



Daily Meal Count Form

Site Name: SITE 1Meal Type (Circle): B L D SN S/VDate: 12/7/23

Approval

State Authorize Member: _____ Date: _____

Aramark Manager: Jessica Young Date: 12/7/23

Meals Requested

If not specifically listed below, count in with the Regular count
(ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 708 + Seg: 161 + Inf/Clinic: 8/4 = 849

Diary: 130
Religious/Vegan/Vegetarian: 23

Core: 6
25B: 2
U21: 10

Therapeutic Diets: 20HS Snacks: 0Enhanced Sacks: 100Staff / 3rd Shift: 0Visitors: 0

Total Meals on page = 1042



Daily Meal Count Form

Site Name: SITE 1

Meal Type (Circle): L D SN S/V

Date: 12/7/23

Total Starting Trays + Added Trays - Unused Trays = Total Served

1000

0

298

= 708

Approval

State Authorized Member:

Aramark Manager: Jessica Young

Date:

12/7/23

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Single Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on page = 708



Daily Meal Count Form - Officers

Site Name: SITE 1

Meal Type (Circle): B I D SN S/V

Date: 12/7/23

Approval

State Authorized Member: _____

Aramark Manager: Jessica Young

Date: 12/7/23

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Total Meals on page = 0

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)
 THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

CCX SITE 1 DIET LIST

B L D (circle one)

DATE: 12.7.23

NAME	UNIT	TDOC#	DIET	INSTRUCTIONS -THERAPEUTIC DIET	ALLERGY	EXP	SIGNATURE	Steward Initials
AIKENS	25A	603914	VEGETARIAN		EXP 1/17	*	<i>[Signature]</i>	dy
BEADLE	24A	438483	HOY			*	<i>[Signature]</i>	dy
BECTON	24A	476538	HALAL			*	<i>[Signature]</i>	dy
BINFORD	25A	572226	HALAL			*	<i>[Signature]</i>	dy
CARTER	24A	453371	VEGAN		EXP 1/9	*	<i>[Signature]</i>	dy
CHISM	24B	231190	HALAL			*	<i>[Signature]</i>	dy
COHEN	24A	603122	KOSHER			*	<i>[Signature]</i>	dy
DANIEL	25A	316029	HALAL			*	<i>[Signature]</i>	dy
DOWNNEY	25A	631087	YAHWEH			*	<i>[Signature]</i>	dy
EVINS	24A	355337	YAHWEH			*	<i>[Signature]</i>	dy
FRIEDMANN	25A	136616	VEGETARIAN		EXP 2/14	*	<i>[Signature]</i>	dy
GOINS	INF	523190	MOD CAL	HS SNACK		2/16/24	INFIRMARY	dy
GOOCH	24A	622533	HALAL			*	<i>[Signature]</i>	dy
HAMMOND	25B	350297	MOD CAL	HS SNACK	FISH, APPLES, BANANAS	1/6/24	<i>[Signature]</i>	dy
HUDDLE	25B	289886	MOD CAL	HS SNACK		2/14/24	<i>[Signature]</i>	dy
JONES	24B	502934	VEGAN		EXP 11/30	*	<i>[Signature]</i>	dy
LARK	24A	434860	HALAL			*	<i>[Signature]</i>	dy
LEDBETTER	25B	235655	VEGETARIAN		EXP 3/1	*	<i>[Signature]</i>	dy
MATHIS	24B	646283	VEGETARIAN		EXP 1/3	*	<i>[Signature]</i>	dy
MCALISTER	24B	292719	THERAPEUTIC	DIET	ONIONS	12/8/23	<i>[Signature]</i>	dy
MEINTZ	24B	333737	YAHWEH			*	<i>[Signature]</i>	dy
MERRIWEATHER	25A	585659	HALAL			*	<i>[Signature]</i>	dy

NAME	UNIT	TDOC#	DIET	INSTRUCTIONS / THERAPEUTIC DIET	ALLERGY	EXP	SIGNATURE	Initials
EATON	22A	6569906	DIET	THERAPEUTIC	FISH, PEANUTS	12/14/23	<i>T. Eaton</i>	dy
GRAHAM	22A	478830	DIET	THERAPEUTIC	CORN	12/21/23	<i>Graham</i>	dy
HAIR	23B	648314	DIET	THERAPEUTIC	FISH, PEANUTS	12/28/23	<i>W. Hair</i>	dy
HILSER	22B	577570	MOD CAL	HS SNACK		2/20/24	<i>Hilser</i>	dy
KATHOL	23B	655344	DIET	THERAPEUTIC	MUSTARD	12/15/23	<i>Kathol</i>	dy
LUNSFORD	22A	268572	MOD CAL	HS SNACK		1/6/24	<i>Lunford</i>	dy
MAPLES	23B	508869	MOD CAL	HS SNACK		2/22/24	<i>Maples</i>	dy
PARRISH	23B	255895	DIET	THERAPEUTIC	TOMATO	12/17/23	<i>Parrish</i>	dy
SMITH	23B	650381	MOD CAL	HS SNACK		2/22/24	<i>Smith</i>	dy
WEST	22B	658133	MOD CAL	HS SNACK		2/16/24	<i>West</i>	dy
YOUNGBLOOD	23B	320806	MOD CAL	HS SNACK		2/16/24	<i>Y. Blood</i>	dy

CCX SITE 1 DIET LIST (circle one) B L D DATE: 12-7-23

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISKS(S) * * * (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN



Daily Meal Count Form

Site Name: SITE 1

Meal Type (Circle): L D SN S/V
Date: 12-7-23

Approval

State Authorized Member: _____
Date: _____

Aramark Manager: *[Signature]*
Date: _____

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 753 + Seg: 761 + Inf/Clinic: 8/4 = 936

Religious/Vegan/Vegetarian: 28

Therapeutic Diets: 26

HS Snacks: 0

Enhanced Sacks: 0

Staff / 3rd Shift: 83

Visitors: 0

1073

21 - 10

Total Meals on page = ~~1062~~ 1073



Daily Meal Count Form

Site Name: SITE 1

Meal Type (Circle): B (L) D SN S/V
Date: 12-17-23

Total Starting Trays 753 + Added Trays 0 - Unused Trays 0 = Total Served 753

Approval

State Authorized Member: _____
Date: _____

Aramark Manager: _____
Date: _____

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Single Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on page = 753

Daily Meal Count Form - Officers



Site Name: SITE 1

Meal Type (Circle): T D SN S/V

Date: 12/17/23

Approval

State Authorized Member:

Aramark Manager:

Date:

Date: 12/17/23

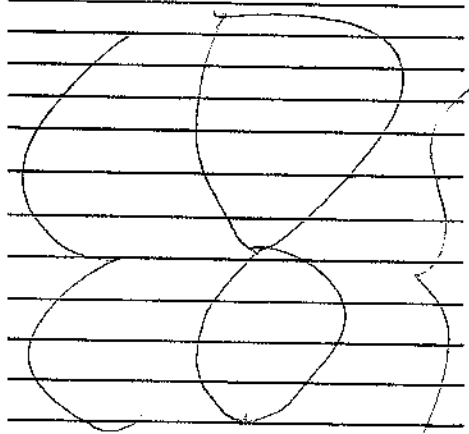
(1)	15 cold B Buildings
(2)	15 hot B Building
(3)	15 cold intake
(4)	Soliver 1 Reg
(5)	Blockstone 3 cold
(6)	Miller 3 cold
(7)	4 Hots 3 cold
(8)	C. BRADEN 1 H 1 C
(9)	Cold Wako-
(10)	2 ID 2 cold
(11)	3 cold INTAKE
(12)	2 cold laundry
(13)	2 hot 50ft
(14)	2 hot 2 cold
(15)	22B 2 hot 2 cold
(16)	2 hot - 1 hot
(17)	CLINT
(18)	STADUM 1 cold
(19)	T BRADEN 2 H
(20)	N. CLAUZEL 2 H
(21)	ST CHAP 2 (1/4)
(22)	STADUM 6 cold
(23)	2513 4 C 2 H
(24)	25A 3 cold 2 hot
(25)	CLINT 4 cold
(26)	3 hot INTAKE
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Total Meals on page = 83

NAME	UNIT	TDOC#	DIET	INSTRUCTIONS / THERAPEUTIC DIET	ALLERGY	EXP	SIGNATURE	Initials
AIKENS	25A	603914	VEGETARIAN		EXP 1/17	*	<i>[Signature]</i>	<i>[Initials]</i>
BEADLE	24A	438483	HOY			*	<i>[Signature]</i>	<i>[Initials]</i>
BECTION	24A	476538	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
BINFORD	25A	572226	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
CARTER	24A	453371	VEGAN		EXP 1/9	*	<i>[Signature]</i>	<i>[Initials]</i>
CHISM	24B	231190	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
COHEN	24A	603122	KOSHER			*	<i>[Signature]</i>	<i>[Initials]</i>
DANIEL	25A	316029	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
DOWNNEY	25A	631087	YAWHEH			*	<i>[Signature]</i>	<i>[Initials]</i>
EVINS	24A	355337	YAWHEH			*	<i>[Signature]</i>	<i>[Initials]</i>
FRIEDMANN	25A	135616	VEGETARIAN		EXP 2/14	*	<i>[Signature]</i>	<i>[Initials]</i>
GOINS	INF	523190	MOD CAL	HS SNACK		2/16/24	INFIRMARY	<i>[Initials]</i>
GOOCH	24A	622533	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
HAMMOND	25B	350297	MOD CAL	HS SNACK	FISH, APPLES, BANANAS	1/6/24	<i>[Signature]</i>	<i>[Initials]</i>
HOLBERT	24A	602306	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
JONES	24B	502934	VEGAN		EXP 11/30	*	<i>[Signature]</i>	<i>[Initials]</i>
LARK	24A	434860	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
LEDBETTER	25B	235655	VEGETARIAN		EXP 3/1	*	<i>[Signature]</i>	<i>[Initials]</i>
MATHIS	24B	646283	VEGETARIAN		EXP 1/3	*	<i>[Signature]</i>	<i>[Initials]</i>
MCALISTER	24B	292719	THERAPEUTIC	DIET	ONIONS	12/8/23	<i>[Signature]</i>	<i>[Initials]</i>
MEINTZ	24B	333737	YAWHEH			*	<i>[Signature]</i>	<i>[Initials]</i>
MERRIWEATHER	25A	585659	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>

DATE: 12-7-23

BID (circle one)

BCCX SITE 1 DIET LIST

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)
 THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

NAME	UNIT	TDOC#	DIET	INSTRUCTIONS / THERAPEUTIC DIET	ALLERGY	EXP	SIGNATURE	Initials
WHITLOCK	25B	128806	MOD CAL	HS SNACK		1/11/24	<i>[Signature]</i>	<i>[Initials]</i>
TURNER	25A	647731	VEGETARIAN		EXP 12/20	*	<i>[Signature]</i>	<i>[Initials]</i>
STINNETT	24A	553929	MOD CAL	HS SNACK		2/14/24	<i>[Signature]</i>	<i>[Initials]</i>
SPARE	24B	596995	MOD CAL - MECHANICAL SOFT	HS SNACK		12/15/23	<i>[Signature]</i>	<i>[Initials]</i>
SHERROD	25B	616776	VEGETARIAN		EXP 12/8	*	<i>[Signature]</i>	<i>[Initials]</i>
RILEY	25A	353289	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
REEVES	24B	380443	YAHWEH			*	<i>[Signature]</i>	<i>[Initials]</i>
REAVES	24A	349131	MOD CAL	HS SNACK		2/16/24	<i>[Signature]</i>	<i>[Initials]</i>
PRESCOTT	25A	469933	HOY			*	<i>[Signature]</i>	<i>[Initials]</i>
NOE	24A	123147	MOD CAL	HS SNACK		12/25/23	<i>[Signature]</i>	<i>[Initials]</i>

