

DAILY MEAL COUNT FORM Summer Food Service Program

CIRCLE ONE: Breakfast Lunch Supper Snack

Site Name: _____

Day and Date: _____, ___/___/___

Check One: ___ Urban ___ Rural

Check One: ___ Congregate ___ Non-congregate

Delivery Time: _____ : _____

Supervisor: _____

Meal Service Time: _____ : _____ to _____ : _____

NUMBER OF MEALS: Received OR Prepared: + _____

Transferred in **FROM** Another Site: + _____

Transferred out **TO** Another Site: - _____

TOTAL MEALS: = _____

Number of Children Who Were Served ONE 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
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

Number of Children Who Were Served a SECOND 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

Number of Adults Who Purchased a Meal (Non-Program Adult):

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

Number of Site Staff Adults Who Were Served a Meal (Program Adult):

1	2	3	4	5	6	7	8	9	10
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NOTICE: Record each child individually when they receive ALL COMPONENTS by circling the number or placing a slash through the number. EACH number represents a child that has received a complete and unitized meal with the required USDA meal pattern and portion sizes.

Damaged/Incomplete Meals: + _____

Ineligible Meals: + _____

Leftover Meals: + _____

Comments:

TOTAL MEALS ACCOUNTED FOR = _____

(Must match Total Meals on top of page)

I certify that the information on this form is true and accurate. I also understand that this information is being given in connection with the receipt of Federal funds, and deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I further understand that the program must be made available to all children regardless of race, color, national origin, sex, gender identity, sexual orientation, age, disability or reprisal or retaliation for prior civil rights activity.

Site Supervisor's Signature

