

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

DAILY MEAL COUNT FORM																				
Site Name:										Meal Type (circle) : B L SN SU										
Supervisor's Name:										Delivery Time:					Date:					
Meals Received/Prepared _____ + Meals Available from Previous Day _____ = _____ (Total Meals Available)																		[1]		
First Meals Served to Children (<u>cross off number as each child receives a complete meal</u>):																				
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]
										Total Reimbursable Meals =										[4]
Meals Served to Program Adults:																				
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +										[5]
Meals Served to Non-Program Adults:																				
1	2	3	4	5	6	7	8	9	10	Total Non-Program Adult Meals +										[6]
										Total Damaged/Incomplete +										[7]
										Total Non-Reimbursable Meals =										[8]
										Total Leftover Complete Meals Today :										[9]
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]
By signing below, I certify that the above information is true and accurate:																				
_____										_____										[11]
Site Supervisor's Signature										Date										

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

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]

Total Reimbursable Meals = _____ [4]

Meals Served to Program Adults:

11 12 13 14 15 16 17 18 19 20

Total Program Adult Meals + _____ [5]

Meals Served to Non-Program Adults:

11 12 13 14 15 16 17 18 19 20

Total Non-Program Adult Meals + _____ [6]

Total Damaged/Incomplete Meals + _____ [7]

Total Non-Reimbursable Meals = _____ [8]

Total Leftover Complete Meals Today: _____ [9]

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:

[11]

 Site Supervisor's Signature

 Date

North Carolina Department of Health and Human Services
Division of Public Health, Women's and Children's Health Section
Special Nutrition Programs
Summer Food Service Program
Instructions for Meal Count Form – Daily

Each site must take a point-of-service meal count every day. Point of service meal count is accomplished by crossing off a number as each child receives a complete meal. This form may be used for the daily meal count.

Complete the header which includes the site name, meal type, site supervisor delivery time and date.

1. Equals the total meals available. That number equals the number of meals received or prepared plus the number of complete meals available (leftover) from the previous day.
2. Line 2 equals the total number of first meals served to children. Cross out each number as a child receives a complete 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.) Enter the test meal, if applicable. Total first meals served = the sum of first meals served to children plus the test meal, if applicable. Test meals are complete meals used for quality testing by Sponsor, State Agency's, auditors, or health authorities.
3. Line 3 Cross out each number as a child receives a complete meal. This equals the total number of second complete 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 reimbursable meals served, which is the sum of Lines 2 and 3. (remember to include the totals form both sides of the form, if applicable)
5. Line 5 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.
6. Line 6 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.
7. Line 7 equals the total number of unusable meals because they are damaged, incomplete.
8. Line 8 equals the total number of non-reimbursable meals, which is the total of lines 5, 6 and 7. (remember to include the totals form both sides of the form, if applicable)
9. Line 9 equals the total number of leftover meals, which is calculated by counting the number of complete meals leftover after the meal service ends. (remember to include the totals form both sides of the form, if applicable)
10. Use this area 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.