

# 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: \_\_\_\_\_ Date: \_\_\_\_\_

Number of 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
- 251 252 253 254 255 256 257 258 259 260 261 246 246 264 265 266 267 268 269 257
- 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290
- 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310
- 311 312 313 314 31 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330

**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. **Site name:** Enter the site name.
2. **Date of meal service:** Enter the date of the meal service (month, day, year).
3. **Meal type:** Check the type of meal (breakfast or lunch).
4. **Site supervisor's name:** Enter the name of the site supervisor.
5. **Meals received/prepared:** Enter the total number of meals received or prepared for the meal service.
6. **First Meals Served to Children:** Cross off each number in order as each child receives a reimbursable meal at the point of service.
7. **Total first meals:** 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.
8. **Total second meals:** Line [2] equals the total number of second meals served to students.
9. **Total adult meals:** Line [3] equals the total number of adult meals served.
10. **Total Meals Served:** Line [4] equals the total number of meals served, which is the sum of lines 1 through 4.
11. **Site Supervisor's Comments:** Use this section to record anything unusual that may be reflected in the meal counts. For example, the school's lunch counts dropped considerably because of an early dismissal due to inclement weather.
12. **Site supervisor's signature and date:** After all information is complete, 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. For more information, refer to the CSDE's resource, [Records Retention Requirements for the School Nutrition Programs](#).

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For information on the CEP, 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 form is available at [https://portal.ct.gov/-/media/sde/nutrition/cep/daily\\_meal\\_count\\_form\\_cep.pdf](https://portal.ct.gov/-/media/sde/nutrition/cep/daily_meal_count_form_cep.pdf).

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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](mailto:program.intake@usda.gov)

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