

CACFP At-Risk Afterschool Meals Daily Meal Count Form Examples

CACFP At-Risk Afterschool Meals Daily Meal/Snack Count Form <i>*Daily attendance rosters or sign in sheets must be kept in addition to the daily meal/snack count form*</i>		
Date: _____	# meals/snacks received/prepared	_____
Site: _____	# meals/snacks carried over from prior meal service day	+ _____
Site Supervisor: _____	Total meals/snacks available	= _____
Meal/Snack: (circle one) Breakfast Lunch Supper AM Snack PM Snack Evening Snack		
Notes:		

****Daily attendance rosters or sign in sheets MUST be kept in addition to the daily meal/snack count form****

Date = Date this form is being completed for – the correct date **MUST** be documented!

Site = Where meals are being served to children. This is the physical location where this Point-of-Service is taking place. The site should match one of the Site Applications listed in your “Applications” tab in KN-Claim.

Site Supervisor = Site Manager in this “Site’s” Site Application

Meal/Snack = Circle which type of meal service this form is being completed for. Different meal services **MUST** be on separate forms, unless multiple meals/snacks are being served at one point in time. If multiple meals/snacks are being served at one time, detailed notes must be included and copies should be made for each meal type and day of service.

meals received/prepared = Number of meals available and should match Production Record documentation

meals carried over from prior meal service day = If you’re serving meals that were prepared from the previous day, include the number of meals that are being used from the previous day.

Total meals available = # meals received/prepared + # meals carried over. Total meals available should match Production Records

Single Day of Meal Service – 1 meal type distributed

CACFP At-Risk Afterschool Meals Daily Meal/Snack Count Form <i>*Daily attendance rosters or sign in sheets must be kept in addition to the daily meal/snack count form*</i>	
Date: <u>10/5/20</u>	# meals/snacks received/prepared <u>50</u>
Site: <u>XYZ High School</u>	# meals/snacks carried over from prior meal service day + <u>0</u>
Site Supervisor: <u>Jill Ladd</u>	Total meals/snacks available = <u>50</u>
Meal/Snack: (circle one) Breakfast Lunch <u>Supper</u> AM Snack PM Snack Evening Snack	Notes:

Single Day of Meal Service – 2 meal types distributed at the same time

CACFP At-Risk Afterschool Meals Daily Meal/Snack Count Form <i>*Daily attendance rosters or sign in sheets must be kept in addition to the daily meal/snack count form*</i>	
Date: <u>10/5/20</u>	# meals/snacks received/prepared <u>50</u>
Site: <u>XYZ High School</u>	# meals/snacks carried over from prior meal service day + <u>0</u>
Site Supervisor: <u>Jill Ladd</u>	Total meals/snacks available = <u>50</u>
Meal/Snack: (circle one) Breakfast Lunch <u>Supper</u> AM Snack <u>PM Snack</u> Evening Snack	Notes:

PM Snack and Supper distributed at same time

Multiple Days of Meal Service distributed at same time

CACFP At-Risk Afterschool Meals Daily Meal/Snack Count Form <i>*Daily attendance rosters or sign in sheets must be kept in addition to the daily meal/snack count form*</i>	
Meals for 10/5, 10/6 and 10/7 Date: <u>10/5/20</u>	# meals/snacks received/prepared <u>50</u>
Site: <u>XYZ High School</u>	# meals/snacks carried over from prior meal service day + <u>0</u>
Site Supervisor: <u>Jill Ladd</u>	Total meals/snacks available = <u>50</u>
Meal/Snack: (circle one) Breakfast Lunch <u>Supper</u> AM Snack PM Snack Evening Snack	Notes:

Meals/Snacks Served to Children

Meals/Snacks Served to Children:																			
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

THERE MUST BE A SLASH, "X", CIRCLE, INDICATOR OF SOME SORT FOR EVERY REIMBURSABLE MEAL THAT IS SERVED TO EACH ELIGIBLE CHILD.

