

Florida Department of Health
Child Care Food Program

**AFTERSCHOOL MEALS PROGRAM
DAILY MEAL COUNT SHEET**

Site Name: _____

Date: _____

Meal Type: _____

Instructions: Mark through each number beginning with 001 as a meal is served. (001)

001	031	061	091	121	151	181	211	241	271	301	331	361	391
002	032	062	092	122	152	182	212	242	272	302	332	362	392
003	033	063	093	123	153	183	213	243	273	303	333	363	393
004	034	064	094	124	154	184	214	244	274	304	334	364	394
005	035	065	095	125	155	185	215	245	275	305	335	365	395
006	036	066	096	126	156	186	216	246	276	306	336	366	396
007	037	067	097	127	157	187	217	247	277	307	337	367	397
008	038	068	098	128	158	188	218	248	278	308	338	368	398
009	039	069	099	129	159	189	219	249	279	309	339	369	399
010	040	070	100	130	160	190	220	250	280	310	340	370	400
011	041	071	101	131	161	191	221	251	281	311	341	371	401
012	042	072	102	132	162	192	222	252	282	312	342	372	402
013	043	073	103	133	163	193	223	253	283	313	343	373	403
014	044	074	104	134	164	194	224	254	284	314	344	374	404
015	045	075	105	135	165	195	225	255	285	315	345	375	405
016	046	076	106	136	166	196	226	256	286	316	346	376	406
017	047	077	107	137	167	197	227	257	287	317	347	377	407
018	048	078	108	138	168	198	228	258	288	318	348	378	408
019	049	079	109	139	169	199	229	259	289	319	349	379	409
020	050	080	110	140	170	200	230	260	290	320	350	380	410
021	051	081	111	141	171	201	231	261	291	321	351	381	411
022	052	082	112	142	172	202	232	262	292	322	352	382	412
023	053	083	113	143	173	203	233	263	293	323	353	383	413
024	054	084	114	144	174	204	234	264	294	324	354	384	414
025	055	085	115	145	175	205	235	265	295	325	355	385	415
026	056	086	116	146	176	206	236	266	296	326	356	386	416
027	057	087	117	147	177	207	237	267	297	327	357	387	417
028	058	088	118	148	178	208	238	268	298	328	358	388	418
029	059	089	119	149	179	209	239	269	299	329	359	389	419
030	060	090	120	150	180	210	240	270	300	330	360	390	420

REMINDER Meal counts cannot exceed the number of children in attendance.

Total meals / snacks served: _____ Number of meals / snacks delivered: _____

Number of children in attendance _____ (Compare this with the number of snacks served).

Note: Meal counts from the Daily Meal Count Sheet must be consolidated onto the CCFP Monthly Meal Count Record by the end of each day. **Be sure to keep all the daily forms as backup to the consolidated form.**

I certify that to the best of my knowledge and belief, the above meal count is true and correct.

Signature of CCFP Site Manager