**Center Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Month/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agreement Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CACFP Monthly Meal Count Summary

# for At-Risk Afterschool Programs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Daily Attendance | Meal Type: | Meal Type: | Meal Type: | Non-ProgramAdults # of Meals |
| 3-5 years | 6-18 years | Daily Total | 3-5 years | 6-18 years | Daily Total | 3-5 years | 6-18 years | Daily Total | Indicate Meal Type\* |
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| MONTHLY TOTALS |  |  |  |  |  |  |  |  |  |  |  |  |