

Daily Meal Count Form

Site Name: Summer Food 3

Meal: Breakfast on 12 April 2021

Address: 3004 N 27th St

Telephone: _____

Supervisor's Name: _____

Delivery Time: _____

Roster Name: _____

Meals received/prepared: 4 + Meals from previous day: 5 = 9 Total

Number of Milk Recycled from Previous Day's Meal Service: _____

First Meals Served to Children (cross of 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: 15

Second Meals Served to Children

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Total Second Meals: 0

Meals Served to Program Adults

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Total Program Adult Meals: 0

Meals Served to non-Program Adults

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Total non-Program Adult Meals: 0

Total Meals Served: 15

Total damaged/incomplete/other non-reimbursable meals: 0

Total Leftover Meals: 0

Number of additional children requesting a meal after all meals were served

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Total Unserved Children: 0

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

Signature

Date