BCCX SITE 1 DIET LIST **BLD** (circle one) DATE: 12-7-23

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)
 THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

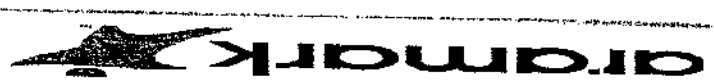
RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)
 THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

BCGX SITE 1 DIET LIST

BLD (circle one)

DATE: 12-7-23

NAME	UNIT	TDOC#	DIET	INSTRUCTIONS / THERAPEUTIC	ALLERGY	EXP	SIGNATURE	Initials
EATON	22A	6569906	DIET	THERAPEUTIC	FISH, PEANUTS	12/14/23	<i>[Signature]</i>	<i>[Initials]</i>
GRAHAM	22A	478830	DIET	THERAPEUTIC	CORN	12/21/23	<i>[Signature]</i>	<i>[Initials]</i>
HAIR	23B	648314	DIET	THERAPEUTIC	FISH, PEANUTS	12/28/23	<i>[Signature]</i>	<i>[Initials]</i>
HILSER	22B	57570	MOD CAL		HS SNACK	2/20/24	<i>[Signature]</i>	<i>[Initials]</i>
KATHOL	23B	656344	DIET	THERAPEUTIC	MUSTARD	12/15/23	<i>[Signature]</i>	<i>[Initials]</i>
LUNSFORD	22A	268572	MOD CAL		HS SNACK	1/6/24	<i>[Signature]</i>	<i>[Initials]</i>
MAPLES	23B	508869	MOD CAL		HS SNACK	2/22/24	<i>[Signature]</i>	<i>[Initials]</i>
PARRISH	23B	255895	DIET	THERAPEUTIC	TOMATO	12/7/23	<i>[Signature]</i>	<i>[Initials]</i>
SMITH	23B	650381	MOD CAL		HS SNACK	2/22/24	<i>[Signature]</i>	<i>[Initials]</i>
WEST	22B	658133	MOD CAL		HS SNACK	2/16/24	<i>[Signature]</i>	<i>[Initials]</i>
YOUNGBLOOD	23B	320806	MOD CAL		HS SNACK	2/16/24	<i>[Signature]</i>	<i>[Initials]</i>
BARBEE	21C	632738	MOD CAL		HS SNACK	2/9/24	<i>[Signature]</i>	<i>[Initials]</i>
BUSBY	21C	215141	MOD CAL		HS SNACK	3/6/24	<i>[Signature]</i>	<i>[Initials]</i>
COLEMAN	21D	612054	VEGETARIAN			*	<i>[Signature]</i>	<i>[Initials]</i>
DAVIS	21C	358099	MOD CAL		HS SNACK	1/5/24	<i>[Signature]</i>	<i>[Initials]</i>
FRAZIER	21C	639506	VEGETARIAN			*	<i>[Signature]</i>	<i>[Initials]</i>
JOHNSON	21D	144648	MOD CAL		HS SNACK	1/5/24	<i>[Signature]</i>	<i>[Initials]</i>
LARRYELLE	21B	465230	HALAL			*	<i>[Signature]</i>	<i>[Initials]</i>
LEDFORD	21D	514075	MOD CAL		HS SNACK	3/6/24	<i>[Signature]</i>	<i>[Initials]</i>
MAJOR	21D	635276	LOW FAT		LOW SODIUM	1/5/24	<i>[Signature]</i>	<i>[Initials]</i>
OWENS	21D	563080	THERAPEUTIC		DIET	2/27/24	<i>[Signature]</i>	<i>[Initials]</i>
RAINES	21A	553882	YAHWEH			*	<i>[Signature]</i>	<i>[Initials]</i>



Daily Meal Count Form

Site Name: SITE 1

Meal Type (Circle): B L D SN S/V
Date: 7-23

Approval

State Authorized Member: _____
Date: _____

Aramark Manager: _____
Date: _____

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 797 + Seg: 167 + Inf/Clinic: 8/7 = 977

Religious/Vegan/Vegetarian: 28

Therapeutic Diets: 207

HS Snacks: 718

Enhanced Sacks: 0

Staff / 3rd Shift: 50

Visitors: 0

797

27-70

Total Meals on page = 1078

1094



Daily Meal Count Form

Site Name: S TE 1

Meal Type (Circle): B L D SN S/V
 Date: 12-23

Total Starting Trays: 797
 + Added Trays:
 - Unused Trays:
 = Total Served: 797

Approval

State Authorized Member: _____
 Date: _____

Aramark Manager: _____
 Date: _____

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Single Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Total Meals on page = 797

Daily Meal Count Form - Officers

Site Name: SITE 1

Meal Type (Circle): D SN S/V

Date: 12-7-23

Approval

State Authorized Member:

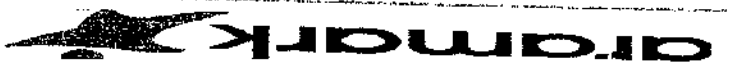
Aramark Manager:

Date:

Date:

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Total Meals on page = 50



NAME	UNIT	TDOC#	DIET	INSTRUCTIONS / THERAPEUTIC / DIET	ALLERGY	EXP	SIGNATURE	Steward Initials ↓
AIKENS	25A	603914	VEGETARIAN			EXP 1/17	<i>[Signature]</i>	
BEADLE	24A	498493	HOY				<i>[Signature]</i>	
BECTON	24A	476538	HALAL				<i>[Signature]</i>	
BINFORD	25A	572228	HALAL				<i>[Signature]</i>	
CARTER	24A	453371	VEGAN			EXP 1/9	<i>[Signature]</i>	
CHISM	24B	231190	HALAL				<i>[Signature]</i>	
COHEN	24A	603122	KOSHER				<i>[Signature]</i>	
DANIEL	25A	316029	HALAL				<i>[Signature]</i>	
DOWNNEY	25A	631087	YAHWEH				<i>[Signature]</i>	
EVINS	24A	355337	YAHWEH				<i>[Signature]</i>	
FRIEDMANN	25A	135616	VEGETARIAN			EXP 2/14	<i>[Signature]</i>	
GOINS	INF	523190	MOD CAL	HS SNACK		2/16/24	INFIRMARY	
GOOCH	24A	622533	HALAL				<i>[Signature]</i>	
HAMMOND	25B	350297	MOD CAL	HS SNACK	FISH, APPLES, BANANAS	1/6/24	<i>[Signature]</i>	
HOLBERT	24A	602306	HALAL				<i>[Signature]</i>	
JONES	24B	502934	VEGAN			EXP 11/30	<i>[Signature]</i>	
LARK	24A	434860	HALAL				<i>[Signature]</i>	
LEDBETTER	25B	235655	VEGETARIAN			EXP 3/1	<i>[Signature]</i>	
MATHIS	24B	648283	VEGETARIAN			EXP 1/3	<i>[Signature]</i>	
MICALISTER	24B	292719	THERAPEUTIC	DIET	ONIONS	12/8/23	<i>[Signature]</i>	
MEINIZ	24B	333737	YAHWEH				<i>[Signature]</i>	
MERRIWEATHER	25A	585659	HALAL				<i>[Signature]</i>	

CCX SITE 1 DIET LIST B L D (circle one) DATE: 2-7-23

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISKS(S) * * * (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

NAME	UNIT	TDOC#	DIET	INSTRUCTIONS / THERAPEUTIC DIET	ALLERGY	EXP	SIGNATURE	Steward Initials
NOE	24A	123147	MOD CAL	HS SNACK		12/25/23	<i>Nbe</i>	
PRESCOTT	25A	469933	HOV			*	<i>Prescott</i>	
REAVES	24A	349131	MOD CAL	HS SNACK		2/16/24	<i>Reaves</i>	
REEVES	24B	380443	YAHWEH			*	<i>Reeves</i>	
RILEY	25A	353289	HALAL			*	<i>Riley</i>	
ROBINSON	24B	203199	HALAL			*	<i>Robinson</i>	
SHERROD	25B	616776	VEGETARIAN			EXP 12/8	<i>Sherrod</i>	
SPARE	24B	596995	MOD CAL - MECHANICAL SOFT	HS SNACK		12/15/23	<i>Spare</i>	
STINNETT	24A	553929	MOD CAL	HS SNACK		2/14/24	<i>Stinnett</i>	
TAYLOR	25A	472239	HALAL			*	<i>Taylor</i>	
TURNER	25A	647731	VEGETARIAN			EXP 12/20	<i>Turner</i>	
WHITLOCK	25B	128806	MOD CAL	HS SNACK		1/11/24	<i>Whitlock</i>	

DATE: 12-7-23

B L D (circle one)

CCX SITE 1 DIET LIST

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)
 THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

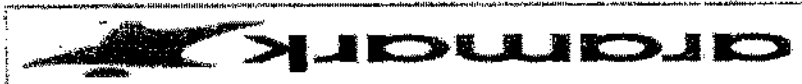
NAME	UNIT	IDOC#	DIET	INSTRUCTIONS / THERAPEUTIC	ALLERGY	EXP	SIGNATURE	Steward Initials ↓
OWENS	21D	563080	THERAPEUTIC	DIET	APPLES, SHELLFISH	2/27/24	<i>[Signature]</i>	
MAJOR	21D	635276	LOW FAT	LOW SODIUM		1/5/24	<i>[Signature]</i>	
LEDFORD	21D	514075	MOD CAL	HS SNACK		3/6/24	<i>[Signature]</i>	
LARRYELLE	21D	465230	HALAL			*	<i>[Signature]</i>	
JOHNSON	21D	144648	MOD CAL	HS SNACK		1/5/24	<i>[Signature]</i>	
FRAZIER	21C	639506	VEGETARIAN			*	<i>[Signature]</i>	
DAVIS	21C	358099	MOD CAL	HS SNACK		1/5/24	<i>[Signature]</i>	
COLEMAN	21D	612054	VEGETARIAN			*	<i>[Signature]</i>	
BUSBY	21C	215141	MOD CAL	HS SNACK		3/6/24	<i>[Signature]</i>	
BARBEE	21C	632738	MOD CAL	HS SNACK		2/9/24	<i>[Signature]</i>	
YOUNGBLOOD	23B	320806	MOD CAL	HS SNACK		2/16/24	<i>[Signature]</i>	
WEST	22B	658133	MOD CAL	HS SNACK		2/16/24	<i>[Signature]</i>	
SMITH	23B	650381	MOD CAL	HS SNACK		2/22/24	<i>[Signature]</i>	
PARRISH	23B	255395	THERAPEUTIC	DIET	TOMATO	12/1/23	<i>[Signature]</i>	
MAPLES	23B	508869	MOD CAL	HS SNACK		2/22/24	<i>[Signature]</i>	
LUNSFORD	22A	268572	MOD CAL	HS SNACK		1/6/24	<i>[Signature]</i>	
KATHOL	23B	656344	THERAPEUTIC	DIET	MUSTARD	12/15/23	<i>[Signature]</i>	
HILSER	22B	57570	MOD CAL	HS SNACK		2/20/24	<i>[Signature]</i>	
HAIR	23B	648314	THERAPEUTIC	DIET	FISH, PEANUTS	12/28/23	<i>[Signature]</i>	
GRAHAM	22A	478830	THERAPEUTIC	DIET	CORN	12/21/23	<i>[Signature]</i>	
EATON	22A	656906	THERAPEUTIC	DIET	FISH, PEANUTS	12/14/23	<i>[Signature]</i>	
DAVIS	22B	615936	THERAPEUTIC	DIET	RED DYE	1/6/24	<i>[Signature]</i>	

