

**North Carolina Department of Health and Human Services
 Division of Public Health, Women's & Children's Health Section
 Special Nutrition Programs
 Summer Food Service Program**

DAILY MEAL COUNT FORM	
Site Name:	Meal Type (circle) : B L SN SU
Address:	Telephone:
Supervisor's Name:	Delivery Time: Date:
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1a]	
Total cartons of milks recycled from previous day[1b] _____ Total milk left over from today _____ (add 8b from all pages)	
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 + [2]
Second meals served to children:	
1 2 3 4 5 6 7 8 9 10	Total Second Meals + [3]
Meals served to Program adults:	
1 2 3 4 5 6 7 8 9 10	Total Program Adult Meals + [4]
Meals served to non-Program adults:	
1 2 3 4 5 6 7 8 9 10	Total non-Program Adult Meals + [5]
TOTAL MEALS SERVED = [6]	
Total damaged/incomplete/other non-reimbursable meals + [7]	
Total leftover meals + [8a]	
Total cartons of milk leftover _____ [8b]	
Total of items: [6] + [7] + [8] = [9]	
(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	[10]

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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 + [8a]

Total cartons of milk leftover _____ [8b]

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

[10]

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

 Signature Date [11]

**North Carolina Department of Health and Human Services
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Instructions for Meal Count Form – Daily**

Each site must take a point-of-service meal count every day. This form may be used for the daily meal count.

1. Line 1a equals the total meals available. That number equals the number of meals received or prepared plus the number of meals available from the previous day.
Line 1 b- If you had unopened cartons of milk from the previous day that was handled properly, you may recycle the cartons milk for another meal. Indicate the number of cartons of milk recycled.
2. Line 2 equals the total number of first meals served to children. Cross out each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping out at the site. (If more than 150 children are served at the site, use the optional second page. For sites needing the second page, we suggest printing this form front to back.)
3. Line 3 equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than 2 percent of the total number of first meals served.)
4. Line 4 equals the total number of meals served to Program adults. "Program adults" are adults who work directly as part of the operation of the food service. This includes all adults who prepare meals, serve meals, clean up, or supervise the children. This does not include teenagers, 18 and under, who may perform these tasks at the site. Meals for children 18 and under are fully reimbursable, and you would count these meals on Line 2.
5. Line 5 equals the total number of meals served to non-Program adults. "Non-Program adults" are adults who are not directly involved in the operation of the food service. Non-Program adults include any sponsor administrative staff, such as monitors or sponsor directors, or State or Federal reviewers.
6. Line 6 equals the total number of meals served, which is the sum of Lines 1 – 5.
7. Line 7 equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.
8. Line 8a equals the total number of leftover meals, which is calculated by subtracting Line 6 from Line 1.

Line 8b-Also, enter the number of unopened leftover cartons of milk that was handled properly.
9. Line 9 equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.
10. Use the line at the bottom of the form to record the number of children requesting a (first) meal after all available meals were served. This information is helpful in adjusting meal orders upward.
11. The site supervisor must sign and date the meal count form.