1. Coordinator must check off one number as the child takes the meal.

pennsylvania DEPARTMENT OF EDUCATION
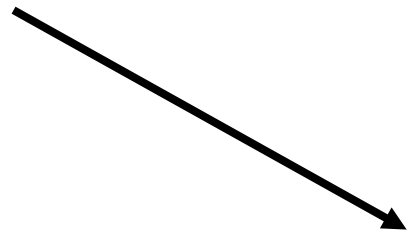
CACFP At-Risk Afterschool Program Point of Service Meal Count Form

THE SCHOOL DISTRICT OF **PHILADELPHIA**

Date: ____ / ____ / ____

Meal Type: -Supper-

School Name: _____

School #: _____

School Address: _____

Program Coordinator's Name: _____

Number of Meals Delivered or prepared _____ **= Total Meals Available** _____

Number of Meals Served to Participants *(cross off number as each participant receives a reimbursable 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
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	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220

2. Coordinator must record any leftovers & waste

Number of Meals left over *(meals able to be served next day)* = _____

Number of Meals discarded due to waste or damage *(do **not** claim)* = _____

TOTAL NUMBER OF MEALS SERVED TO PARTICIPANTS/CLAIMED FOR REIMBURSEMENT = _____

*By signing below, I certify that the above information is true and accurate and that a separate **record of attendance** is documented and maintained to support the number of meals served to participants and claimed for reimbursement.*
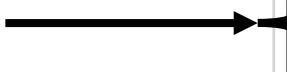
3. Coordinator must sign & date.

Program Coordinator

Print Name: _____ Signature: _____ Date: _____

Manager/Lead Food Service Worker

Print Name: _____ Signature: _____ Date: _____

After School Coordinator Instructions

- Attendance <u>must</u> be taken by an adult and recorded daily.
- Students must take all 5 components
- Meal count form must be used daily to claim meals
- Coordinator must establish a point of service at the end of the line.
- Check one number for every meal taken by student
- One Meal per student
- Number of leftover and damaged meals must be recorded
- Coordinator must sign and date the bottom of form.
- Attendance and Meal Count Form must be returned with leftovers daily.

Approved Attendance Sheet

After School **Program Attendance**
(Do Not use for Meal Counting)

School Name:_____ Week of:_____

Loc #:_____ Program Name:_____

Student First and Last Name	M	T	W	TH	F	Student First and Last Name	M	T	W	TH	F

Daily Attendance Count	Total Students
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

Enter daily attendance.

Please read and sign.

I verify that the attendance information listed above is correct.

Program Coordinator Name: _____

Signature: _____