

DAILY MEAL COUNT FORM

Summer Food Service Program for Children

CIRCLE ONE: Breakfast Lunch Supper Snack

Site Name: _____

Day and Date: _____, ___/___/___

Delivery Time: _____:_____

NUMBER OF MEALS: Received OR Prepared: + _____

Supervisor: _____

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

Meal Service Time: _____:_____ to _____:_____

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

TOTAL MEALS: = _____

FIRST MEALS TO CHILDREN:

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
196	197	198	199	200	201	202	203	204	205	206	207	208	209	210

Total First Meals Served: + _____

SECOND MEALS TO CHILDREN:

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

Total Second Meals Served: + _____

MEALS TO NON-PROGRAM ADULTS (SALES):

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

Total Non-Program Adult Meals Served: + _____

MEALS TO PROGRAM ADULTS (FOOD SERVICE PERSONNEL):

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Total Program Adult Meals Served: + _____

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)

Number of Returned/Leftover Half Pints of Milk: _____

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, age, or disability.

Site Supervisor's Signature

CIRCLE ONE: Breakfast Lunch Supper Snack

Site Name: _____

Day and Date: _____, ___/___/___

FIRST MEALS TO CHILDREN (continued):

- 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
- 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255
- 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270
- 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285
- 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300
- 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315
- 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330
- 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345
- 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360
- 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375
- 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390
- 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405
- 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420
- 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435
- 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450
- 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465
- 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480
- 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495
- 496 497 498 499 500