12-7-23

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISKS(S) ... (UNDER EXPIRATION COLUMN)
 THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

B L D (circle one)

DATE:



Daily Meal Count Form

Site Name: SITE 2 COMPOUND

Meal Type (Circle): B L D SN S/V

Date: 12-7

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Bobby Westling

Date: 12-7

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 354 + U1 30 + U2 45

+ Int/Clinic: 0

+ Annex: 96

Total 525

Religious/Vegan/Vegetarian: 12

Therapeutic Diets: 29

HS Snacks: 0

Enhanced Sacks: 95

Staff / 3rd Shift: 0

Visitors: 0

Total Meals on page = 566
661



Total Starting Trays + Added Trays - Unused Trays = Total Served

Daily Meal Count Form

Site Name: SITE 2 COMPOUND

Meal Type (Circle) B L D SN S/V

Date: 12-7

Approval

State Authorized Member: _____

Armark Manager: Bobby Worthington

Date: 12-7

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Sing e Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on page = 354



Daily Meal Count Form - Officers

Site Name: SITE 2 COMPOUND

Meal Type (Circle): B L D SN S/V

Date: _____

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

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(60)	_____

Total Meals on page = _____

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) * * * (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

BCCX Site 2 Diet Sheet

BLD

(circle one)

Date: 12-7-2023

Name	Unit	Number	Diet	Instructions / Therapeutic Diet	Allergy	Expiration	SIGNATURE	Stew Int
ARNOLD	12	619	MOD CAL	HS SNACK		12/14/23	<i>[Signature]</i>	Rw
BAKER	8	125409	RENAL	HS SNACK		12/20/23	<i>[Signature]</i>	Rw
BARNEII	5	387978	THERAPEUTIC	DIET	SOY	4/29/24	<i>[Signature]</i>	Rw
BERRIOS	5	578315	HOY				<i>[Signature]</i>	Rw
BOGUS	14	102763	MOD CAL	HS SNACK		2/21/24	<i>[Signature]</i>	Rw
CAUTHERN	6	120258	HIGH PROTEIN	HIGH CALORIE		12/28/23	<i>[Signature]</i>	Rw
COUCH	7	638877	HOY				<i>[Signature]</i>	Rw
FORMAN	8	598965	KOSHER				<i>[Signature]</i>	Rw
GRIMES	6	396325	RENAL	HS SNACK		12/6/23	<i>[Signature]</i>	Rw
GROLLNECK	2	444503	HALAL				UNIT 2	
HAMILTON	5	643388	MOD CAL	HS SNACK	FISH, APPLE	2/27/24	<i>[Signature]</i>	Rw
HENSLEY	11	457105	THERAPEUTIC	DIET	EGG WHITES, MILK, SOY, PEANUTS, SEAFOOD, WHEAT	2/22/24	<i>[Signature]</i>	Rw
HOOKS	7	151798	RENAL	HS SNACK		12/19/23	<i>[Signature]</i>	Rw
HOYLE	16	634266	VEGETARIAN				<i>[Signature]</i>	Rw
JACKSON	9	400095	MOD CAL	HS SNACK		1/23/24	<i>[Signature]</i>	Rw
JAMES	9	233226	MOD CAL	HS SNACK	SOY	2/8/24	<i>[Signature]</i>	Rw
JOHNSON	8	532766	THERAPEUTIC	DIET	SEAFOOD	1/24/24	<i>[Signature]</i>	Rw
JONES	4	615343	RENAL	HS SNACK		2/21/24	<i>[Signature]</i>	Rw
KNOWLTON	16	382117	MOD CAL	HS SNACK		2/22/24	<i>[Signature]</i>	Rw
LEE	16	119375	MOD CAL	HS SNACK		12/6/23	<i>[Signature]</i>	Rw
MAIDENS	5	542000	KOSHER				<i>[Signature]</i>	Rw
MELNYCHENKO	1	634430	PUREED	DIET		1/1/24	SEG	UNIT 1
MILLER	10	167720	RENAL	HS SNACK		1/19/24	<i>[Signature]</i>	Rw
MOCK	7	638077	MOD CAL	HS SNACK		1/17/24	<i>[Signature]</i>	Rw
MORTON	10	517109	MOD CAL	HS SNACK		12/21/23	<i>[Signature]</i>	Rw
PICKARD	12	597204	MOD CAL	HS SNACK		2/29/24	<i>[Signature]</i>	Rw

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) * * * (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

BCCX Site 2 Diet Sheet

BLD

(circle one)

Date: 12-7-2023

Name	Unit	Number	Diet	Instructions / Therapeutic Diet	Allergy	Expiration	SIGNATURE	Stew Intit
PRICE	9	431222	RENAL	HS SNACK		12/20/23	<i>Price</i>	Rw
ROBERTSON	4	498232	MOD CAL	HS SNACK		1/6/24	<i>Robertson</i>	Rw
RODRIGUEZ	9	554915	MOD CAL	HS SNACK		12/20/23	<i>Rodriguez</i>	Rw
RUSSELL	11	123258	MOD CAL	HS SNACK		2/13/24	<i>Russell</i>	Rw
SMITH	12	585466	HALAL					
SMITH	12	585466	HALAL			*	<i>Smith</i>	Rw
STARK	11	421936	VEGETARIAN		EXP 2/19	*	<i>Stark</i>	Rw
TANKSLEY	6	90944	BLAND	SOFT		2/17/24	<i>Tanksley</i>	Rw
THREADGILL	13	650087	MOD CAL	HS SNACK		2/29/24	<i>Threadgill</i>	Rw
TIDWELL	5	219067	RENAL	HS SNACK		2/5/24	<i>Tidwell</i>	Rw

PRINTED ON: 12/14/2023 15:20



Daily Meal Count Form

Site Name: ANNEX

Meal Type (Circle): B L D SN S/V

Date: 12-7-23

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: [Signature] Date: 12-7-23

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 96 + Clinic: ⊕ = 96

Religious/Vegan/Vegetarian: 4

Therapeutic Diets: 2

HS Snacks: ⊕

Enhanced Sacks: ⊕

Staff / 3rd Shift: ⊕

Visitors: ⊕

Total Meals on page = 102



Total Starting Trays + Added Trays - Unused Trays = Total Served

Daily Meal Count Form

Site Name ANNEX

Meal Type (Circle): B L D SN S/V

Date: 12-7-23

Approval

State Authorized Member: _____

Aramark Manager: [Signature]

Date: 12-7-23

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
220	240	260	280	300	320	340	360	380
330	350	370	390	410	430	450	470	490
400	420	440	460	480	500	520	540	560
480	500	520	540	560	580	600	620	640
560	580	600	620	640	660	680	700	720
640	660	680	700	720	740	760	780	800
720	740	760	780	800	820	840	860	880
800	820	840	860	880	900	920	940	960
880	900	920	940	960	980	1000	1020	1040
960	980	1000	1020	1040	1060	1080	1100	1120
1040	1060	1080	1100	1120	1140	1160	1180	1200
1120	1140	1160	1180	1200	1220	1240	1260	1280
1200	1220	1240	1260	1280	1300	1320	1340	1360
1280	1300	1320	1340	1360	1380	1400	1420	1440
1360	1380	1400	1420	1440	1460	1480	1500	1520
1440	1460	1480	1500	1520	1540	1560	1580	1600
1520	1540	1560	1580	1600	1620	1640	1660	1680
1600	1620	1640	1660	1680	1700	1720	1740	1760
1680	1700	1720	1740	1760	1780	1800	1820	1840

Trays - Single Counts

11 12 13 14 15 16 17 18 19 20

Total Meals on page = 102



Daily Meal Count Form - Officers

Site Name: ANNEX

Meal Type (circle): B L D SN SN

Date: 12-7-23

Approval

State Authorized Member:

[Signature]

Aramark Manager:

Date: 12-7-23

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Total Meals on page =

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)

BCCX Annex Diet Sheet

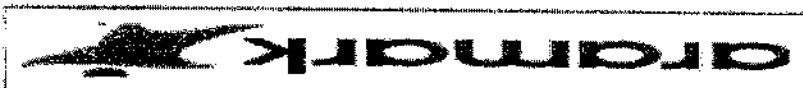
B/L D

(circle one)

Date: 12-7-23

Name	Unit	Number	Diet	Instructions	Allergy	Expiration	SIGNATURE	Steward Initials
FELTS	20	588324	HALAL		*		FELTS	RW
SISE	19	575338	VEGETARIAN		EXP 1/4	*	SISE	RW
THACKER	18	514449	GLUTEN	RESTRICTED		11/0/24	Thacker	RW
WALSH	17	534599	VEGAN		*		Walsh	RW
WHITE	18	438418	VEGETARIAN		EXP 2/30	*	White	RW
YOUNG	20	416646	RENAL	HS SNACK		2/13/24	Young	RW

Form Updated: 12/3/2023



Daily Meal Count Form

Site Name: SITE 2 COMPOUND

Meal Type (Circle): (L) D SN S/V

Date: 12-7-23

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Summito Smith

Date: 12-7-23

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 473 + U2 45 + U1 30

Religious/Vegan/Vegetarian: 8 + 4

Therapeutic Diets: 25 + 2

HS Snacks: 19

Enhanced Sacks: 0

Staff / 3rd Shift: 73

Visitors: 0

Total Meals on page = 726

726

mm



Total Starting Trays + Added Trays - Unused Trays

Daily Meal Count Form

Site Name: SITE 2 COMPOUND

Meal Type (Circle): B D SN S/V

Date: 10-7-23

Total Served = 473

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
20	220	240	260	280	300	320	340	360
30	400	420	440	460	480	500	520	540
40	580	600	620	640	660	680	700	720
50	760	780	800	820	840	860	880	900
60	940	960	980	1000	1020	1040	1060	1080
70	1120	1140	1160	1180	1200	1220	1240	1260
80	1300	1320	1340	1360	1380	1400	1420	1440
90	1480	1500	1520	1540	1560	1580	1600	1620
100	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Single Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Total Meals on page = 473



