

## At-Risk Daily Meal Count Record

Child and Adult Care Food Program

Note: Attendance must be documented by other means: sign-in sheets, attendance list, scanner, etc.

Sponsor or Site Number/Name: \_\_\_\_\_

Day/Date: \_\_\_\_\_

1. Meal type (select one):  Breakfast     Lunch     Supper
2. Number of snacks prepared: \_\_\_\_\_ Number of snacks delivered/vended: \_\_\_\_\_ Total Attendance: \_\_\_\_\_
3. Meal pattern:  School Nutrition Program (SNP)  Child and Adult Care Food Program (CACFP)

Food Type	Menu Item Planned/Served	Planned Portion Size
Meat/Meat Alternate		
Fruit/Vegetable 1		
Fruit/Vegetable 2		
Grain/Bread		
Milk		
Extra Foods		

4. **Reimbursable meals served to participants:** Cross off a number as each participant receives a meal that meets meal pattern requirements.

Using Offer vs. Serve?     Yes     No                      Can decline?     1 food item     2 food items

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
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160

Total reimbursable meals: \_\_\_\_\_

5. **Program adult meals:** Meals served to adults performing labor necessary to the food service.

1      2      3      4      5      6      7      8      9      10

6. **Non-program adult meals.**

1    2    3    4    5    6    7    8    9    10    11    12    13    14    15    16    17    18    19    20

Name or initials of person completing this form: \_\_\_\_\_