

DAILY MEAL COUNT FORM

Site Name: _____ Meal Type: (circle) B L SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: _____ Date: _____

Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a 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
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135
136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

Total First Meals + [2]

Second meals served to children

1 2 3 4 5 6 7 8 9 10

Total Second Meals + [3]

Meals served to Program adults

1 2 3 4 5 6 7 8 9 10

Total Program Adult Meals + [4]

Meals served to Non-Program adults

1 2 3 4 5 6 7 8 9 10

Total non-Program Adult Meals + [5]

TOTAL MEALS SERVED = [6]

Total damaged/incomplete/other non-reimbursable meals + [7]

Total leftover meals + [8]

Total of items [6] + [7] + [8] = [9]

Item [9] should be equal to item [1]

Number of additional children requesting a meal after all available meals were served

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

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

SIGNATURE _____

DATE _____

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM

Site Name:

Date:

First Meals Served to Children (cross off number as each child receives a meal)

151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230
231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250

Total First Meals + [2]

Second meals served to children

11 12 13 14 15 16 17 18 19 20

Total Second Meals + [3]

Meals served to Program adults

11 12 13 14 15 16 17 18 19 20

Total Program Adult Meals + [4]

Meals served to non-Program adults

11 12 13 14 15 16 17 18 19 20

Total Non-Program Adult Meals + [5]

TOTAL MEALS SERVED = [6]

Total damaged/incomplete/other non-reimbursable meals + [7]

Total leftover meals + [8]

Total of items [6] + [7]+ [8] = [9]

(Item [9] should be equal to item [1] on the front side of the page)

Number of additional children requesting a meal after all available meals were served

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Daily Meal Count Form Instructions

Each day, each site must take a point of service meal count. This form is used for this daily meal count. Cross out each number, as each child receives a meal. On the first side, the form has enough space to count off 150 children as they pass through the meal service line and receive a meal. If more than 150 children are served at the site or other counts are higher than space allows on the first side, use the optional second page. For sites needing the second page, it is recommended that page 1 and 2 be printed back to back.

The form also should be used to count second meals served to children, Program adult meals, non-Program adult meals and leftover meals as well as the number of children requesting a meal after all available meals were served. It is very important that documentation of meal counts contain all the items listed in the form in order for the sponsor to track and control food service at each site.

“Program Adults” are adults who work directly as part of the operation of the food service, preparing meals, serving meals, cleaning up, actively supervising the children, etc.

“Non-Program Adults” are adults not involved in the operation of the food service, including adults having no type of Program responsibility as well as Program administrative staff, such as site review monitors, clerical staff, administrators with no operational (direct food service) responsibility.

The form should be signed by the site supervisor.