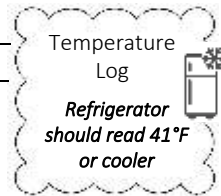




CACFP Weekly Point of Service Meal Count Form

Submit via fax or email
 Fax to Kids Cafe: 480-780-3715
 Email: mealcounts@stmarysfoodbank.org

Sponsor Name: St. Mary's Food Bank Alliance Week: _____
 Site Name: _____ Meal Type: Supper
 Site Address: _____ Distribution Type: Congregate
 Site Supervisor: _____ Classrooms Cafeteria



Monday

Date: _____
 # of Meals _____
 Delivered: _____

First meals served to children (cross off number as each participant receives a complete 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
 Children present, but **not participating in the meal service**:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Time _____:____ am pm
 Temp _____°
 Time _____:____ am pm
 Temp _____°

Tuesday

Date: _____
 # of Meals _____
 Delivered: _____

First meals served to children (cross off number as each participant receives a complete 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
 Children present, but **not participating in the meal service**:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Time _____:____ am pm
 Temp _____°
 Time _____:____ am pm
 Temp _____°

Wednesday

Date: _____
 # of Meals _____
 Delivered: _____

First meals served to children (cross off number as each participant receives a complete 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
 Children present, but **not participating in the meal service**:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Time _____:____ am pm
 Temp _____°
 Time _____:____ am pm
 Temp _____°

Thursday

Date: _____
 # of Meals _____
 Delivered: _____

First meals served to children (cross off number as each participant receives a complete 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
 Children present, but **not participating in the meal service**:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Time _____:____ am pm
 Temp _____°
 Time _____:____ am pm
 Temp _____°

Friday

Date: _____
 # of Meals _____
 Delivered: _____

First meals served to children (cross off number as each participant receives a complete 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
 Children present, but **not participating in the meal service**:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Time _____:____ am pm
 Temp _____°
 Time _____:____ am pm
 Temp _____°

Saturday

Date: _____
 # of Meals _____
 Delivered: _____

First meals served to children (cross off number as each participant receives a complete 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
 Children present, but **not participating in the meal service**:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Time _____:____ am pm
 Temp _____°
 Time _____:____ am pm
 Temp _____°

By signing below, I certify the above information is true and accurate:

 Site Supervisor Signature

This institution is an equal opportunity provider.

 Date