COVID-19 Congregate/Noncongregate Monthly List Form

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| **Site:** | **Date:** | | | | | | | | | | | **Staff Member Conducting Meal Count and Certifying Accuracy** (Signature or Printed Name Certifies Data is Accurate.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Meal Served:**  Check meal served. If multiple meals are served, record all types of meals being served on that day.  🞎 Breakfast | 🞎 Lunch 🞎 Snack | | | | | | | | | | | | **Meal Delivery Method:**  Check at least one.  Noncongregate 🞎 Pick Up Meals | 🞎 Home Delivery  **Congregate** 🞎 Cafeteria | 🞎 Meals in Classroom 🞎 | Open Seating Area | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Noncongregate meals are consumed off of school property. Congregate meals are consumed onsite where students are allowed to eat in small or large groups. | | Record the date of service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate meal service for day as N= Noncongregate Service or C = Congregate Service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Record the Student Name and/or Student ID and record a Y under the date the student received a reimbursable meal. Mark an X if the student received a non-reimbursable meal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Record the Daily Total Reimbursable Meals Served | | |  | |  | |  | |  | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |
| Record the Daily Total Non-Reimbursable Meals Served | | |  | |  | |  | |  | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |
| Record the Monthly Total Noncongregate Reimbursable Meals Served | | | | | | | | | | | | | | |  | | | | | Record the Monthly Total Reimbursable Congregate Meals Served | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Record the Monthly Total Noncongregate Non-Reimbursable Meals Served | | | | | | | | | | | | | | |  | | | | | Record the Monthly Total Non-Reimbursable Congregate Meals Served | | | | | | | | | | | | | | | | | | | | |  | | | | |