

Daily Meal Count Form for the Community Eligibility Provision (CEP)

Site Name: _____ Date of meal service: _____

Meal type: ☐ Breakfast ☐ Lunch

Site supervisor's name: _____

Signature: _____

Meals received/prepared: _____

First Meals Served to Children (cross off number as each child receives a meal):

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: _____ [1]

Second meals served to children:

1 2 3 4 5 6 7 8 9 10

+ Total second meals: _____ [2]

Meals served to program adults:

1 2 3 4 5 6 7 8 9 10

+ Total adult meals: _____ [3]

= Total Meals Served: _____ [4]

Site Supervisor's Comments:

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Note: If the site serves more than 150 children, use this additional page and print the form two-sided. If the site serves 150 children or less, use only page 1.

Site Name: _____ Date of meal service: _____

First Meals Served to Children (cross off number as each child receives a meal):

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
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

Total first meals: _____ [1]

Second meals served to children:

1 2 3 4 5 6 7 8 9 10

+ Total second meals: _____ [2]

Meals served to program adults:

1 2 3 4 5 6 7 8 9 10

+ Total adult meals: _____ [3]

= Total Meals Served: _____ [4]

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Instructions

Each site must take a point-of-service meal count every day. The point of service is the moment in the meal service operation where staff can accurately determine that a reimbursable meal has been served to an eligible student.

1. Line **[1]** equals the **total number of first meals** served to children. Cross out each number as a student receives a meal. Note: If the site serves more than 150 students, use page 2 and print the form two-sided. If the site serves 150 students or less, use only page 1.
2. Line **[2]** equals the **total number of second meals** served to students.
3. Line **[3]** equals the **total number of adult meals served**.
4. Line **[4]** equals the **total number of meals served**, which is the sum of lines 1 through 4.
5. Use the "Site Supervisor's Comments" section to record anything unusual that may be reflected in the meal counts. For example, a school's lunch counts dropped considerably because of an early dismissal due to inclement weather.
6. The site supervisor must **sign and date** at the top of the meal count form.

Maintain this form on file for the administrative review of the school nutrition programs, according to the U.S Department of Agriculture's (USDA) records retention requirements (refer to the CSDE's [Records Retention Requirements for the School Nutrition Programs](#)).

Daily Meal Count Form for the CEP

For more information, visit the CSDE's [CEP](#) website or contact the [school nutrition programs staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document is available at https://portal.ct.gov/-/media/sde/nutrition/cep/daily_meal_count_form_cep.pdf.

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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