

## CHILD AND ADULT CARE FOOD PROGRAM AT-RISK DAILY MEAL COUNT FORM

Site: \_\_\_\_\_ Meal: \_\_\_\_\_ Day: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Total Meals Received/Prepared: \_\_\_\_\_

First Meals to Children:

1	11	21	31	41	51	61	71	81	91
2	12	22	32	42	52	62	72	82	92
3	13	23	33	43	53	62	73	83	93
4	14	24	34	44	54	64	74	84	94
5	15	25	35	45	55	65	75	85	95
6	16	26	36	46	56	66	76	86	96
7	17	27	37	47	57	67	77	87	97
8	18	28	38	48	58	68	78	88	98
9	19	29	39	49	59	69	79	89	99
10	20	30	40	50	60	70	80	90	100

Total First Meals: \_\_\_\_\_

Meals to Program Adults:

1	2	3	4	5	6	7	8	9	10
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Total Program Adult Meals: \_\_\_\_\_

By signing below, I certify that the above information is true and accurate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date