

Michigan Department of Education
Child and Adult Care Food Program

Meal Attendance Summary Record

Month _____ Year _____ Site Name _____

Week of (dates)	Breakfast				Lunch				Supper				Snacks				Number of Days				
	A	B	C	Program Adults	A	B	C	Program Adults	A	B	C	Program Adults	A	B	C	Program Adults					
Total																					