

DAILY MEAL COUNT -- Head Count Method

Full Day Program

Please send to Food Service Manager at the end of the month.

| Month: _____ Site/Room: _____ | | | | | | | | | |
|-------------------------------|-----------|---|--------|----------|---|--------|----------|---|--------|
| | Breakfast | | | Lunch | | | PM Snack | | |
| | Children | | Adults | Children | | Adults | Children | | Adults |
| | HS | S | | HS | S | | HS | S | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 25 | | | | | | | | | |
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| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 31 | | | | | | | | | |
| Totals | | | | | | | | | |

- DIRECTIONS:
- 1) Meal counts are to be taken when the meal/snack is served.
 - 2) Maximum allowable meals 2 snacks & 1 meal /or/ 2 meals & 1 snack
- Enter totals on CNP 2000 for the monthly reimbursement claim
– do not claim staff meals

SPECIAL DIET:

MF : Milk Free

V : Vegetarian

O : Other (Specify)

WHITE : Central Kitchen
YELLOW : Regional Office
PINK : Site

(R:3/10-C:6/90) <Full Day> NCR 3
1 per Full day site per month (12 per classroom)