DATE OF DISTRIBUTION: _____

Non-Congregate Feeding
Multiple Meal Distribution Form

Site Name : _____   Meal Type: (Circle all) B   L SN SU

Meals in Package	Meal Type B, L, SN, SU	Number of meals in the package	List all intended dates for meals to be consumed
Meal 1			
Meal 2			

Meals Served to Children
(Cross off number as each child 18 years or younger receives a meal package)

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
301	302	303	304	305	306	307	308	309	310	311	312	313	314	315
316	317	318	319	320	321	322	323	324	325	326	327	328	329	330
331	332	333	334	335	336	337	338	339	340	341	342	343	344	345

Total Children's Meal Packages Served = [   ]

Adult Meals	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

Meals in Package	Meal Type B, L, SN, SU	Number of meals in the package		Total Meal Packages Served		Meals to Claim (meals per child x total packages
Meal 1			x		=	
Meal 2			x		=	

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

Site Supervisor: _____

Signature: _____   DATE: _____

Instructions for Non-Congregate Feeding Multiple Meal Count Form

Every day, each site must take a point of service meal count. This form is to track meal counts when multiple days of meals are provided at one time during the emergency closure period.

Instructions:
1. Fill out the site name
2. Circle the meal types that this form is tracking.
3. Complete the table for Meal 1 and Meal 2.
   a. Meal types
   b. Number of each type of meal in each package
   c. List the individual dates that the meals were planned to be consumed
4. Cross out a number for each package of complete, reimbursable meals distributed to children (i.e. If this package provides lunch for 3 days, cross off one number).
5. At the end of meal service, total the number of meal packages served to children.
6. Complete the claim table for Meal 1 and Meal 2
   a. Meal types
   b. Number of each type of meal in each package
   c. The total meal packages served to children
7. Write the name of the supervisor for the site.
8. The person who took the point of service must sign and date the meal count form.
9. A production record must be maintained with each multiple meal distribution meal count form to document that complete, reimbursable meals were provided for each meal within the package.

Site Name : _North Elementary_   **Meal Type: (Circle all)** (B) (L) SN SU

Meals in Package	Meal Type B, L, SN, SU	Number of meals In the package	List all intended dates for meals to be consumed
Meal 1	Breakfast	2 breakfasts packed	March 17, 18
Meal 2	Lunch	3 lunches packed	March 16, 17, 18

Meals Served to Children
(Cross off number as each child 18 years or younger receives a meal package)

~~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

Total Meal Packages Served = 35

Meals in Package	Meal Type B, L, SN, SU	Number of meals In the package		Total Meal Packages Served		Meals to Claim (meals per child x total packages
Meal 1	B	2	x	35	=	70 breakfasts
Meal 2	L	3	x	35	=	105 lunches

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

Site Supervisor: __Site Supervisor__

Signature: __Point of Service Signature__   DATE: __3/16/2020__