

**Child and Adult Care Food Program  
Total Meals Recap**

FACILITY NAME	MONTH/YEAR
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**Instructions:** In the first row, insert the names of the three Child and Adult Care Food Program meal services for which the facility is approved. If the facility is approved for more than three meals services, you will need to use more than one form. In the first column, insert the name of each classroom in your facility.

Enter Meal Services:									
<b>Instructions:</b> Insert the total meals served in each category, Free (F), Reduced (R) and Paid (P), as recorded on the Meal Participation Record forms for each classroom. The Total by Eligibility of each column should be input on the facility's monthly Site Claim for Reimbursement. The Totals by Meal Service can assist in your calculations of meal reimbursement and necessary milk purchases.									
<b>Enter Classroom Names:</b>	<b>F</b>	<b>R</b>	<b>P</b>	<b>F</b>	<b>R</b>	<b>P</b>	<b>F</b>	<b>R</b>	<b>P</b>
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15.									
<b>Totals by Eligibility</b>									
<b>Totals by Meal Service</b>									