



Michigan Department of Education
Child and Adult Care Food Program

Daily Meal Count Form

(for At-Risk Afterschool and Institutions claiming only Category C Meals)

Site Name: _____ Date: _____
Address: _____ Meal Type: circle one: Supper Snack

Instructions: Make a hash mark through one number for each reimbursable meal served.

Table with 10 columns and 24 rows of numbers from 1 to 240 for meal counting.

Total Number of Meals served for this meal: _____
Point of Service Meal Taker Signature: _____