Daily Meal Count Form - Officers

Site Name: SITE 2 COMPOUND

Meal Type (Circle): L D SN S/V

Date: 12-7-23

Approval

State Authorized Member: _____

Aramark Manager: _____

Date: _____

Date: _____

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N/A

N/A

Total Meals on page = _____



Daily Meal Count Form - Officers

SITE 2

Site Name

167

Approval

State Authorized Member

Armark Manager

Date:

Date:

Hot Trays
STAFF
12/7/23

Meal Type (circle): B C D M S V

COLD

(1)	Wash Wash - 4	(1)	Wash Wash - 4
(2)	Team con	(2)	Team con
(3)	Shuttle - 2	(3)	Shuttle - 2
(4)	Control - 2	(4)	Control - 2
(5)	Mail - 2	(5)	Mail - 2
(6)	Mr. Anderson Box #4	(6)	Mr. Anderson Box #4
(7)	D-Robot - 0	(7)	D-Robot - 0
(8)	Bob's Lobster #2	(8)	Bob's Lobster #2
(9)	Cpl. Thompson	(9)	Cpl. Thompson
(10)	Turkey	(10)	Turkey
(11)	Light	(11)	Light
(12)	Center	(12)	Center
(13)	Staff	(13)	Staff
(14)	S. Longford	(14)	S. Longford
(15)	Flavor	(15)	Flavor
(16)	Snuff - 1	(16)	Snuff - 1
(17)	Sm - 4	(17)	Sm - 4
(18)	Male	(18)	Male
(19)	16 Mon	(19)	16 Mon
(20)	50 Gross	(20)	50 Gross
(21)	20 Probe	(21)	20 Probe
(22)		(22)	
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(29)		(29)	
(30)		(30)	
(31)	Wash Wash - 4	(31)	Wash Wash - 4
(32)	1. Milk - 10	(32)	1. Milk - 10
(33)	Control - 8	(33)	Control - 8
(34)	Strike Deck - 4	(34)	Strike Deck - 4
(35)	Bob's Lobster I	(35)	Bob's Lobster I
(36)	Gpl. Hawk	(36)	Gpl. Hawk
(37)	AMMA	(37)	AMMA
(38)	Turkey	(38)	Turkey
(39)	Light	(39)	Light
(40)	Center	(40)	Center
(41)	Staff	(41)	Staff
(42)	500H	(42)	500H
(43)	300H	(43)	300H
(44)	MAINT - 3	(44)	MAINT - 3
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RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) * * * (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

BCCX Site 2 Diet Sheet

BLD (circle one)

Date: 12-7-2023

Name	Unit	Number	Diet	Instructions / Therapeutic Diet	Allergy	Expiration	SIGNATURE	Stev Initials	
ARNOLD	12	619	MOD CAL	HS SNACK		12/14/23	Arnold	AS	
BAKER	8	125409	RENAL	HS SNACK		12/20/23	Baker	AS	
BARCTT	6	387978	THERAPEUTIC	DIET	SOY	1/29/24	Barnett	AS	
BERRIOS	5	578345	HOY				Berrios	AS	
BOGUS	14	102763	MOD CAL	HS SNACK		2/21/24	Bogus	AS	
CAUTHERN	6	120258	HIGH PROTEIN	HIGH CALORIE		12/28/23	Cautern	AS	
COUCH	7	538877	HOY				Couch	AS	
FORMAN	8	598965	KOSHER				Forman	AS	
GROLLNECK	2	444503	HALAL						
HAMILTON	5	643388	MOD CAL	HS SNACK	FISH, APPLE	2/27/24	HAMILTON	AS	
HENSLEY	11	457105	THERAPEUTIC	DIET	EGG WHITES, MILK, SOY, PEANUTS, SEAFOOD, WHEAT	2/22/24	Hensley	AS	
HOOKS	7	151798	RENAL	HS SNACK		12/19/23	Hooks	AS	
HOYLE	16	634266	VEGETARIAN						
JACKSON	9	400095	MOD CAL	HS SNACK		1/23/24	Jackson	AS	
JAMES	9	233226	MOD CAL	HS SNACK	SOY	2/8/24	James	AS	
JOHNSON	8	532766	THERAPEUTIC	DIET	SEAFOOD	1/24/24	Johnson #1	AS	
JONES	4	615343	RENAL	HS SNACK		2/21/24	Jones	AS	
KNOWLTON	16	382117	MOD CAL	HS SNACK		2/22/24	Knowlton	AS	
MAIDENS	5	542000	KOSHER				Maidens	AS	
MELNYCHENKO	1	634430	PUREED	DIET		1/1/24			
MILLER	10	167720	RENAL	HS SNACK		1/19/24	Miller	AS	
MOCK	7	638077	MOD CAL	HS SNACK		1/17/24	Mock	AS	
MORTON	10	517109	MOD CAL	HS SNACK		12/21/23	Morton	AS	
PICKARD	12	597204	MOD CAL	HS SNACK		2/29/24	Pickard	AS	
PRICE	9	431222	RENAL	HS SNACK		12/20/23	Price	AS	
UNIT 1		SEG							
UNIT 2		SEG							

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) "*" (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

BCCX Site 2 Diet Sheet

BID (circle one)

Date: 12-7-2023

Name	Unit	Number	Diet	Instructions / Therapeutic Diet	Allergy	Expiration	SIGNATURE	Step Initials
ROBERTSON	4	498232	MOD CAL	HS SNACK		1/6/24	Robertson	RS
RODRIGUEZ	9	554915	MOD CAL	HS SNACK		12/20/23	Rodriguez	RS
RUSSELL	11	123258	MOD CAL	HS SNACK		2/13/24	Russell	RS
DTA FURNISHES OF 6M2								
SMITH	12	585466	HALAL			*	Smith	RS
STARK	11	421938	VEGETARIAN		EXP 2/19	*	Stark	RS
TANKSLEY	6	90944	BLAND	SOFT		2/17/24	Tanksley	TS
THREADGILL	13	650087	MOD CAL	HS SNACK		2/29/24	Threadgill	TS
TIDWELL	5	219067	RENAL	HS SNACK		2/5/24	Tidwell	TS

PRINTED ON: 12/17/2023 9:11



Daily Meal Count Form

Site Name: ANNEX

Meal Type (Circle): L D SN S/V

Date: 12-7-23

Approval

State Authorized Member: _____ Date: _____

A. McDaniel

Aramark Manager: _____ Date: 12-7-23

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 120 + Clinic: 0 = 120

Religious/Vegan/Vegetarian: 4

Therapeutic Diets: 2

HS Snacks: 0

Enhanced Sacks: 0

Staff / 3rd Shift: 0

Visitors: 0

Total Meals on page = 126



Total Starting Trays + Added Trays - Unused Trays

Daily Meal Count Form

Site Name: ANNEX

Meal Type (Circle): B D SN S/V

Approval

State Authorized Member:

A. McDaniel

Date:

12-7-23

Date:

Meals Served (Cross off number as each meal is served)

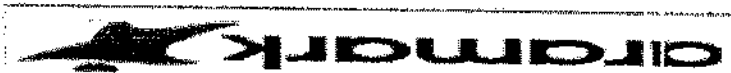
Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
300	400	420	440	460	480	500	520	540
500	580	600	620	640	660	680	700	720
700	760	780	800	820	840	860	880	900
900	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Strike Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Total Meals on page = 66



Daily Meal Count Form - Officers

Site Name: ANNEX

Meal Type (Circle): B L D SN S/V

Date: _____

Approval _____

State Authorized Member: _____

Armark Manager: A. McDowell

Date: _____

Date: _____

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Total Meals on page = 0

169 CHILLI
 (3) Potato

Name	Unit	Number	Diet	Instructions	Allergy	Expiration	Signature	Steward Initials
YOUNG	20	410648	RENAL	HS SNACK		2/13/24		LR
WHITED	18	438118	VEGETARIAN		EXP 2/30	*	Whited	LR
WALSH	17	534599	VEGAN			*	Deliver	LR
THACKER	18	514449	GLUTEN	RESTRICTED		1/10/24	Deliver	LR
SISE	19	575338	VEGETARIAN		EXP 1/4	*	Sise	LR
FELTS	20	588324	HALAL			*	Felts	LR

BCCX Annex Diet Sheet

BLD (circle one)

Date: 12-7-23



Daily Meal Count Form

Site Name: SITE 2 COMPOUND

Meal Type (Circle): B D SN S/V
Date: 12-7-23

Approval

State Authorized Member:

Date:

Aramark Manager: Dominic Smith Date: 12-7-23

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: $\frac{U1\ 30}{379} + U2\ 45$

+ Inf/Clinic: 0 + Annex: 89 Total: 543

Religious/Vegan/Vegetarian: 8

Therapeutic Diets: 25

HS Snacks: 19

Enhanced Sacks: 0

Staff / 3rd Shift: 30

Visitors: 0

633
~~607~~
mm
Total Meals on page = 395



Total Starting Trays + Added Trays - Unused Trays

Daily Meal Count Form

Site Name: SITE 2 COMPOUND

Meal Type (Circle): B L D SN S/V

Date: 12-7-23

Total Served = 595

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Single Counts

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on page = 595



Daily Meal Count Form - Officers

Site Name: SITE 2 COMPOUND

Meal Type (Circle): B L D SN S/V

Date: _____

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

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Total Meals on page = _____

Name	Unit	Number	Diet	Instructions / Therapeutic Diet	Allergy	Expiration	SIGNATURE	Stev Intri
ARNOLD	12	619	MOD CAL	HS SNACK		12/14/23	Arnold	75
BAKER	8	125409	RENAL	HS SNACK		12/20/23	Baker	75
BARNETT	5	387978	THERAPEUTIC	DIET	SOY	1/29/24	Barnett	75
BERRIOS	5	578315	HOY				Berrios	75
BOGUS	14	102763	MOD CAL	HS SNACK		2/21/24	Bogus	75
CAUTHERN	6	120258	HIGH PROTEIN	HIGH CALORIE		12/28/23	Cautern	75
COUCH	7	538877	HOY			*	Couch	75
FORMAN	8	598965	KOSHER			*	Forman	75
GROLLNECK	2	444503	HALAL			*	UNIT 2	
HAMILTON	5	643388	MOD CAL	HS SNACK	FISH, APPLE	2/27/24	Hamilton	75
HENSLEY	11	457105	THERAPEUTIC	DIET	EGG WHITES, MILK, SOY, PEANUTS, SEAFOOD, WHEAT	2/22/24	Hensley	75
HOOKS	7	151798	RENAL	HS SNACK		12/19/23	Hooks	75
HOYLE	16	634266	VEGETARIAN				Hoyle	75
JACKSON	9	400095	MOD CAL	HS SNACK		1/23/24	Jackson	75
JAMES	9	233226	MOD CAL	HS SNACK	SOY	2/8/24	James	75
JOHNSON	8	532766	THERAPEUTIC	DIET	SEAFOOD	1/24/24	Johnson	75
JONES	4	615343	RENAL	HS SNACK		2/21/24	Jones	75
KNOWLTON	16	382117	MOD CAL	HS SNACK		2/22/24	Knowlton	75
MAIDENS	5	542000	KOSHER				Maidens	75
MELNYCHENKO	1	634430	PUREED	DIET		1/1/24	UNIT 1	
MILLER	10	167720	RENAL	HS SNACK		1/19/24	Miller	75
MOCK	7	638077	MOD CAL	HS SNACK		1/17/24	Mock	75
MORTON	10	517109	MOD CAL	HS SNACK		12/21/23	Morton	75
PICKARD	12	597204	MOD CAL	HS SNACK		2/29/24	Pickard	75
PRICE	9	431222	RENAL	HS SNACK		12/20/23	Price	75

