

Daily CACFP Meal Count & Attendance Record

FOR AT-RISK AFTERSCHOOL

May claim up to 1 meal and 1 snack

* May serve 2 snacks instead of 1 meal and 1 snack with State Agency approval

^ Breakfast or lunch may be served in lieu of supper on weekends, holidays, or during school vacations during the regular school year

NAME OF CONTRACTING ENTITY (CE)			NAME OF SITE						CE ID						MONTH & YEAR																
PARTICIPANT'S NAME (FIRST & LAST)	AGE	DAY		DATE		DAY		DATE		DAY		DATE		DAY		DATE		DAY		DATE		DAY		DATE							
		At	Su	S1	S2*	B^	L^	At	Su	S1	S2*	B^	L^	At	Su	S1	S2*	B^	L^	At	Su	S1	S2*	B^	L^	At	Su	S1	S2*	B^	L^
		1																													
2																															
3																															
4																															
5																															
6																															
7																															
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9																															
10																															
11																															
12																															
13																															
14																															
15																															
Total Number of Program Participants : Attendance & Meal Count	Attendance																														
	Supper																														
	Snack 1																														
	Snack 2*																														
	Breakfast^																														
	Lunch^																														
Number of Meals/Snacks Prepared																															
Number of Participant Meals to be Claimed																															
Number of Program Staff Meals																															

I certify that the information in this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature - Site Representative

Date