Submit via fax or email Fax to Kids Cafe: 480-780-3715; email: mealcounts@stmarysfoodbank.org

CACFP At-Risk Afterschool Program Point of Service Meal Count Sheet

Sponsor Name:	**St. Mary's Food Bank Alliance**	Date:	
Site Name:		Meal Type:	☐ Lunch ☒ Supper
Site Address:		Name of Site Supervisor and Phone Number:	

Refrigerator temperature should read 41°F or cooler- *Please contact your site specialist immediately if you are having cooler issues. Take temperature daily before meal service.

Monday
Date:_____
Temp:_____

Meals served to children **(cross off number as each participant receives a complete meal)**:

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

Children present, but **not participating in the meal service**:

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

meals received _____
meals served _____

Tuesday
Date:_____
Temp:_____

Meals served to children **(cross off number as each participant receives a complete meal)**:

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

Children present, but **not participating in the meal service**:

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

meals received _____
meals served _____

Wednesday
Date:_____
Temp:_____

Meals served to children **(cross off number as each participant receives a complete meal)**:

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

Children present, but **not participating in the meal service**:

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

meals received _____
meals served _____

Thursday
Date:_____
Temp:_____

Meals served to children **(cross off number as each participant receives a complete meal)**:

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

Children present, but **not participating in the meal service**:

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

meals received _____
meals served _____

Friday
Date:_____
Temp:_____

Meals served to children **(cross off number as each participant receives a complete meal)**:

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

Children present, but **not participating in the meal service**:

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

meals received _____
meals served _____

Saturday
Date:_____
Temp:_____

Meals served to children **(cross off number as each participant receives a complete meal)**:

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

Children present, but **not participating in the meal service**:

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

meals received _____
meals served _____

Signature:_____ Date:_____

This institution is an equal opportunity provider.