Child Care & Development Council of Oswego County - Child and Adult Care Food Program

Attendance and Meal Count

Signature_____ (I certify that this attendance and meal count is true and that at no time did I exceed my capacity)

	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	Total
Name:																																
Breakfast																																Br
AM Snack																																AM
Lunch																																Lu
PM Snack																																PM
Supper																																Su
Name:																																
Breakfast																																Br
AM Snack																																AM
Lunch																																Lu
PM Snack																																PM
Supper																																Su
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