Daily Meal Count Form

Instructions

Each site must take a point-of-service meal count every day. This form may be used for the daily meal count.

1. Line 1 equals the total meals available. That number equals the number of meals received or prepared plus the number of meals available from the previous day.

2. Line 2 equals the total number of first meals served to children. Cross out each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping out at the site. (If more than 150 children are served at the site, use the optional second page. For sites needing the second page, we suggest printing this form front to back.)

3. Line 3 equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than 2 percent of the total number of first meals served.)

4. Line 4 equals the total number of meals served to Program adults. "Program adults" are adults who work directly as part of the operation of the food service. This includes all adults who prepare meals, serve meals, clean up, or supervise the children. This does not include teenagers, 18 and under, who may perform these tasks at the site. Meals for children 18 and under are fully reimbursable, and you would count these meals on Line 2.

5. Line 5 equals the total number of meals served to non-Program adults. "Non-Program adults" are adults who are not directly involved in the operation of the food service. Non-Program adults include any sponsor administrative staff, such as monitors or sponsor directors, or State or Federal reviewers.

6. Line 6 equals the total number of meals served, which is the sum of Lines 1 – 5.

7. Line 7 equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.

8. Line 8 equals the total number of leftover meals, which is calculated by subtracting Line 6 from Line 1.

9. Line 9 equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.

10. Use the line at the bottom of the form to record the number of children requesting a (first) meal after all available meals were served. This information is helpful in adjusting meal orders upward.

11. The site supervisor must sign and date the meal count form.

Daily Meal Count Form

Site Name: Care Bear Land	Date: 2.14.2023

Site Address: 1234 E. Sunshine Ln.

Site Telephone: 480-987-0213	Meal Type ☑B ☑L ☐SN ☐SU
Supervisor's Name: Taylor Swift	Delivery Time: 8:00AM

Meals received/prepared: __60__ + Meals available from previous day __0__ = __60__ **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	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	251	252	253	254	255	256	257	258	259	260

Total First Meals = 50 [2]

Second meals served to children:

~~1~~ ~~2~~ 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20   Total Second Meals = 2 [3]

Meals served to Program adults:

~~1~~ 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20   Total Program Adult Meals = 1 [4]

Meals served to non-Program adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20   Total non-Program Adult Meals = [5]

Total Meals Served = 53 [6]

Total damaged/incomplete/other non-reimbursable meals = 0 [7]

Total leftover meals = 0 [8]

Total of Items: [6] + [7] + [8] = *Item [9] should be equal to item [1]* 60 [9]

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

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

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Signature: _____   Date: 2.14.2023 _____

This institution is an equal opportunity provider.