|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Seamless Summer Option**  Hawaii Child Nutrition Programs | | | | | | | | | | | | | | | | | | **DAILY MEAL COUNT FORM**  **Open and Restricted Open Sites** | | | | | | | | | | | | | |
| **Use a separate Daily Meal Count Form for each meal service. After meal service is completed, transfer meal counts to “Site Meal Count Record” for this site.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | **SFA Name:** | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | | | |
| 2. | **Site Name/Location:** | | | | | | | | | | | | | | | **Meal Service:** Breakfast  Lunch  Snack | | | | | | | | | | | | | | | |
| 3. | **MEALS SERVED TO CHILDREN:** Cross out numbers in consecutive order as each child receives a reimbursable meal. Be sure to count adult meals separately (under #4 below). The meal count cannot be taken before anyone has been served or after everyone is seated. Circle last number crossed out. Record the total number of meals served to children and use this total to consolidate the claim for reimbursement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | |
|  | 151 | 152 | 153 | 154 | | | 155 | | 156 | | 157 | | 158 | | 159 | | | | 160 | | 161 | | 162 | | 163 | | | 164 | | 165 | |
|  | 166 | 167 | 168 | 169 | | | 170 | | 171 | | 172 | | 173 | | 174 | | | | 175 | | 176 | | 177 | | 178 | | | 179 | | 180 | |
|  | 181 | 182 | 183 | 184 | | | 185 | | 186 | | 187 | | 188 | | 189 | | | | 190 | | 191 | | 192 | | 193 | | | 194 | | 195 | |
|  | 196 | 197 | 198 | 199 | | | 200 | | 201 | | 202 | | 203 | | 204 | | | | 205 | | 206 | | 207 | | 208 | | | 209 | | 210 | |
| **TOTAL MEALS SERVED TO CHILDREN**(number circled above) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 4. | **MEALS SERVED TO ADULTS (These numbers will not be reported on Claim for Reimbursement).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1 | 2 | 3 | | 4 | 5 | | 6 | | 7 | | 8 | | 9 | | | | 10 | | 11 | | 12 | | 13 | | | 14 | | 15 | | |
|  | **TOTAL MEALS SERVED TO ADULTS** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |

|  |
| --- |
| **I certify that the above information is true and correct:**  Signature of Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |