

DAILY MEAL COUNT FORM (RURAL NON-CONGREGATE ONLY)

Site Name:	Meal Type: B <input type="checkbox"/> AM Snack <input type="checkbox"/> L <input type="checkbox"/> PM Snack <input type="checkbox"/> SU <input type="checkbox"/>
Service Date:	Site Supervisor Name:
Multi-Day Meal Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Bulk Meals: Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Days of Meals Distributed Per Kit/Package:	Intended Consumption Date(s):
Parent/Guardian Pick-Up: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<u>Meal Type</u>	<u>Meals Received/Prepared</u>	<u>Meals from Previous Day</u>	<u>Total Meals Available</u>
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Meal Type 1

Meal Type 2 (if applic)

Maximum number of meals (MMC) approved to be served in the Site Application:

Meal Type 1

Meal Type 2 (if applic)

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

Complete for each meal service:Meal Type 1: Breakfast AM Snack Lunch PM Snack Supper Total Meals served: # of meals served **X** # of days of meals distributed = Total meals servedMeal Type 2: Breakfast AM Snack Lunch PM Snack Supper Total Meals served: # of meals served **X** # of days of meals distributed = Total meals served

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 the point of service for complete eligible meals served to eligible participants.

Site Supervisor's Name

Site Supervisor's Signature

Date

Notations for Daily Meal Count Form (Rural Non-Congregate Only), Attachment 18B

Each serving day, every site must take point of service (POS) meal counts. The meal counter will cross out each number as each child (or parent/guardian picking up meals on behalf of their child without them present) receives a reimbursable meal or pack of meals. Meal counts cannot be taken before the meal is served or counted after the meal service. Counts based on pre-order numbers, attendance numbers, or counting trays or number of leftovers is not allowable. This form must be completed thoroughly, with meals checked off or individually circled. Drawing a continuous line through the numbers or simply writing a total number, with no numbers checked or circled, is not acceptable.

Terms to consider:

Multi-Day Meal Service - These are more than one day of meals provided at a time. This option must be approved by the State agency for the non-congregate question in the Site Application of the SFSP Application Packet.

Bulk Meals - These are non-unitized, grocery style meals. This option must be approved by the State agency for the non-congregate question in the Site Application of the SFSP Application Packet.

Serving Date - Write down the date that meals are being distributed.

Number of Days of Meals Distributed - Write the number of days of meals that are being distributed.

Intended Consumption Dates - Write the dates that the meals are being served for consumption.

Parent/Guardian Pick-Up - Parents/guardians can pick up meals on behalf of their children without the children present. This option must be approved by the State agency for the non-congregate question in the Site Application of the SFSP Application Packet.

Meal Type - More than one type of meal may be provided at a time, such as breakfast and lunch provided together.

After the meal service, complete the field to calculate the total meals served. To determine total meals served by each meal type, multiply the tally marks by the number of days of meals distributed.

The form must be signed by the person taking the POS meal counts, including the title of the meal counter and the date. This may be the Site Supervisor or other site personnel.

***Meals received/prepared and meals available from previous day**

For each rural non-congregate meal served, indicate the number of meals received or prepared on the day of the review and any meals from the previous day.

****Maximum number of meals approved to be served* in the Site Application (MMC):**

Indicate the DECAL approved maximum meal count for each meal type served.