



Residential Child Care Institutions Daily Meal Count Form (For Residential Child Care Institutions with No Day Students)

Instructions: This form can be used at Residential Child Care Institutions (RCCI) with no day students where all participants qualify for free meals (if your RCCI has day students, meal counts must be recorded by student name). Meal counts must be taken at the point of service (the location where staff can determine that a reimbursable meal has been selected). Best practice is to fill out the form at the end of the serving line after the last food item has been served.

Sponsor or Site Number/Name: Enter the site name.

Day/Date: Enter the day of the week and date.

Meal type: Indicate if you are recording meal counts for breakfast, lunch or afterschool snack.

Daily eligible participants (attendance): Enter the highest number of eligible participants from the day.

Reimbursable meals served to participants: Use a single hash mark (/) to indicate that a meal meeting meal pattern requirements has been served. If there are more than 160 participants at a single site, begin at "1" again and complete "x" marks, which indicates the second meal. This form can record up to 320 reimbursable meals.

Total reimbursable meals served: At the end of the meal service, count the number of "hash" marks and record the total.

Total non-reimbursable meals served (adult meals): Record the total number of adult, guest and staff meals served. These meals cannot be claimed for reimbursement, but must be reported on the monthly claim for reimbursement in the Cyber-Linked Interactive Child Nutrition System (CLiCS).

Site: _____ Day/Date: _____

Meal type (select one): Breakfast Lunch Afterschool Snack

Daily eligible participants (attendance): _____

Reimbursable meals served to participants:

| | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 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 |

Total reimbursable meals served: _____

Total non-reimbursable meals served (adult meals, etc.): _____