DAILY MEAL COUNT FORM Use for sites that can return milk to the cooler to be served the following day.* SN Site Name: Meal Type (circle) В L SU Address: Telephone: Supervisor's Name: Delivery Time: Date: **Meals received** + Meals available from previous day (Total meals available) ½ pints milk received + ½ pints milk available from pervious day (Total ½ pints available) 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 Θ 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 0 + 0 + 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 By signing below, I certify that the above information is true and accurate: Signature Date

^{*} Please note that all 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.