

Attachment 18-A (Modified for Documenting Recycled Milk)

DAILY MEAL COUNT FORM

Site Name:		Meal Type (check ✓):		<input type="checkbox"/>	B	<input type="checkbox"/>	L	<input type="checkbox"/>	SN	<input type="checkbox"/>	SU
Address:		Telephone:									
Supervisor's Name:				Delivery Time:				Date:			
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ❶ Number of Milk Recycled from Previous Day's Meal Service _____											
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	Total First Meals +			❷		
Second meals served to children:											
1	2	3	4	5	6	7	8	9	10	Total Second Meals +	
										❸	
Meals served to Program adults:											
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +	
										❹	
Meals served to non-Program adults:											
1	2	3	4	5	6	7	8	9	10	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 + ❼ + ❽ = ❾ (Item ❾ should be equal to item ❶)											
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 true and accurate:											
_____ Signature						_____ Date					

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM																						
Site Name:										Date:												
First Meals Served to Children (cross off number as each child receives a meal):																						
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			
Total First Meals +																		②				
Second meals served to children:																						
11	12	13	14	15	16	17	18	19	20	Total Second Meals +												③
Meals served to Program adults:																						
11	12	13	14	15	16	17	18	19	20	Total Program Adult Meals +												④
Meals served to non-Program adults:																						
11	12	13	14	15	16	17	18	19	20	Total non-Program Adult Meals +												⑤
TOTAL MEALS SERVED =																		⑥				
Total damaged/incomplete/other non-reimbursable meals +																		⑦				
Total leftover meals +																		⑧				
Total of items:																		⑥ + ⑦ + ⑧ = ⑨				
(Item ⑨ should be equal to item ① on the front side of the page)																						
Number of additional children requesting a meal after all available meals were served:																						
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30								