BCCX Site 2 Diet Sheet BLD (circle one) Date: 12-7-23

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) "*" (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN

PRINTED ON: 12/17/2023 9:11

Name	Unit	Number	Diet	Instructions / Therapeutic Diet	Allergy	Expiration	SIGNATURE	Initials
ROBERTSON	4	498232	MOD CAL	HS SNACK		1/6/24	<i>Robertson</i>	<i>RS</i>
RODRIGUEZ	9	554915	MOD CAL	HS SNACK		12/20/23	<i>Rodriguez</i>	<i>RS</i>
RUSSELL	11	123258	MOD CAL	HS SNACK		2/13/24	<i>Russell</i>	<i>RS</i>
SMITH	12	585466	HALAL			*	<i>Smith</i>	<i>RS</i>
STARK	11	421936	VEGETARIAN		EXP 2/19	*	<i>Stark</i>	<i>RS</i>
TANKSLEY	6	90944	BLAND	SOFT		2/17/24	<i>Tanksley</i>	<i>TS</i>
THREADGILL	13	650087	MOD CAL	HS SNACK		2/29/24	<i>Threadgill</i>	<i>TS</i>
TIDWELL	5	219067	RENAL	HS SNACK		2/5/24	<i>Tidwell</i>	<i>TS</i>

BCCX Site 2 Diet Sheet BLD (circle one) Date: 12-7-2023

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISKS(S) "*" (UNDER EXPIRATION COLUMN) THERAPEUTIC DIETS = ANYTHING WRITTEN UNDER 5TH COLUMN



Daily Meal Count Form

Site Name: ANNEX

Meal Type (Circle): B L D SN S/V

Date: _____

Approval

State Authorized Member: _____

Date: _____

For Katherine
Aramark Manager: _____ Date: 12-1-03

Meals Requested

If not specifically listed below, count in with the Regular count (ie: diagnostic, intake, kitchen inmate workers) - on hard trays.

Reg: 89 + Clinic: 0 = 89

Religious/Vegan/Vegetarian: 4

Therapeutic Diets: 2 ? no diet sheet

HS Snacks: 0

Enhanced Sacks: 0

Staff / 3rd Shift: 0

Visitors: 0

Total Meals on page =

95



Daily Meal Count Form

Site Name: ANNEX

Meal Type (Circle): B L D SN S/V

Date: _____

Total Starting Trays + Added Trays - Unused Trays = Total Served

89 + 0 - 0 = 89

Approval

State Authorized Member: _____

[Signature]

Aramark Manager: _____

Date: 12-1-23

Meals Served (Cross off number as each meal is served)

Trays - Increments of 20s

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays - Single Counts

1 2 3 4 5 6 7 8 9 10
 11 12 13 14 15 16 17 18 19

Total Meals on page =

89



Daily Meal Count Form - Officers

Site Name: ANNEX

Meal Type (Circle): B L D SN S/V

Date: _____

Approval

State Authorized Member

[Signature]

Aramark Manager:

Date: _____

10-1-23

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Total Meals on page = _____

Name	Unit	Number	Diet	Instructions	Allergy	Expiration	SIGNATURE	Steward Initials
FELTS	20	588324	HALAL			*	Delivered	AM
SISE	19	575338	VEGETARIAN		EXP 1/4	*	Delivered	AM
THACKER	18	514449	GLUTEN	RESTRICTED		1/10/24	Delivered	AM
WALSH	17	534599	VEGAN			*	Delivered	AM
WHITED	18	438118	VEGETARIAN		EXP 2/30	*	Delivered	AM
YOUNG	20	410648	RENAL	HS SNACK		2/13/24	Delivered	AM

BCCX Annex Diet Sheet

B L D (circle one)

Date: 12-7-21

RELIGIOUS DIETS INCLUDING VEGAN/VEGETARIAN = ASTERISK(S) " * " (UNDER EXPIRATION COLUMN)

000010575

TN Prison for Women

Main

3 Period

5 Week

Fiscal Year

12/21/2024 12/22/2024 12/23/2024 12/24/2024 12/25/2024 12/26/2024 12/27/2024

Daily Pop. Average

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Totals
Population	553	553	553	553	553	553	552	3870

553

MEALS SERVED

Breakfast	Inmate	380	401	451	446	465	382	395	2,920
	Religious	10	10	10	10	10	10	10	70
	Therapeutic	46	43	43	43	43	44	44	306
	Sacks			4	4	4			12
	Snacks	4	4				4	4	16
	Enhanced Sacks						3	3	6
	Staff	3	5	2	4	3	3	2	22
	Visitor								0
	Totals	443	463	510	507	525	446	458	3,352
	Participation	80.1%	83.7%	92.2%	91.7%	94.9%	80.7%	83.0%	

Participation

86.0%

Breakfast

Lunch	Inmate	400				620	477	445	1,942
	Religious	10				10	10	10	40
	Therapeutic	46		43	43	43	44	44	263
	Sacks								0
	Snacks	4				4	4	4	16
	Enhanced Sacks						3	3	6
	Staff	3				3	3	4	13
	Visitor								0
	Totals	463	0	43	43	680	541	510	2,280
	Participation	83.7%	0.0%	7.8%	7.8%	123.0%	97.8%	92.4%	

82.0%

Lunch

Dinner	Inmate	465		465	450	510	500	515	2,905
	Religious	10		10	10	10	10	10	60
	Therapeutic	46		43	43	43	44	44	263
	Sacks								0
	Snacks	32		32	40	40	32	41	217
	Enhanced Sacks						3		3
	Staff	2			2	1	1	2	8
	Visitor								0
	Totals	555	0	550	545	604	590	612	3,456
	Participation	100.4%	0.0%	99.5%	98.6%	109.2%	106.7%	110.9%	

89.1%

Dinner

DAILY TOTALS 1,461 463 1,103 1,095 1,809 1,577 1,580 9,088

Day's Avg Participation

85.7%

	Total Counts	Meal Price	TOTAL	Average	
				Per Meal	Per Day
Inmate	7,767	\$1.9800	\$15,378.66	408	1109
Religious	170	\$1.9800	\$336.60	8	24
Therapeutic	832	\$1.9800	\$1,647.36	43	118
Sacks	12	\$1.9800	\$23.76	0	1
Snacks	249	\$0.0000	\$0.00	13	35
Enhanced Sacks	15	\$2.0600	\$30.90	0	2
Staff	43	\$1.9800	\$85.14	2	6
Visitor	0	\$1.9800	\$0.00	0	0

TOTAL Meals Served 9,088 Total Sales \$17,502.42 Avg Meals 478

Prices Effective Until 7/1/2024

000010571

DeBerry Special Needs

3 Period

5 Week

12/21/2023 12/22/2023 12/23/2023 12/24/2023 12/25/2023 12/26/2023 12/27/2023

2023 Fiscal Year

Thursday Friday Saturday Sunday Monday Tuesday Wednesday

Daily Pop. Average

Population

609 600 597 596 597 596 606

Totals 4201

600

MEALS SERVED

									Totals	Participation
		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday		
Breakfast	Inmate	452	404	411	423	398	403	387	2,878	84.0%
	Religious	2	2	2	2	2	2	2	14	Breakfast
	Therapeutic	94	90	90	90	90	90	91	635	
	Sacks	0	0	0	0	0	0	0	0	
	Snacks	0	0	0	0	0	0	0	0	
	Enhanced Sacks	0	0	0	0	0	0	0	0	
	Staff	19	19	19	19	19	19	19	133	
	Visitor	0	0	0	0	0	0	0	0	
	Totals	567	515	522	534	509	514	499	3,660	
Participation	93.1%	85.8%	87.4%	89.6%	85.3%	86.2%	82.3%			
Lunch	Inmate	474	418	450	476	529	471	487	3,305	100.6%
	Religious	2	2	2	2	2	2	2	14	Lunch
	Therapeutic	94	90	90	90	90	90	91	635	
	Sacks	0	0	0	0	0	0	0	0	
	Snacks	0	0	0	0	0	0	0	0	
	Enhanced Sacks	79	44	0	0	0	79	69	271	
	Staff	69	56	47	46	51	70	74	413	
	Visitor	0	0	0	0	0	0	0	0	
	Totals	718	610	589	614	672	712	723	4,638	
Participation	117.9%	101.7%	98.7%	103.0%	112.6%	119.5%	119.3%			
Dinner	Inmate	399	478	457	419	440	510	478	3,181	99.1%
	Religious	2	2	2	2	2	2	2	14	Dinner
	Therapeutic	94	90	90	90	90	90	91	635	
	Sacks	0	0	0	0	0	0	0	0	
	Snacks	50	47	47	47	47	47	47	332	
	Enhanced Sacks	0	0	0	0	0	0	0	0	
	Staff	53	53	53	53	53	53	53	371	
	Visitor	0	0	0	0	0	0	0	0	
	Totals	598	670	649	611	632	702	671	4,533	
Participation	98.2%	111.7%	108.7%	102.5%	105.9%	117.8%	110.7%		Day's Avg Participation	
DAILY TOTALS	1,883	1,795	1,760	1,759	1,813	1,928	1,893	12,831	94.5%	

	Total Counts	Meal Price	TOTAL	Average	
				Per Meal	Per Day
Inmate	9,364	\$1.8000	\$16,855.20	492	1337
Religious	42	\$1.8000	\$75.60	2	6
Therapeutic	1,905	\$1.8000	\$3,429.00	100	272
Sacks	0	\$1.8000	\$0.00	0	0
Snacks	332	\$0.0000	\$0.00	17	47
Enhanced Sacks	271	\$1.8700	\$506.77	14	38
Staff	917	\$1.8000	\$1,650.60	48	131
Visitor	0	\$1.8000	\$0.00	0	0

TOTAL Meals Served 12,831 Total Sales \$22,517.17 Avg Meals 675

Prices Effective Until 8/15/2023

Daily Meal Count Form

Site Name: DSNF Regular B11 Kitchen

Meal Type (Circle): **B** L D

Date: 12/27/2023

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Risalia Her

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page = 214

Daily Meal Count Form

Site Name: DSNF Therapeutic

Meal Type (Circle): **B** L D

Date: 12/27/2023

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Pissillia Kim

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page = 91

Daily Meal Count Form

Site Name: DSNF B2 Dining Room

Meal Type (Circle): B L D

Date: 12-27-23

Approval

State Authorized Member:

Date: _____

Aramark Manager: Riccellia Ken

Date: 12/27/23

Meals Served (circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
350	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page= 118

DR DIET LIST BREAKFAST

LAST NAME	FIRST NAME	TDOC NUMBER	HOUSING UNIT	DIET TYPE	SPECIAL INSTRUCTIONS	SIGNATURE
LEDBETTER	CHRISTOPHE	491325	DR-7A	RENAL w/Snack		<u>@ outside Hospital</u>
WOMACK	CHANCE	621640	DR-5A	HALAL/VEGAN/KOSHER/YA HWEH		<u>CH</u>

