

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

Food Temp:
Milk Temp:

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 =	
Total damaged / incomplete / other non reimbursable meals		
Total Leftover Meals (do not include share box)		

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