

Michigan Department of Education  
Child and Adult Care Food Program

**Meal Attendance/Summary Record  
At-Risk Afterschool Snacks/Suppers**

Month \_\_\_\_\_ Year \_\_\_\_\_

Site Name \_\_\_\_\_

Week of (dates)	Snack															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Weekly Totals	
	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults
Monthly Totals																

Week of (dates)	Supper															
	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Weekly Totals	
	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults	Children	Program Adults
Monthly Totals																

**Keep this and all CACFP records on file for 3 years after the year to which it pertains; or in the event of an audit, until the audit is closed. \*Do not claim staff members who eat meals/snacks on you institution's monthly claim. This is not allowed.**