

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM

MEAL COUNT

CENTER	WEEK OF	KEY
		B-Breakfast, 1-1st Snack, L-Lunch, 2-2nd Snack, S-Supper

PARTICIPANT'S NAME CODE	CODE	MONDAY DATE					TUESDAY DATE					WEDNESDAY DATE						TH	FRIDAY DATE						TOTALS						
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