RECORD OF MEALS SERVED

Number of participants who ate at least one meal or snack during the day. ⇨ [ ] + [12] + [12] + [10] + [14] = [ ]

This form or a similar one must be maintained daily for each center. Income eligibility information must be kept confidential. Use discreet codes or leave the "code" column blank while form is in use by persons unauthorized to view income information.

NAME (List full name alphabetically)	CODE	MONDAY Date: 2/9/2015					TUESDAY Date: 2/10/2015					WEDNESDAY Date: 2/11/2015					THURSDAY Date: 2/12/2015					FRIDAY Date: 2/13/2015				
		B	SN	L	SN	SU	B	SN	L	SN	SU	B	SN	L	SN	SU	B	SN	L	SN	SU	B	SN	L	SN	SU
1. Adams, Jennifer	A	X		X	X				X	X							X		X			X		X	X	
2. Adams, Scott	A	X		X	X				X	X												X		X	X	
3. Delay, Alana	A	X		X			X					X		X	X		X		X	X		X		X	X	
4. Delay, Emerson	A	X		X			X					X		X	X							X		X	X	
5.Gendey, Sarah	A	X					X		X	X		X		X					X	X		X		X	X	
6. Hall, Cecila	A	X		X			X		X	X		X		X			X		X			X		X	X	
7.Miller, Hadlee	C	X		X	X		X		X	X		X		X	X							X		X	X	
8.Miller, Jaxon	C	X		X	X		X		X	X		X		X	X		X		X			X		X	X	
9.Miller, Luna	C			X	X				X	X		X		X	X		X		X			X		X	X	
10.Miller, Parker	C	X		X			X		X	X		X		X	X		X		X			X		X	X	
11.Sanchez, Karsyn	A	X		X								X		X								X		X	X	
12.Sanders, Chelsea	B	X										X		X			X		X	X		X		X	X	
13.Sanders, Gary	B			X	X		X		X			X		X			X		X	X		X		X	X	
14.Smith, Bobby	A	X		X	X		X		X			X		X	X		X		X	X		X		X	X	
15.																										
16.																										
17.																										
18.																										
19.																										
20.																										
		B	SN	L	SN	SU	B	SN	L	SN	SU	B	SN	L	SN	SU	B	SN	L	SN	SU	B	SN	L	SN	SU
FREE Meals							5		5	4		6		6	3		4		5	3		8		8	8	
REDUCED Meals							1		1	0		2		2	0		2		2	2		2		2	2	
PAID Meals (Other Enrolled Participant's Meals)							3		4	4		4		4	4		3		3	0		4		4	4	

PAGE TOTAL

	BREAKFAST	LUNCH	SNACK	SUPPER
FREE				
REDUCED				
PAID (OTHER)				

ROMS Activity