

PROVIDER DAILY MEAL RECORD

PROVIDERS NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_ TX-014-8007 III CORPS & FORT HOOD AGE GROUP: 1-12 YEARS

FH FORM 608-X14, Rev Nov 98

MEAL TIME	COMPONENTS	MENU	SPONSOR USE ONLY	CHILD(REN) NAME(S)	AGE	AT	B	A	L	P	S	E	TIME IN	TIME OUT	PARENT SIGNATURE
BREAKFAST	FLUID MILK			1											
	FRUIT, VEGETABLE OR FULL STRENGTH JUICE			2											
	CEREAL AND/OR BREAD EQUIVALENT			3											
AM SNACK	*FLUID MILK			4											
	*FRUIT, VEGETABLE, OR FULL STRENGTH JUICE			5											
	*CEREAL AND/OR BREAD EQUIVALENT			6											
	MEAT AND/OR MEAT ALTERNATE			7											
LUNCH	FLUID MILK			8											
	VEGETABLES OR FRUIT			9											
	VEGETABLES OR FRUIT			10											
	BREAD OR EQUIVALENT			1											
	MEAT AND/OR ALTERNATE			2											
PM SNACK	*FLUID MILK			3											
	*FRUIT, VEGETABLE, OR FULL STRENGTH JUICE			4											
	*CEREAL AND/OR BREAD EQUIVALENT														
	*MEAT AND/OR MEAT ALTERNATE														
SUPPER	FLUID MILK														
	VEGETABLES OR FRUIT														
	VEGETABLES OR FRUIT														
	BREAD OR EQUIVALENT														
	MEAT AND/OR ALTERNATE														
EV. SNACK	*FLUID MILK														
	*FRUIT, VEGETABLE, OR FULL STRENGTH JUICE														
	*CEREAL AND/OR BREAD EQUIVALENT														
	*MEAT AND/OR MEAT ALTERNATE														

  

PROVIDERS OWN CHILD(REN)															
TIER I TOTALS															
TIER II TOTALS															

  

I CERTIFY that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation may result in prosecution under applicable state or federal statutes. I certify that I have followed USDA portion requirements and meal pattern guidelines and am only claiming for meals served to enrolled day care children. I only claim eligible children when enrolled non-resident children are also being claimed.

PROVIDERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note: You may claim only two meals and one snack (or one meal and two snacks).

SPONSOR VALIDATION/SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NON-CACFP ATTENDANCE

**MONITORING VISIT**

MEAL OBSERVED: \_\_\_\_\_ DATE: \_\_\_\_\_

# OF CHILD(REN) OBSERVED: \_\_\_\_\_

MONITOR'S SIGNATURE: \_\_\_\_\_

**PARENT/ FCC STAFF COMMENTS ONLY**