

Name of Site:

Name of Site Supervisor:

**DAILY MEAL COUNT FORM—SUPPER**

Date:			Date:			Date:		
Delivery Time:			Delivery Time:			Delivery Time:		
Meals received/prepared			Meals received/prepared			Meals received/prepared		
Meals available from previous day + _____			Meals available from previous day + _____			Meals available from previous day + _____		
<b>① Total meals available = _____</b>			<b>① Total meals available = _____</b>			<b>① Total meals available = _____</b>		
First Meals Served to Children (cross off number as each child receives a meal)			First Meals Served to Children (cross off number as each child receives a meal)			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	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	13 14 15 16 17 18 19 20 21 22 23 24	13 14 15 16 17 18 19 20 21 22 23 24	13 14 15 16 17 18 19 20 21 22 23 24	25 26 27 28 29 30 31 32 33 34 35 36	25 26 27 28 29 30 31 32 33 34 35 36	25 26 27 28 29 30 31 32 33 34 35 36
37 38 39 40 41 42 43 44 45 46 47 48	37 38 39 40 41 42 43 44 45 46 47 48	37 38 39 40 41 42 43 44 45 46 47 48	49 50 51 52 53 54 55 56 57 58 59 60	49 50 51 52 53 54 55 56 57 58 59 60	49 50 51 52 53 54 55 56 57 58 59 60	61 62 63 64 65 66 67 68 69 70 71 72	61 62 63 64 65 66 67 68 69 70 71 72	61 62 63 64 65 66 67 68 69 70 71 72
73 74 75 76 77 78 79 80 81 82 83 84	73 74 75 76 77 78 79 80 81 82 83 84	73 74 75 76 77 78 79 80 81 82 83 84	85 86 87 88 89 90 91 92 93 94 95 96	85 86 87 88 89 90 91 92 93 94 95 96	85 86 87 88 89 90 91 92 93 94 95 96	97 98 99 100 101 102 103 104 105	97 98 99 100 101 102 103 104 105	97 98 99 100 101 102 103 104 105
106 107 108 109 110	106 107 108 109 110	106 107 108 109 110	<b>② Total First Meals + _____</b>			<b>② Total First Meals + _____</b>		
Second meals served to children 1 2 3 4 5 6 7 8 9 10			Second meals served to children 1 2 3 4 5 6 7 8 9 10			Second meals served to children 1 2 3 4 5 6 7 8 9 10		
<b>③ Total Second Meals + _____</b>			<b>③ Total Second Meals + _____</b>			<b>③ Total Second Meals + _____</b>		
Meals served to Program adults 1 2 3 4 5 6 7 8 9 10			Meals served to Program adults 1 2 3 4 5 6 7 8 9 10			Meals served to Program adults 1 2 3 4 5 6 7 8 9 10		
<b>④ Total Program Adult Meals + _____</b>			<b>④ Total Program Adult Meals + _____</b>			<b>④ Total Program Adult Meals + _____</b>		
Meals served to non-Program adults 1 2 3 4 5 6 7 8 9			Meals served to non-Program adults 1 2 3 4 5 6 7 8 9			Meals served to non-Program adults 1 2 3 4 5 6 7 8 9		
<b>⑤ Total Nonprogram Adult Meals + _____</b>			<b>⑤ Total Nonprogram Adult Meals + _____</b>			<b>⑤ Total Nonprogram Adult Meals + _____</b>		
<b>⑥ Total Meals Served = _____</b>			<b>⑥ Total Meals Served = _____</b>			<b>⑥ Total Meals Served = _____</b>		
<b>⑦ Total Disallowed Meals (damaged/incomplete 1<sup>st</sup> meals/other non-reimbursable meals) + _____</b>			<b>⑦ Total Disallowed Meals (damaged/incomplete 1<sup>st</sup> meals/other non-reimbursable meals) + _____</b>			<b>⑦ Total Disallowed Meals (damaged/incomplete 1<sup>st</sup> meals/other non-reimbursable meals) + _____</b>		
<b>⑧ Total leftover meals + _____</b>			<b>⑧ Total leftover meals + _____</b>			<b>⑧ Total leftover meals + _____</b>		
<b>⑨ Total of items ⑥ + ⑦ + ⑧ = _____</b> (Item ⑨ should be equal to item ①)			<b>⑨ Total of items ⑥ + ⑦ + ⑧ = _____</b> (Item ⑨ should be equal to item ①)			<b>⑨ Total of items ⑥ + ⑦ + ⑧ = _____</b> (Item ⑨ should be equal to item ①)		
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			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			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		

DAILY MEAL COUNT FORM—SUPPER												WEEKLY SUMMARY																																														
Date:						Date:						Complete the weekly summary for the days lunches were served during the week. 1 <sup>st</sup> Meals: This is the total number of <b>complete</b> 1 <sup>st</sup> meals served to children. Obtain from # 2 of daily count sheet. 2 <sup>nd</sup> Meals: This is the total number of <b>complete</b> 2 <sup>nd</sup> meals served to children. Obtain from # 3 of daily count sheet. # Program Adult Meals: Program adults meals are those served to adults working directly with the summer food program. Obtain from # 4 of daily count sheet. # Nonprogram Adult Meals: Nonprogram adult meals are those served to adults NOT working directly with the summer food program. Obtain from # 5 of daily count sheet. # Disallowed Meals (DM): Disallowed meals are considered 1 <sup>st</sup> meals that are served incomplete (these meals should <b>not</b> be counted as a 1 <sup>st</sup> meal), meals leaving the site, meals served outside of the meal service time, etc. Obtain from # 7 of daily count sheet. Leftover Meals: If refrigeration is available these meals can be saved for service the next day. Meal orders should be adjusted based on the number of meals leftover. Friday's leftovers must be disposed of. If refrigeration is not available, leftover meals should be disposed of, daily.																																														
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<b>❶</b> Total meals available = _____						<b>❶</b> Total meals available = _____						<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th># 1<sup>st</sup> Meals</th> <th># 2<sup>nd</sup> Meals</th> <th># Program Adult Meals</th> <th># NP Adult Meals</th> <th># DM</th> </tr> </thead> <tbody> <tr><td>Mon.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Tues.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Wed.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Thurs.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Fri.</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> Comments from Site Supervisor:						# 1 <sup>st</sup> Meals	# 2 <sup>nd</sup> Meals	# Program Adult Meals	# NP Adult Meals	# DM	Mon.						Tues.						Wed.						Thurs.						Fri.						Total					
	# 1 <sup>st</sup> Meals	# 2 <sup>nd</sup> Meals	# Program Adult Meals	# NP Adult Meals	# DM																																																					
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The information provided is true and accurate to the best of my knowledge:																																																										
_____ Signature of Site Supervisor																																																										

