

Provider Name: \_\_\_\_\_

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

*One Day Manually Written Meal Record (Use of this form restricted only for times of power outages or KidKare software is non-responsive)*

**\*Before midnight on the day of meal service, this form must be sent by email or text to your Program Monitor and also emailed to [nf.claims@mwvcaa.org](mailto:nf.claims@mwvcaa.org)**

Milk Key: Indicate all types of milk or beverage substitutions: \_\_\_\_\_

☐ I certify all grain products served are enriched or whole grain-rich (Please check box)

Children in Attendance	Age	Circle meals		Non-Infant Menu	Infant Menu	Formula Name:
1		B A L P D L	Breakfast	Fruit/Veg	Protein/Inf Cereal	
2		B A L P D L		Grains/Meat	Fruit/Veg	
3		B A L P D L		Milk	Formula/Breastmilk	
4		B A L P D L	AMS		Grain	
5		B A L P D L			Fruit/Veg	
6		B A L P D L			Formula/Breastmilk	
7		B A L P D L	Lunch	Meat/Alt	Protein/Inf Cereal	
8		B A L P D L		Vegetable	Fruit/Veg	
9		B A L P D L		Fruit/Veg	Formula/Breastmilk	
10		B A L P D L	PMS	Grains		
11		B A L P D L		Milk		
12		B A L P D L			Grain	
13		B A L P D L	Dinner		Fruit/Veg	
14		B A L P D L			Formula/Breastmilk	
15		B A L P D L		Meat/Alt	Protein/Inf Cereal	
16		B A L P D L	LNS	Vegetable	Fruit/Veg	
17		B A L P D L		Fruit/Veg	Formula/Breastmilk	
18		B A L P D L		Grains		
19		B A L P D L	Milk			
20		B A L P D L		Protein/Inf Cereal		
					Fruit/Veg	
					Formula/Breastmilk	

"This institution is an equal opportunity provider"

\*The information submitted is accurate in all respects. I understand that this is given in connection with the receipt of Federal funds and that misrepresentation may result in State or Federal Prosecution.

Provider Signature: \_\_\_\_\_