Inmate Must Show ID and Sign for Diet Tray

Staff Comments: _____

Daily Meal Count Form

Site Name: DSNF Regular B11 Kitchen

Meal Type (Circle): B D

Date: 12/27/2023

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Priscilla Kim

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
200	<u>220</u>	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	<u>18</u>	19	

Total Meals on Page = 238

Daily Meal Count Form

Site Name: DSNF Therapeutic

Meal Type (Circle): B L D

Date: 12/27/2023

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Priscilla Kern

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	<input checked="" type="radio"/> 80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
<input checked="" type="radio"/> 11	12	13	14	15	16	17	18	19	

Total Meals on Page = 91

Daily Meal Count Form

Site Name: DSNF B2 Dining Room

Meal Type (Circle): B L D

Date: 12-27-23

Approval

State Authorized Member: Russalia Kur

Date: _____

Aramark Manager: _____

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

<input checked="" type="radio"/> 20	40	60	80	100	120	140	160	180
<input checked="" type="radio"/> 200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	<input checked="" type="radio"/> 3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page= 203

DR DIET LIST LUNCH

LAST NAME	FIRST NAME	TDOC NUMBER	HOUSING UNIT	DIET TYPE	SPECIAL INSTRUCTIONS	SIGNATURE
LEDBETTER	CHRISTOPHE	491325	DR-7A	RENAL w/Snack		<u>@outside hospital</u>
WOMACK	CHANCE	621640	DR-5A	HALAL/VEGAN/KOSHER/YA HWEH		<u>Ch</u>

Inmate Must Show ID and Sign for Diet Tray

Staff Comments: _____

OFFICER & STAFF TRAYS (BLDG. 2)

1	Hall	26	51
2	Ryan	27	52
3	Patrick	28	53
4	Jesus	29	54
5	Linda	30	55
6	Amin	31	56
7	Anna	32	57
8	push pa	33	58
9	colin	34	59
10	E GARR & H	35	60
11	Wright	36	61
12	K. Cato	37	62
13	Lyn Thomas	38	63
14	Ackinson	39	64
15	Kanter's	40	65
16	Ming	41	66
17	Mingyche	42	67
18	J. R. Smith	43	68
19	Smith	44	69
20	Kam	45	70
21	Bear	46	71
22	Dietsen	47	72
23	Brown	48	73
24		49	74
25		50	75

(31)

(Officer & Staff Trays) CLERK INIT. JW Total: 31

Date: 12/27/23

Aramark Staff Signature: J. R. Smith

SALAD BAR SIGNATURE SHEET (BLDG. 2)

1	Hall	26	51
2	Mang P	27	52
3	Wale	28	53
4	Smity R.	29	54
5	Nyde	30	55
6	TRAFARA	31	56
7	Mary	32	57
8	Linda	33	58
9	Tony	34	59
10	Gordon GA	35	60
11	MCKS	36	61
12	E GARRETT	37	62
13	Wright	38	63
14	Leon Thomas	39	64
15		40	65
16		41	66
17		42	67
18		43	68
19		44	69
20		45	70
21		46	71
22		47	72
23		48	73
24		49	74
25		50	75

(Salad Bar Signature Sheet)

CLERK INIT. JW

Total: _____

Date: 12/27/23

Aramark Staff Signature: J. Krummel

Daily Meal Count Form

Site Name: DSNF Regular B11 Kitchen

Meal Type (Circle): B L **D**

Date: 12/27/2023

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Risalia Hu

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page = 248

Daily Meal Count Form

Site Name: DSNF Therapeutic

Meal Type (Circle): B L **D**

Date: 12/27/2023

Approval

State Authorized Member: _____

Date: _____

Aramark Manager: Rishma Kar

Date: 12/27/23

Meals Served (Circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
200	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page = 91

Daily Meal Count Form

Site Name: DSNF B2 Dining Room

Meal Type (Circle): B L D

Date: 12-27-23

Approval

State Authorized Member: Roseanna Kor

Date: _____

Aramark Manager: Roseanna Kor

Date: 12/27/23

Meals Served (circle off number as each meal is served)

Trays-Increments of 20s:

20	40	60	80	100	120	140	160	180
<u>200</u>	220	240	260	280	300	320	340	360
380	400	420	440	460	480	500	520	540
560	580	600	620	640	660	680	700	720
740	760	780	800	820	840	860	880	900
920	940	960	980	1000	1020	1040	1060	1080
1100	1120	1140	1160	1180	1200	1220	1240	1260
1280	1300	1320	1340	1360	1380	1400	1420	1440
1460	1480	1500	1520	1540	1560	1580	1600	1620
1640	1660	1680	1700	1720	1740	1760	1780	1800

Trays-Single Counts:

1	2	3	4	<u>5</u>	6	7	8	9	10
11	12	13	14	15	16	17	18	19	

Total Meals on Page= 205

DR DIET LIST DINNER

LAST NAME	FIRST NAME	TDOC NUMBER	HOUSING UNIT	DIET TYPE	SPECIAL INSTRUCTIONS	SIGNATURE
LEDBETTER	CHRISTOPHE	491325	DR-7A	RENAL w/Snack		<u>@outside Hospital</u> <u>Chad</u>
WOMACK	CHANCE	621640	DR-5A	HALAL/VEGAN/KOSHER/YA HWEH		

Inmate Must Show ID and Sign for Diet Tray

Staff Comments: _____

Snack List Delivery Sheet

TDOC Number Last Name First Name Housing Unit Number of Snacks

591514	TSCHANTZ	TIMOTHY	6B	1
491325	LEDBETTE	CHRISTO	DR-7A	1

Total Number of Snacks: 2

Delivery Steward Signature



Receiving Steward Signature

Snack List for Dining Room

<i>TDOC Number</i>	<i>Last Name</i>	<i>First Name</i>	<i>Housing Unit</i>	<i>Number of Snacks</i>	<i>Steward Initial</i>
591514	TSCHANTZ	TIMOTHY	6B	1	JM
491325	LEDBETTE	CHRISTO	DR-7A	1	JR
Total Number of Snacks:				2	

Comments:

DR Meals on Unit

The following inmates are to eat on the units and have a retherm tray from Building 11. Ensure their trays are delivered for each meal. Trays on this list do not need to be listed on the Call Out Report.

<i>Housing Unit</i>	<i>Number</i>	<i>Name</i>	<i>Diet Type</i>	<i>Special Instructions</i>
6A				
	419089	BLAIR, JOHN	REGULAR	EAT ON UNIT__
	363259	FRANKLIN, EUGENE	REGULAR	EAT ON UNIT
	319760	JOHNSON, DONALD	REGULAR	EAT ON UNIT
	484792	PITT, EDWIN	REGULAR	EAT ON UNIT__
	533069	PULLEY, CODEY	REGULAR	EAT ON UNIT
	465316	STACK, ALFRED	REGULAR	EAT ON UNIT__
	228656	WOODLEY, BARRY	REGULAR	EAT ON UNIT
6B				
	390454	ALBADRY, TALEB	REGULAR	EAT ON UNIT
	286086	BRADBURY, FRANK	REGULAR	EAT ON UNIT
	456194	DODGEN, JOHNNY	REGULAR	EAT ON UNIT
	144685	MILLER, TIMOTHY	PUREED	
	591514	TSCHANTZ, TIMOTHY	RENAL w/Snack	

Number of Diets Breakfast

Diet Type:	Total:
	0
<i>CLEAR LIQUID</i>	1
<i>FINGER FOOD</i>	26
<i>FULL LIQUID</i>	3
<i>HALAL/VEGAN/KOSHER/YAHWEH</i>	2
<i>LOW CHOLESTEROL/FAT</i>	4
<i>MECHANICAL SOFT</i>	2
<i>MOD. CAL/CARB. w/Snack</i>	10
<i>PUREED</i>	3
<i>REGULAR</i>	16
<i>REGULAR GARDEN</i>	13
<i>RENAL w/Snack</i>	32
<i>SPECIAL (SPECIAL DIETS)</i>	7
<i>TDOT CREW</i>	2
<i>VEGETARIAN</i>	4
All Diets	154
All Snacks	47
Temperature Test Trays	6

Wednesday, December 27, 2023

Number of Diets Lunch

Diet Type:	Total:
	0
<i>CLEAR LIQUID</i>	1
<i>FINGER FOOD</i>	26
<i>FULL LIQUID</i>	3
<i>HALAL/VEGAN/KOSHER/YAHWEH</i>	2
<i>LOW CHOLESTEROL/FAT</i>	4
<i>MECHANICAL SOFT</i>	2
<i>MOD. CAL/CARB. w/Snack</i>	10
<i>PUREED</i>	3
<i>REGULAR</i>	16
<i>REGULAR GARDEN</i>	13
<i>RENAL w/Snack</i>	32
<i>SPECIAL (SPECIAL DIETS)</i>	7
<i>TDOT CREW</i>	2
<i>VEGETARIAN</i>	4
All Diets	154
All Snacks	47
Temperature Test Trays	6

Wednesday, December 27, 2023

Number of Diets Dinner

Diet Type:	Total:
	0
<i>CLEAR LIQUID</i>	1
<i>FINGER FOOD</i>	26
<i>FULL LIQUID</i>	3
<i>HALAL/VEGAN/KOSHER/YAHWEH</i>	2
<i>LOW CHOLESTEROL/FAT</i>	4
<i>MECHANICAL SOFT</i>	2
<i>MOD. CAL/CARB. w/Snack</i>	10
<i>PUREED</i>	3
<i>REGULAR</i>	16
<i>REGULAR GARDEN</i>	13
<i>RENAL w/Snack</i>	32
<i>SPECIAL (SPECIAL DIETS)</i>	7
<i>TDOT CREW</i>	2
<i>VEGETARIAN</i>	4
All Diets	154
All Snacks	47
Temperature Test Trays	6

Wednesday, December 27, 2023

Population Meal Count

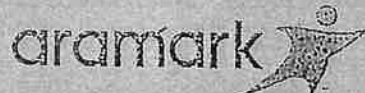
Wednesday 12/27/23

Population: 606

LOCATION	UNIT COUNT	DIETS	SPECIAL DIETS	Breakfast	TOTAL DIETS	REGULAR TRAYS	RELIGIOUS	STAFF	TOTAL	
DR		3	1		4	10	1			15
15A	75	0	0		0	0	0	0	0	0
15B	73	27	6		33	40	0	0	0	73
10	23	8	3		11	12	0			23
9/3	25	4	0		4	21	0			25
9/2	25	2	0		2	23	0			25
8/1&2	21	0	1		1	20	0	6		27
7B	25	0	0		0	23	0	6		31
7A	24	0	0		0	3	0			3
7C	22	21	2		23	0	0	5		29
7D	26	2	0		2	23	0			26
7F	20	2	0		2	18	0	2		22
Passover:		0		Sample Trays:	9	2	1		12	
Jubilee:		0		Permanent Blanks:	0	0	0		0	
Ramadan:		0		Totals:	91	214	2	19	311	

