

DAILY MEAL COUNT FORM

Site Name:				Meal Type:		<input type="checkbox"/> B	<input type="checkbox"/> AM Snack	<input type="checkbox"/> L	<input type="checkbox"/> PM Snack	<input type="checkbox"/> SU									
Address:						Telephone:													
Supervisor's Name:						Delivery Time:			Date:										
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ❶																			
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
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
Total First Meals +											❷								
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 +											❸								
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 +											❹								
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 +											❺								
TOTAL MEALS SERVED =											❻								
Total damaged/incomplete/other non-reimbursable meals +											❼								
Total leftover meals* +											❽								
Total of items: ❻ + ❽ + ❿ = ⓫																			
Item ⓫ should be equal to item ❶																			
Number of recycled milk* from today's meal service _____											❿								
<i>*Recycled milk is served milk that is unopened and retrieved for reservice.</i>																			
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 a true and accurate record, and I was present during the entire meal service. I further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site.																			
Site Supervisor's printed name and signature _____											Date _____								

*If there is an excess of leftover meals, notify the sponsor to reduce the total meals delivered based on average daily attendance of Ist meals served.

Instructions for Daily Meal Count Form, Attachment 18

This form must be used for the daily meal count (unless alternate approval). Each site must take point-of-service meal counts every day. This form must be completed for each meal service and cannot be combined with multiple meals served.

- ❶ 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.
- ❷ Line 2 equals the total number of first meals served to children. Cross out (using a tick/tally mark) each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping at the site. Total first meals should be the meals claimed for reimbursement. If the sites 1st meals exceed 300, the sponsor must complete additional Daily Meal Count forms per meal service.
- ❸ Line 3 equals the total number of second meals served to children. Total second meals should be the meals claimed for reimbursement. (Remember, reimbursable meals are limited to no more than two (2) percent of the total number of first meals served per meal type).
- ❹ 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. Program adult meals are not reimbursable. 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.
- ❺ 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, monitors, directors, State or Federal Reviewers and/or parents. Non-Program adult meals are not reimbursable.
- ❻ Line 6 equals the total number of meals served, which is the sum of **Lines 2 – 5**.
- ❼ Line 7 equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.
- ❽ Line 8 equals the total number of leftover meals, which is calculated by subtracting Line 8 from Line 1. If there is an excess of leftover meals, the site supervisor should inform the sponsor and the sponsor should reduce the number of meals delivered based on attendance.
- ❾ Line 9 equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.
- ❿ Line 10 equals the total number of milks recycled from the current meal service.
 - a. **Recycled milk is served milk that is unopened and retrieved for reservice.**
 - b. Milk can only be recycled from unopened individual half pint containers (8 oz.). Milk poured into cups for serving are not eligible to be recycled and must be discarded. All recycled food items must be stored in accordance with local health codes.
 - c. Leftover meals that included milk (unserved), should not be included as recycled milk. Left over meals are meals that were never served.
 - d. Milk must always be served as a required component for Breakfast, Lunch, and Supper. Milk must be served for PM Snack if it is one of the components to meet a creditable meal. A child cannot decline a milk [unless the sponsor is approved for Offer vs Serve (OVS)]. Any meal offered without milk is not reimbursable.
 - e. Milk that remained on a share table may be recycled if it was appropriately stored for subsequent service.
 - f. If a sponsor is utilizing Offer vs Serve (OVS) the sponsor must keep track of the declined milk and document the number that can be recycled. Only the declined and/or unopened milk can be included as recycled milk.

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.

The Site Supervisor must sign and date the meal count form. The Site Supervisor certifies the Daily Meal Count form is a true and accurate record, certifies they were present during the entire meal service. They further certify meals were only claimed based on point of service for complete eligible meals served to eligible participants in attendance that consumed meals on site. The Site Supervisor cannot claim meals based solely on the total of meals delivered and/or max number of meals.