



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 (300)

NAME OF PROGRAM:

DATE OF SERVICE:

MEAL SERVED:
 Supper PM Snack Lunch AM Snack Breakfast

MEAL:
 Prepared Delivered

MEAL SERVICE TIME:

TOTAL MEALS AVAILABLE:

Meal Tally - cross off a number as each meal is served.

1	21	41	61	81	101	121	141	161	181	201	221	241	261	281
2	22	42	62	82	102	122	142	162	182	202	222	242	262	282
3	23	43	63	83	103	123	143	163	183	203	223	243	263	283
4	24	44	64	84	104	124	144	164	184	204	224	244	264	284
5	25	45	65	85	105	125	145	165	185	205	225	245	265	285
6	26	46	66	86	106	126	146	166	186	206	226	246	266	286
7	27	47	67	87	107	127	147	167	187	207	227	247	267	287
8	28	48	68	88	108	128	148	168	188	208	228	248	268	288
9	29	49	69	89	109	129	149	169	189	209	229	249	269	289
10	30	50	70	90	110	130	150	170	190	210	230	250	270	290
11	31	51	71	91	111	131	151	171	191	211	231	251	271	291
12	32	52	72	92	112	132	152	172	192	212	232	252	272	292
13	33	53	73	93	113	133	153	173	193	213	233	253	273	293
14	34	54	74	94	114	134	154	174	194	214	234	254	274	294
15	35	55	75	95	115	135	155	175	195	215	235	255	275	295
16	36	56	76	96	116	136	156	176	196	216	236	256	276	296
17	37	57	77	97	117	137	157	177	197	217	237	257	277	297
18	38	58	78	98	118	138	158	178	198	218	238	258	278	298
19	39	59	79	99	119	139	159	179	199	219	239	259	279	299
20	40	60	80	100	120	140	160	180	200	220	240	260	280	300

Adult Meal Tally

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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TOTAL # OF MEALS SERVED TO ELIGIBLE PARTICIPANTS:

TOTAL # OF MEALS SERVED TO ADULTS:

TOTAL # OF MEALS LEFT OVER:

SIGNATURE OF AFTERSCHOOL PROGRAM REPRESENTATIVE _____ DATE: _____