# Instructions for Daily Meal Count Form

**Each site must take a point-of-service meal count every day at each meal.**

Line [1] equals the total meals available. The number of meals received or prepared plus the number of meals available from the previous day equal the total number of meals available.

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 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.)

Line [3] equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than two percent of the total number of first meals served on the monthly claim.)

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 have a direct role in preparing and/or serving meals. This does <u>not</u> 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.

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.

Line [6] equals the total number of meals served, which is the calculated by adding Lines [1] – [5]

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

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

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

Use Line [10] at the bottom of the form to record the number of children requesting a (first) meal after the state approved serving time. These meals are not reimbursable; however, the information is helpful in adjusting meal orders upward.

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

# DAILY MEAL COUNT FORM

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

Address: _____ Telephone: _____ Delivery Time: _____ Date: / /

Supervisor's Name: _____ Food Temperature: _____ Milk Temperature: _____

**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]**

**(Not to exceed 2% total monthly claim)**

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]**

**(Line [9] should be equal to Line [1])**

Number of additional children requesting a meal after the approved meal service time:    **[10]**

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

# DAILY MEAL COUNT FORM (CONTINUED)

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]**

**(Not to exceed 2% total monthly claim)**

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]**

**(Line [9] should be equal to Line [1] of first page)**

Number of additional children requesting a meal after the approved meal service time: **[10]**

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

B = Breakfast
L= Lunch
SN = Snack
SU = Supper

*This institution is an equal opportunity provider*