



Iowa Child and Adult Care Food Program

At-Risk Program

Daily Meal Count Form

Date:	Total snacks/meals prepared: circle: meal or snack
Today's Menu	Mark each number as a snack/meal is served. Count only one snack or meal per child per day.
	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 Adults 1 2 3 4 5 6 7 8 9 10
Supervisor's initials:	Total snacks/meals served to: Students: _____ Adults: _____

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4/2006