

DAILY MEAL COUNT -- Head Count Method

Part Day Program

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

| Month: | | | | Site/Room: | | | | | | | | | | | | | | |
|--------|-----------|---|--------|------------|---|--------|----------|---|--------|----------|---|--------|----------------|---|--------|----------|---|--------|
| | AM | | | | | | PM | | | | | | Parent Meeting | | | | | |
| | Breakfast | | | Lunch | | | Snack | | | Lunch | | | Breakfast | | | Snack | | |
| | Children | | Adults | Children | | Adults | Children | | Adults | Children | | Adults | Children | | Adults | Children | | Adults |
| | HS | S | | HS | S | | HS | S | | HS | S | | HS | S | | HS | S | |
| 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 | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | |

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 : Vegitarian O : Other (Specify)