LOCATION	UNIT COUNT	DIETS	SPECIAL DIETS	Lunch	TOTAL DIETS	REGULAR TRAYS	RELIGIOUS	STAFF	TOTAL	
DR		3	1		4	10	1			15
15A	75	0	0		0	0	0	0	0	0
15B	73	27	6		33	40	0	8		81
10	23	8	3		11	12	0	4		27
9/3	25	4	0		4	21	0	3		28
9/2	25	2	0		2	23	0	3		28
8/1&2	21	0	1		1	20	0	11		32
7B	25	0	0		0	23	0	6		31
7A	24	0	0		0	3	0	1		4
7C	22	21	2		23	0	0	4		28
7D	26	2	0		2	23	0	1		27
7F	20	2	0		2	18	0	2		22
Passover:		0		Sample Trays:	9	2	1		12	
Jubilee:		0		Permanent Blanks:	0	0	0		0	
Ramadan:		0		Totals:	91	238	2	43	335	

LOCATION	UNIT COUNT	DIETS	SPECIAL DIETS	Dinner	TOTAL DIETS	REGULAR TRAYS	RELIGIOUS	STAFF	TOTAL	
DR		3	1		4	10	1	10		25
15A	75	0	0		0	0	0	0	0	0
15B	73	27	6		33	40	0	8		81
10	23	8	3		11	12	0	4		27
9/3	25	4	0		4	21	0	3		28
9/2	25	2	0		2	23	0	3		28
8/1&2	21	0	1		1	20	0	11		32
7B	25	0	0		0	23	0	6		31
7A	24	0	0		0	3	0	1		4
7C	22	21	2		23	0	0	4		28
7D	26	2	0		2	23	0	1		27
7F	20	2	0		2	18	0	2		22
Passover:		0		Sample Trays:	9	2	1		12	
Jubilee:		0		Permanent Blanks:	0	0	0		0	
Ramadan:		0		Totals:	91	248	2	53	345	



DSNF

Daily Transit Sacks Acceptance Report

Date:

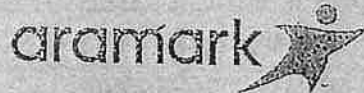
12-27-2003

Number of Enhanced Sack lunches this delivery

25- Lunch Sacks

Cpl. J. Saffer

Your name, signature, and date



DSNF

Daily Transit Sacks Acceptance Report

Date: 12-27-23

Number of Enhanced Sack lunches this delivery

44

V. McLean 12-27-23

Your name, signature, and date

SNACK DIET SHEET

1. Attach this sheet to the production packet along with the Diet Sheets
2. Record meat and fruit selection given for all snacks
3. Record snack counts on this sheet
4. File with the Diet Sheets

Meat Selection: Turkey Fruit Selection: apple Date: 12-27-23

Counts	0	32	5	0	0	10
Type of Snacks:	Diabetic (All Calorie Levels): HS Snack	Renal HS Snack	Pre-Renal HS Snack	Prenatal AM Snack	Prenatal PM Snack	Low Carb/ High Protein HS Snack
Content:	2 oz Meat/Meat Equivalent* 2 sl Bread 1 Fruit	2 oz Meat/Meat Equivalent *** 2 sl Bread	2 oz Meat/Meat Equivalent 2 sl Bread 1 Fruit	2 oz Meat/Meat Equivalent ** 1 sl Bread 1 Fruit	1 oz Meat Equivalent ** 1 sl Bread 1 Fruit	4 oz Meat Equivalent ** 1 sl Bread 1 Citrus Fruit

Adolescents
Housed as Adults
HS Snack
1 oz Meat/Meat Equivalent
2 sl Bread

* 2 oz. of Meat/Meat Equivalent for Snack = 2 oz Turkey (white roll or combo roll), 4 Tbsp Peanut Butter, or 2 (g) Hard Cooked Egg

** 1 oz. of Meat Equivalent for Pregnancy Snack = 1 oz Imitation Cheese, 2 Tbsp Peanut Butter, or 1 (g) Hard Cooked Egg

*** 2 oz. of Meat/Meat Equivalent for Renal Snack = 1 ozw Peanut Butter (no more than 2x per week), or 2 oz Rinsed Tuna, or 2 oz unprocessed Chicken, or 2 oz cold Ground Poultry Patty

Total Snack Count: 47

N. McLean
Prepared By/Date

12-27-23



**Morgan County Correctional Facility
Weekly Meal Count Report**

		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Totals
		11/30/2023	12/1/2023	12/2/2023	12/3/2023	12/4/2023	12/5/2023	12/6/2023	
Population		1,912	1,927	1,927	1,927	1,918	1,927	1,918	13,456
Meals Served									
Breakfast Weekly counts	Inmate	2,011	1,995	2,074	1,924	1,945	2,029	2,068	14,046
	Religious	105	105	105	103	103	105	115	741
	Therapeutic	46	53	46	47	46	53	53	344
	Sacks	0	0	0	0	0	0	0	0
	Snacks	0	0	0	0	0	0	0	0
	Enhanced Sacks	191	118	6	0	119	199	124	757
	Staff	2	12	3	10	0	4	3	34
	Visitor	0	0	0	0	0	0	0	0
Weekly Totals		2,355	2,283	2,234	2,084	2,213	2,390	2,363	
		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
		11/30/2023	12/1/2023	12/2/2023	12/3/2023	12/4/2023	12/5/2023	12/6/2023	
Lunch Weekly Counts	Inmate	1,891	2,076	0	0	1,963	2,187	2,285	10,402
	Religious	106	105	0	0	103	105	115	534
	Therapeutic	46	46	46	46	47	53	53	337
	Sacks	0	0	0	0	0	0	0	0
	Snacks	0	0	0	0	0	0	0	0
	Enhanced Sacks	12	10	20	15	15	15	15	102
	Staff	19	15	0	0	18	13	17	82
	Visitor	0	0	0	0	0	0	0	0
Weekly Totals		2,074	2,252	66	61	2,146	2,373	2,485	
		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
		11/30/2023	12/1/2023	12/2/2023	12/3/2023	12/4/2023	12/5/2023	12/6/2023	
Dinner Weekly Counts	Inmate	2,016	2,162	2,145	2,134	2,082	2,154	2,125	14,818
	Religious	106	105	103	103	103	120	115	755
	Therapeutic	46	46	46	48	46	53	53	338
	Sacks	0	0	0	0	0	0	0	0
	Snacks	32	30	33	51	35	37	37	255
	Enhanced Sacks	0	0	6	0	0	0	0	6
	Staff	40	62	40	48	54	53	49	346
	Visitor	0	0	0	0	0	0	0	0
Weekly Totals		2,240	2,405	2,373	2,384	2,320	2,417	2,379	

	Total Weekly Counts
Inmate	39,266
Religious	2,030
Therapeutic	1,019
Sacks	0
Snacks	255
Enhanced Sacks	865
Staff	462
Visitor	0
0	0
0	0
Total Weekly Count	43,897

Your name, signature, and date

20



**Mark Luttrell Transition Center
Weekly Meal Count Report**

		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Totals
		12/28/2023	12/29/2023	12/30/2023	12/31/2023	1/1/2024	1/2/2024	1/3/2024	
Population		189	189	189	189	189	189	189	1,323
Meals Served									
Breakfast Weekly counts	Inmate	179	180	184	191	198	191	180	1,303
	Religious	0	0	0	0	0	0	0	0
	Therapeutic	5	5	5	5	5	5	5	35
	Sacks								0
	Snacks								0
	Enhanced Sacks	50	50	50	50	50	50	50	350
	Staff	0	0	0	0	0	0	0	0
	Visitor	0	0	0	0	0	0	0	0
Weekly Totals		234	235	239	246	253	246	235	
Lunch Weekly Counts									
		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
		12/28/2023	12/29/2023	12/30/2023	12/31/2023	1/1/2024	1/2/2024	1/3/2024	
	Inmate	180	180	0	0	198	180	190	928
	Religious	0	0	0	0	0	0	0	0
	Therapeutic	5	5	5	5	5	5	5	35
	Sacks	0	0	0	0	0	0	0	0
	Snacks	0	0	0	0	0	0	0	0
	Enhanced Sacks	124	124	0	0	0	124	127	499
	Staff	20	15	0	0	0	30	35	100
	Visitor	0	0	0	0	0	0	0	0
Weekly Totals		329	324	5	5	203	339	357	
Dinner Weekly Counts									
		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
		12/28/2023	12/29/2023	12/30/2023	12/31/2023	1/1/2024	1/2/2024	1/3/2024	
	Inmate	196	192	190	179	191	180	189	1,317
	Religious	0	0	0	0	0	0	0	0
	Therapeutic	5	5	5	5	5	5	5	35
	Sacks	4	4	4	4	4	4	4	28
	Snacks	0	0	0	0	0	0	0	0
	Enhanced Sacks	0	0	0	0	0	0	0	0
	Staff	7	7	7	7	7	7	7	49
	Visitor								0
Weekly Totals		212	208	206	195	207	196	205	

	Total Weekly Counts
Inmate	3,548
Religious	0
Therapeutic	105
Sacks	28
Snacks	0
Enhanced Sacks	849
Staff	149
Visitor	0
0	0
0	0
Total Weekly Count	4,679

Tamara Calhoun
 Your name, signature, and date
Tamara Calhoun

Aramark

Daily Meal Count Form

Site Name: NECX (Main)

Meal Type (Circle): B L

Date: 12-21-23

Approval: State Authorized Staff: _____

Aramark Staff: Keen

Starting Tray Count _____ Initial _____

Ending Tray Count _____ Initial _____

Meals Requested:

Hard Trays 618

Boxed trays 130 (Lock Down Units) #7

SMY 15 & 6 bulk 390

Medical 16

Maintenance _____

D-Board _____

Gym _____

Intake _____

Laundry 12

Sanitation _____

Industry _____

Education _____

Library 13

Inmate Workers 9

Additional Meals Provided: _____

Enhanced Sacks 4 (Industry/Chains)

Staff Sign below

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Total Regular ~~1028~~ ¹¹⁸⁸ (Total Tray Count) = Tray count form total = Production amount served.

Pre-made salads / Staff 15

Counts below pulled from Daily Diet Roster.

MEDICAL (Therapeutic): 65

PM SNACKS BAG (Daily): _____

RELIGIOUS: 56

(Provided @ Dinner Meal Only)

Armark

Daily Meal Count Form

Site Name: NECX (Main)

Meal Type (Circle): B (L)

Date: 12-21-20

Approval: State Authorized Staff: _____

Armark Staff: Holly

Starting Tray Count _____ Initial _____

Ending Tray Count _____ Initial _____

Meals Requested:

Hard Trays	<u>467</u>	
Boxed trays	<u>-130</u>	(Lock Down Units) #7
5 & 6 bulk	<u>390</u>	
Medical	<u>18</u>	
Maintenance	<u>50</u>	
D-Board	<u>14</u>	1.
Gym	_____	2.
Intake	<u>10</u>	3.
Laundry	<u>12</u>	4.
Sanitation	<u>5</u>	5.
Industry	<u>45</u>	6.
Education	<u>18</u>	7.
Library	<u>13</u>	
Inmate Workers	<u>18</u>	

Enhanced Sacks _____ (Industry/Chains)

Staff Sign below

Additional Meals Provided: _____

Total Regular 1084 (Total Tray Count) = Tray count form total = Production amount served.

