

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL COUNT RECORD FOR AT-RISK AFTERSCHOOL PROGRAMS (150)

| Name of Program: | | | | | | | | | | | | | | | |
|--|--|---------|--------|-----|----|----|----|----|-----|-----|-----|-----|-----|-----|--|
| Date of Service: / / | | | | | | | | | | | | | | | |
| Meal Served: Snack Supper | | | | | | | | | | | | | | | |
| Meal: Prepared Delivered | | | | | | | | | | | | | | | |
| Meal Service Time: | | | | | | | | | | | | | | | |
| Total | Meals | Availa | able: | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Meal Tally - cross off a number as each meal is served | | | | | | | | | | | | | | |
| 1 | 11 | 21 | 31 | 41 | 51 | 61 | 71 | 81 | 91 | 101 | 111 | 121 | 131 | 141 | |
| 2 | 12 | 22 | 32 | 42 | 52 | 62 | 72 | 82 | 92 | 102 | 112 | 122 | 132 | 142 | |
| 3 | 13 | 23 | 33 | 43 | 53 | 63 | 73 | 83 | 93 | 103 | 113 | 123 | 133 | 143 | |
| 4 | 14 | 24 | 34 | 44 | 54 | 64 | 74 | 84 | 94 | 104 | 114 | 124 | 134 | 144 | |
| 5 | 15 | 25 | 35 | 45 | 55 | 65 | 75 | 85 | 95 | 105 | 115 | 125 | 135 | 145 | |
| 6 | 16 | 26 | 36 | 46 | 56 | 66 | 76 | 86 | 96 | 106 | 116 | 126 | 136 | 146 | |
| 7 | 17 | 27 | 37 | 47 | 57 | 67 | 77 | 87 | 97 | 107 | 117 | 127 | 137 | 147 | |
| 8 | 18 | 28 | 38 | 48 | 58 | 68 | 78 | 88 | 98 | 108 | 118 | 128 | 138 | 148 | |
| 9 | 19 | 29 | 39 | 49 | 59 | 69 | 79 | 89 | 99 | 109 | 119 | 129 | 139 | 149 | |
| 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | |
| | | | | | | | | | | | | | | | |
| Adult Meal Tally | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| | | | | | | | | | | | | | | | |
| Total # of Meals Served to Eligible Participants: | | | | | | | | | | | | | | | |
| Total # of Meals Served to Adults: | | | | | | | | | | | | | | | |
| Total | # of N | leals L | eft Ov | er: | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Signature of Afterschool Program Representative: Date: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |