DAILY MEAL COUNT FORM Use for sites that can return milk to the cooler to be served the following day.* Site Name: Meal Type (circle) В L SN SU Address: Telephone: **Delivery Time:** Supervisor's Name: Date: Meals received _____+ Meals available from previous day ___ (Total meals available) + 1/2 pints milk available from pervious day (Total ½ pints available) ½ pints milk received Total first meals served to children Second meals served to children € **Total Second Meals** 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 **Total Program Adult Meals** Meals served to non-Program adults 1 2 3 4 5 6 7 8 9 10 **Total Non-Program Adult Meals TOTAL MEALS SERVED** Total disallowed meals (damaged/incomplete and/or other non-reimbursable meals + Total leftover meals Total of items **G** + **Ø** + Item @should be equal to item @ 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 By signing below, I certify that the above information is true and accurate: Signature Date

^{*} Please note that sites that do NOT have Offer Versus Serve MUST require each child to take milk at breakfast, lunch, supper, and at snack (if milk is a planned component of the snack menu). If allowed by the local health dept, and the site can ensure that the milk has been held at the proper temperature, milk put on the sharing table may be placed back into refrigeration and reused at a future meal. Sites should adjust the number of ½ pints ordered according to the sponsor's instructions.