MEAL COUNT LOG SHEET

PROVIDER NAME: *#* _____

B = BREAKFAST AM = AM SNACK L = LUNCH P = PM SNACK S = SUPPER E = LATE NIGHT SNACK

Day of Week	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Child's First and Last Name	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	
Enter names on page 1																	
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Breakfast (B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AM Snack (A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lunch (L)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PM Snack (P)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Supper (S)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Late Night Snack (E)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

USDA CACFP
280 Kenneth Ford Drive.
Roseburg, Oregon 97470
Phone: 672-7004 or 1-800-947-1206

SHIFT FEEDING? ☐

I certify that the information submitted is accurate in all respects. I understand that this information given is in connection with the receipt of Federal Funds; that department officials may for cause, verify information, and deliberate misrepresentation may result in State or Federal prosecution. The program must be made available to all eligible children regardless of age, sex, religion, handicap, or national origin.

"This Institution is an equal opportunity provider."

Provider Signature_____

Month: October 2010

COMMENTS:
(NS Days, Holidays, Sick Days, Ect.)