Make sure staff understand how to complete this section accurately and that the processes and procedures established by the Sponsor are being followed at EACH site. Not completing this section accurately can result in large Fiscal Action adjustments.

Allowable Examples:

Example #1:

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	This method of Point of Service Meal Counts would be allowable. Each "slash" indicates a meal that was served to a child.										132	133	134	135	136	137	138	139	140
141	142											152	153	154	155	156	157	158	159	160
161	162											172	173	174	175	176	177	178	179	180
181	182											192	193	194	195	196	197	198	199	200

Example #2:

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	This method of Point of Service Meal Counts would be allowable. Each circle indicates a meal that was served to a child.										132	133	134	135	136	137	138	139	140
141	142											152	153	154	155	156	157	158	159	160
161	162											172	173	174	175	176	177	178	179	180
181	182											192	193	194	195	196	197	198	199	200

Examples that will NOT meet At-Risk meal reporting requirements:

Example #1

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	<p style="text-align: center;">Circling the total number of meals served or delivered is NOT allowable. There must be a slash, X, circle or other indicator for every reimbursable meal that is served to a child.</p>										132	133	134	135	136	137	138	139	140
141	142											152	153	154	155	156	157	158	159	160
161	162											172	173	174	175	176	177	178	179	180
181	182											192	193	194	195	196	197	198	199	200

If 75 is circled and that is the only marking on this section, then the Sponsor will only be able to claim 1 meal for reimbursement.

Example #2

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	<p style="text-align: center;">Drawing a line through all of the numbers does not show Point of Service Meal Counts. This example is NOT allowable. There must be a slash, X, circle or other indicator for every reimbursable meal that is served to a child.</p>										132	133	134	135	136	137	138	139	140
141	142											152	153	154	155	156	157	158	159	160
161	162											172	173	174	175	176	177	178	179	180
181	182											192	193	194	195	196	197	198	199	200

Example #3

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	<p style="text-align: center;">This method of Point of Service Meal Counts would NOT be allowable. There must be a slash, X, circle or other indicator for every reimbursable meal that is served to child.</p>										132	133	134	135	136	137	138	139	140
141	142											152	153	154	155	156	157	158	159	160
161	162											172	173	174	175	176	177	178	179	180
181	182											192	193	194	195	196	197	198	199	200

Completing the last portion of the Point of Service Meal Count Form:

Meals/Snacks to Food Service Adults: (Indicate by tally marks)	Total Number of Children in Attendance* _____ <i>*Daily attendance rosters or sign in sheets must be kept for each day of meal service</i>
Total Food Service Adult Meals/Snacks _____	Total Meals/Snacks Served to Children _____
I certify that the above information is true and accurate.	
Signature of Meal Checker _____	Date _____

Meals/Snacks to Food Service Adults = Tally the number of meals given to Food Service Workers as a gratis meal. Gratis Food Service Meals are an allowable expense to the Food Service Fund.


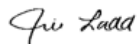
Total Food Service Adult Meals/Snacks = Number of meals given to Food Service Workers as a gratis meal. Integer that needs to match the number of tally's above.

Total Number of Children in Attendance = Number of children in attendance. Daily attendance rosters or sign in sheets **MUST** be kept for each day of meal service. The recorded number of children in attendance should match the number of children on the attendance roster or sign in sheet.

Total Meals/Snacks Served to Children = Number of meals or snacks served to children. Integer that needs to match the number of slashes, "X"s, circles that are in the section above.

Signature and Date = Each and every form **MUST** be signed and dated by the staff member completing the form. This may or may not be the same person as Site Supervisor listed at the top of the form.

Completed Example:

Meals/Snacks to Food Service Adults: (Indicate by tally marks) 	Total Number of Children in Attendance* <u>30</u> <i>*Daily attendance rosters or sign in sheets must be kept for each day of meal service</i>
Total Food Service Adult Meals/Snacks <u>3</u>	Total Meals/Snacks Served to Children <u>27</u>
I certify that the above information is true and accurate.	
 Signature of Meal Checker _____	<u>10/5/20</u> Date _____