

MEAL COUNT WORKSHEET

Enter the number "1" for each meal served. Meals must be recorded by the end of the day.

Provider Name:		# Operating Days:											Month:					Year:																				
Name of Child (First, Last)	Enrolled	Withdrawn	Specify: Infant, Pre-K, SA	Meal	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Sub Totals		
				BR																																	0	
				MS																																	0	
				LU																																	0	
				AS																																	0	
				SU																																	0	
				BR																																	0	
				MS																																	0	
				LU																																		0
				AS																																		0
				SU																																		0
				BR																																	0	
				MS																																		0
				LU																																		0
				AS																																		0
				SU																																		0
				BR																																		0
				MS																																		0
				LU																																		0
				AS																																		0
				SU																																		0
DAILY TOTALS (daily totals should never exceed your licensed capacity)				BR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
				MS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
				LU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
				AS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
				SU	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		

I certify that this typed signature indicates that this document is true and correct to the best of my knowledge.

BR	0	MS	0
LU	0	AS	0
SU	0		

Electronic Signature: _____
Phone Number: _____

Page 1 **of** _____ **Date** _____

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Date 1/0/1900

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