

At-Risk Afterschool Daily Meal Count Sheet

Directions: Use a separate copy of this form for each meal service. Be sure to count meals as they are served to students (not before or after). Counts based on attendance are not acceptable.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------------------------|----|----|-----|--|--|--|--|
| 1. Sponsor Name: | | | | | | | | | | | | | | | | Date: | | | | | | | |
| 2. Site Name/Location: | | | | | | | | | | | | | | | | Circle Meal Type: Snack or Supper | | | | | | | |
| 3. Site Supervisor's Name: | | | | | | | | | | | | | | | | | | | | | | | |
| 5. FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as each student receives the complete meal. Circle last number crossed out. Do not include second meals or meals served to adults in this section. | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | | | | |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | | | | |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | | | | |
| Total Meals Served (last count from above) | | | | | | | | | | | | | | | | = | | | | | | | |

Comments:

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----------------------------------|----|----|-----|--|--|--|--|
| 1. Sponsor Name: | | | | | | | | | | | | | | | | Date: | | | | | | | |
| 2. Site Name/Location: | | | | | | | | | | | | | | | | Circle Meal Type: Snack or Supper | | | | | | | |
| 3. Site Supervisor's Name: | | | | | | | | | | | | | | | | | | | | | | | |
| 5. FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as each student receives the complete meal. Circle last number crossed out. Do not include second meals or meals served to adults in this section. | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | | | | |
| 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | | | | |
| 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | | | | |
| 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | | | | |
| Total Meals Served (last count from above) | | | | | | | | | | | | | | | | = | | | | | | | |

Comments:

I certify that the above information is true and correct:
 Signature of Site Supervisor: _____ Date: _____