Minnesota Department of

Educati☉n

Daily Meal Count Form

Sponsor Name: _____ Site Name: _____

Date: _____ Meal Type: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Supper

Day: ☐ S ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S

1. Meals received/prepared _____ plus usable previous day meals _____ = **Total meals available** _____

Delivery Time: _____ Delivered Food/Milk Temps (Unless recorded on food production record): _____

2. First meals served to children (check off as each child receives a complete meal). **Clicker:** _____

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: _____

3. Second meals served to children (N/A Camps/Seamless) **Total second meals:** _____

   1 2 3 4 5 6 7 8 9 10

4. Meals served to program adults (working directly with meal service; i.e. preparing, serving supervising meals) **Total program adult meals:** _____

   1 2 3 4 5 6 7 8 9 10

5. Meals served to non-program adults (not directly involved with meal service; i.e. admin staff, parents, teachers) **Total non-program adult meals:** _____

6. **Total meals served** (first meals, second meals, program adult and non-program adult meals): _____

7. **Total non-reimbursable meals** (damaged/incomplete/other): _____

8. **Total leftover meals:** _____

9. **Total meals from 6 - 8** (total meals served plus total non-reimbursable plus total leftover): _____
   (should be the same number as under Number 1 Total meals available)

10. Number of additional children requesting a meal after all available meals were served:

    1 2 3 4 5 6 7 8 9 10

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

_____ _____

Signature   Date

Optional: Income from non-program adult meals (unless covered by other funds): _____