DAILY MEAL COUNT FORM

Site Name: 
Address: 

Meal Type: 

MENU: 

Coordinator’s Name: ____________________________

Meal Service Time:

Date: ______________

Meals Received/Prepared _____ + Meals available from previous day _____ = _____ (Total Meals Available)

BEFORE MEAL SERVICE TEMPERATURE LOG -- MANDATORY

<table>
<thead>
<tr>
<th>Food Temp:</th>
<th>Milk Temp:</th>
</tr>
</thead>
</table>

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 

Total First Meals: _____________

*ONLY 1 MEAL PER PRESENT CHILD

Total Meals Served = 

<table>
<thead>
<tr>
<th>Total damaged / incomplete / other non reimbursable meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Leftover Meals (do not include share box)</td>
</tr>
</tbody>
</table>

Number of additional children requesting a meal after all available meals were served.

1 2 3 4 5 6 7 8 9 10

ENRICHMENT ACTIVITY: _____________________________

OVERALL ATTENDANCE (TOTAL NUMBER OF KIDS WHETHER OR NOT THEY EAT): _____________________________

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

___________________________________________ 
Signature 

_______________________
Date