Family Day Care Provider Meal & Snack Log

Name of Provider _____ TIN/SSN _____

Week of _____

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Totals
	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Number of breakfasts served: _____ Number of lunches served: _____ Number of dinners served: _____ Number of snacks served: _____
	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Number of breakfasts served: _____ Number of lunches served: _____ Number of dinners served: _____ Number of snacks served: _____
	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Hours of attendance: _____ Breakfast ❑ Snack ❑ Lunch ❑ Snack ❑ Dinner ❑ Snack ❑	Number of breakfasts served: _____ Number of lunches served: _____ Number of dinners served: _____ Number of snacks served: _____
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Weekly Totals: Breakfast _____ Lunch _____ Dinner _____ Snacks _____