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															
Child's Name (*if own)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Breakfast (B)															
AM Snack (A)															
Lunch (L)															
PM Snack (P)															
Supper (S)															
Late Night Snack (E)															

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

SHIFT FEEDING?
YES______

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

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

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"This Institution is an equal opportunity provider."

Provider Signature________________________________

Month______________________ **Date**______________________

REVISED 01/09

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																																			
Child's Name (*if own)	16			17			18			19			20			21			22			23			24			25			26			27			28			29			30			31			TOTAL
Breakfast (B)																																													
AM Snack (A)																																													
Lunch (L)																																													
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Provider Signature_____

Month_____ **Date**_____

REVISED 01/09