

# CACFP ROMS (Record of Meals Served)

Site Name: \_\_\_\_\_

Date: \_\_\_\_\_

Meal Type (circle):            Afternoon snack            Supper

Total Meals Received: \_\_\_\_\_

First meals served to children (cross off a number as each child is given a meal/snack):

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
- 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
- 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77
- 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101
- 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121
- 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141
- 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160

Shelf-stable meals/snacks served:

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Damaged or incomplete meals/snacks:

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

*This institution is an equal opportunity provider.*

