs	Final
Breakfast T1			
Breakfast T2			
AM Snack T1			
AM Snack T2			
Lunch T1			
Lunch T2			

This Is For Office Use Only

Mixed Tier Paid	Claimed	Adjs	Final
PM Snack T1			
PM Snack T2			
Supper T1			
Supper T2			
Eve Snack T1			
Eve Snack T2			

Please submit your claim to CCNI after recording the last meal for the month.

Please indicate page totals for all **Meals and Snacks claimed**	
Breakfast	
AM Snack	
Lunch	
PM Snack	
Supper	
Evening Snack	