



**California State Preschool Program (CSPP)  
Daily Meal Count Form**

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

Location Code: \_\_\_\_\_

Food Service Manager/Designee: \_\_\_\_\_

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

**Cross off number as each participant receives a complete breakfast meal.**

BREAKFAST									
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
TOTAL BREAKFAST MEALS SERVED:									

\_\_\_\_\_  
Program Designee Signature

Class Attendance  
at Breakfast

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**Cross off number as each participant receives a complete lunch meal.**

LUNCH									
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
TOTAL LUNCH MEALS SERVED:									

\_\_\_\_\_  
Program Designee Signature

Class Attendance  
at Lunch

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

\_\_\_\_\_  
Food Service Manager/Designee Signature

\_\_\_\_\_  
Date