Daily Meal Count Forms

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 two 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 2 – 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.

Congregate Meal Count Form

Site name: _____ Supervisor's name: _____

Site address: _____ Delivery time: _____

Site telephone number: _____ Date: _____

Meal type:

☐ Breakfast   ☐ Lunch   ☐ Snack   ☐ Supper

(1) Total meals available: _____

(Total meals available = meals received/prepared + meals available from previous day)

(2) Total first meals: _____

(To count total first meals, cross off a number on the grid below 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

(3) Total second meals: _____

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

(4) 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

(5) 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

(6) Total meals served: _____

   (Total meals served = 2 + 3 + 4 + 5)

(7) Total damaged/incomplete/other non-reimbursable meals: _____

(8) Total leftover meals: _____

(9) Total of items: _____

   (Total of items = 6 + 7 + 8, and should be equal to item 1)

(10)   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

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

Supervisor's name: _____

Signature: _____ Date: _____

Non-Congregate Meal Count Form

Site name: _____   Supervisor's name: _____

Site address: _____   Delivery time: _____

Site telephone number: _____   Date: _____

Meal type:

☐ Breakfast   ☐ Lunch   ☐ Snack   ☐ Suppe

Total meals available: _____

(Total meals available = meals received/prepared + meals available from previous day)

A. **How many breakfasts, lunch, snacks, or suppers (circle one) is the child receiving at one time?**

   (Please note that children may not receive more than 5 days' worth of meals at one time)

1	2	3	4	5

B. **Children Served (each mark = 1 meal pack of 1, 2, 3, 4, or 5 meals as stated in Section A):**

   (Note that all meals recorded on this sheet are for children 18 and younger only)

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

C. Individual meals served: _____

   (if multiple meals are offered but fewer are requested, mark them individually below)

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

D. **Total meals served (# of Meals Provided [A] x Children Served [B] + Individual meals served to children [C])**

   Total Meals Calculation: ([A] _____ x [B]_____) + [C]_____ = D) Total Meals to Claim: _____

Total leftover meals: _____

Total damaged/incomplete/other non-reimbursable meals: _____

Total meals served + Non-reimbursable meals + Total leftover meals: _____

(This number should be equal to total number of meals available for the day)

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

Supervisor's name: _____

Signature: _____   Date: _____

Meal Count (Weekly Consolidated)

Instructions

1. Use this form to consolidate daily meal count information.

2. Use a separate consolidated meal count form for each meal type.

3. Information for Items 1 – 9 should be transferred directly from the Daily Meal Count Form for the week.

4. Information for Item 10, Money Collected/To Be Collected For Adult Meals, is not collected on the Daily Meal Count Form.

5. When completed, this form must be signed and dated by the Site Supervisor.

Meal Count (weekly consolidated)

Site name: _____

Site address: _____

Site telephone number: _____

Week of: _____

Supervisor's name: _____

Signature: _____ **Date:** _____

Meal type:

☐ Breakfast ☐ Lunch ☐ Snack ☐ Supper

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week's total
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week's total
10. Money collected/to be collected for adult meals								

Remarks:

Consolidation Form of First and Second Meals Served

Claim Period: _____/_____/_____ to _____/_____/_____

Site	1st Breakfast	2nd Breakfast	1st Lunch	2nd Lunch	1st Snack	2nd Snack	1st Supper	2nd Supper
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
Total:								

Meal Type	(A) Total 1st Meal/Snacks Served	(B) Total 2nd Meal/Snacks Served	(C) Total 2nd Meal/Snacks Limitation (.02 x A)	(D) Allowable 2nd Meals/Snacks - Lesser of (B) or (C)	(E) Allowable Total Meals/Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

Meal Count Forms for Camps

Camper's Name	Meals code	Mon	Tue	Wed	Thu	Fri	Sat	Sun
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper

Camper's Name	Meals code	Mon	Tue	Wed	Thu	Fri	Sat	Sun
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper
		☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper	☐ Breakfast ☐ Lunch ☐ Supper

Total eligible meals: _____   Total Program adult meals: _____

Total ineligible meals: _____   Total non-Program adult meals: _____

I certify that the information above is true and accurate:

Supervisor's name: _____ Signature: _____ Date: _____