Pre-made salads / Staff 20

Counts below pulled from Daily Diet Roster:

MEDICAL (Therapeutic): 65

PM SNACKS BAG (Daily): _____

RELIGIOUS: 56

(Provided @ Dinner Meal Only)

Aramark

Daily Meal Count Form

Site Name: NECX (Main)

Meal Type (Circle): B

L (D)

Date: 12-21-23

Approval: State Authorized Staff: _____

Starting Tray Count _____ Initial _____

Aramark Staff: Reberke

Ending Tray Count _____ Initial _____

Meals Requested:

Hard Trays 615

Boxed trays 130 ⁴⁷ (Lock Down Units)

5 & 6 bulk 390

Medical 20

Maintenance _____

D-Board _____

Gym _____

Intake _____

Laundry _____

Sanitation _____

Industry _____

Education _____

Library _____

Inmate Workers 10

Additional Meals Provided: 5

Enhanced Sacks _____ (Industry/Chains)

Staff Sign below

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Total Regular 1170 (Total Tray Count) = Tray count form total = Production amount served.

Pre-made salads / Staff 4

Counts below pulled from Daily Diet Roster:

MEDICAL (Therapeutic): 65

RELIGIOUS: 56

PM SNACKS BAG (Daily): 38 (Provided @ Dinner Meal Only)



Summary Meal Count Form

SITE: ANNEX

Meal Type (Circle): B L D

Date: 12-7-23

State Authorized Member: Williams

Date: 12-7-23

Aramark Manager: _____

Date: _____

Meals Requested

Regular Dining Room Meals: 616

POPULATION 678

Total Call outs: 0

Inmate count 616

CR 3814 Religious: 18

CR 1798 Diets: 44

Snacks: 0

Enhanced Sacks: 3

Staff / Visitor: 0

Total Meals on Page: 681

Backup paperwork required:

- Signed Daily Meal count form for B L D
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers



Summary Meal Count Form

SITE: ANNEX

Meal Type (Circle): B L D

Date: 12-7-23

State Authorized Member: _____

Date: _____

Aramark Manager: N. Keys

Date: 12-7-23

Meals Requested

Regular Dining Room Meals: 6116 POPULATION 678

Total Call outs: 26 } Inmate count 642

CR 3814 Religious: 18

CR 1798 Diets: 44

Snacks: 0

Enhanced Sacks: 30 NRU

Staff / Visitor: 7

Total Meals on Page: 741

Backup paperwork required:

- Signed Daily Meal count form for BLD
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers



Summary Meal Count Form

SITE: ANNEX

Meal Type (Circle): B L D

Date: 12-7-23

State Authorized Member: _____

Date: _____

Aramark Manager: N Keyes

Date: 12-7-23

Meals Requested

Regular Dining Room Meals: 616 POPULATION 678

Total Call outs: 20 } Inmate count 636

CR 3814 Religious: 18

CR 1798 Diets: 44

Snacks: 24

Enhanced Sacks: 0

Staff / Visitor: 15

Total Meals on Page: 737

Backup paperwork required:

- Signed Daily Meal count form for B L D
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers



Summary Meal Count Form

SITE SITE 1

Meal Type (Circle): B L D

Date: 12-7-23 Q.R654

State Authorized Member: _____

Date: _____

Aramark Manager: Maria Ramirez

Date: 12-7-23

Meals Requested

Regular Dining Room Meals:	<u>359</u> <u>459</u>	POPULATION <u>459</u>
Total Call outs:	<u>13</u>	} Inmate count <u>826</u>
unit 7,8,9,10	<u>354</u>	
CR 3814 Religious:	<u>27</u>	
CR 1798 Diets:	27 <u>37</u>	
Snacks:	<u>0</u>	
Enhanced Sacks:	<u>0</u>	
Staff / Visitor:	<u>0</u>	
Total Meals on Page:	<u>890</u>	

Backup paperwork required:

- Signed Daily Meal count form for B L D
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers

HSA TRAYS GOING OUT _____ LIDS GOING OUT _____
 HSA TRAYS COMING BACK _____ LIDS COMING BACK _____
 UNIT 5 TRAYS GOING OUT _____ TRAYS COMING BACK _____



Summary Meal Count Form

SITE: SITE 1

Meal Type (Circle): B (L) D

Date: 12/7/23 Q R654

State Authorized Member: [Signature]

Date: 12/7/23

Aramark Manager: _____

Date: _____

Meals Requested

Regular Dining Room Meals:	<u>459</u>	}
Total Call outs:	<u>42</u>	
unit 7,8,9,10	<u>344</u>	

POPULATION _____
Inmate count 845

CR 3814 Religious: 27

CR 1798 Diets: 37

Snacks: 0

Enhanced Sacks: 0

Staff / Visitor: 2427

Total Meals on Page: ~~892~~ 936

Backup paperwork required:

- Signed Daily Meal count form for BLD
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers

HSA TRAYS GOING OUT _____ LIDS GOING OUT _____
 HSA TRAYS COMING BACK _____ LIDS COMING BACK _____
 UNIT 5 TRAYS GOING OUT _____ TRAYS COMING BACK _____



Summary Meal Count Form

SITE SITE 1

Meal Type (Circle): B L (D)

Date: 12.7.23 Q R654

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

Meals Requested

Regular Dining Room Meals:

459

POPULATION _____

Total Call outs:
unit 7,8,9,10

19
341

Inmate count 819

CR 3814 Religious:

27

CR 1798 Diets:

37

Snacks:

13

Enhanced Sacks:

0

Staff / Visitor:

20

Total Meals on Page:

916

Backup paperwork required:

- Signed Daily Meal count form for B L (D)
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers

HSA TRAYS GOING OUT _____ LIDS GOING OUT _____
 HSA TRAYS COMING BACK _____ LIDS COMING BACK _____
 UNIT 5 TRAYS GOING OUT _____ TRAYS COMING BACK _____



Summary Meal Count Form

SITE: NRU

Meal Type (Circle): (B) L D

Date: 12-7-23

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

Meals Requested

Regular Dining Room Meals: 96 POPULATION _____

Total Call outs: 0 } Inmate count 96

CR 3814 Religious: 2

CR 1798 Diets: 3

Snacks: 0

Enhanced Sacks: 0

Staff / Visitor: 0

Total Meals on Page: 101

Backup paperwork required:

- Signed Daily Meal count form for (B) L D
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers



Summary Meal Count Form

SITE: NRU

Meal Type (Circle): B D

Date: 12-7-23

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

Meals Requested

Regular Dining Room Meals:	<u>96</u>	} Inmate count <u>96</u>	POPULATION _____
Total Call outs:	<u>0</u>		
CR 3814 Religious:	<u>2</u>		
CR 1798 Diets:	<u>3</u>		
Snacks:	<u>0</u>		
Enhanced Sacks:	<u>0</u>		
Staff / Visitor:	<u>0</u>		
Total Meals on Page:	<u>101</u>		

Backup paperwork required:

- Signed Daily Meal count form for B D
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers



Summary Meal Count Form

SITE: NRU

Meal Type (Circle): B L D

Date: 12 DEC 07 2023

State Authorized Member: _____

Date: _____

Aramark Manager: _____

Date: _____

Meals Requested

Regular Dining Room Meals:	<u>96</u>	} Inmate count <u>96</u>	POPULATION _____
Total Call outs:	<u>0</u>		
CR 3814 Religious:	<u>2</u>		
CR 1798 Diets:	<u>3</u>		
Snacks:	<u>2</u>		
Enhanced Sacks:	<u>0</u>		
Staff / Visitor:	<u>0</u>		
Total Meals on Page:	<u>103</u>		

Backup paperwork required:

- Signed Daily Meal count form for B L D
- Daily Meal Delivery Report -
- Daily Inmate Diet Log Sign in Sheet
- Daily Inmate Religious Log Sign in Sheet
- Daily Enhanced Sack Lunch Acceptance Form
- Dining Room Unit Call out Report
- Snack backup is documented in the Inmate Diet Log Sign in Sheet
- Daily Meal Count forms - Officers

STUDENT MEAL SIGN-IN SHEET

TOTAL MEALS 180

SIGNED FOR 80

NOT SIGNED FOR 100

DATE 12/4/23

BREAKFAST LUNCH DINNER

LAST NAME	FIRST NAME	Dept.	QTY	LAST NAME	FIRST NAME	Dept	QTY
1 Sample	travis	TEA	2	26 Byington	Timmy	NECX	3
2 Comper	Wanda	TCIX	1	27 Cleverger	Dukosa	mccx	2
3 Hargrave	Derruc	TCIX	2	28 Ward	Jessica	mccx	3
4 Hair	Brianna	TCIX	2	29 Watson	Sandra	mccx	1
5 Wither	Arlo	mccx	1	30 Wecher	Dillon	TCIX	2
6 Keen	Rayford	Beex	2	31 Bronseum	Morgan	mccx	2
7 Smith	Warren	NECX	2	32 Vandomal	Candace	RMSI	1
8 Sims	Curtis	NECX	1	33 Blanchette	Jeremy	DSUF	2
9 Doss	Robert	NWCX	2	34 Uayd	Philip	mccx	2
10 Forlifer	William	NWCX	2	35 Weaver	Michael	NECX	1
11 Miller	David	Beex	2	36 Poot	Dominique	RMSI	2
12 North	Janice	DSNF	2	37 SLOAN	WILLIAM	BPOT	2
13 Parchment	Crystal	RMSI	2	38 moore	Keith	BPOT	0
14 Nunn	Melinda	NECX	2	39 Arcontb	Rich	BPOT	1
15 Sessor	Jarvel	NECX	2	40 Rodly	Anthony	BPOT	1
16 Shelton	Dylan	NECX	2	41 Caterino	Megan	BPOT	1
17 Mackey	Tamara	Beex	3	42 Manning	Rushana	BPOT	2
18 Nail	Grayson	Beex	2	43 Alister	ARSHOD	ISAF	2
19 Rodgers	Patrick	DSUF	1	44 Lawson	William	BPOT	1
20 Foster	Kevin	RMSI	3	45 Burke	Laurie	BPOT	1
21 ARR	Angela	WISF	2	46 Char Han	Carver	BPOT	2
22 WATLEY	Lisa	RMSI	1				
23 Smith	Auren	mccx	2				
24 Palmer	A	mccx	2				
25 Galiner	Monica	Beex	2				

~~Manning Rushana BPOT 2~~

36

TCA STAFF AND VISITOR SIGN IN SHEET

TOTAL MEALS 35

SIGNED FOR 35
NOT SIGNED FOR 0

DATE 12/4/23

BREAKFAST LUNCH DINNER

	LAST NAME	FIRST NAME	Dept.	QTY		LAST NAME	FIRST NAME	Dept	QTY
1	Vieva	R	TCA	2	26				
2	Dillon	Bernard	TCA	2	27				
3	Whitney	Christy	TEA	1	28				
4	Loshbough	Audra	HR	1	29				
5	Chandler	Andres	HR	1	30				
6	DeVore	Marla	ITS	1	31				
7	Dominique	Francisco	TCA	1	32				
8	Littles	Donna	HR	1	33				
9	Rogers	Leigh Ann	HR	1	34				
10	Nolen	Laura	HR	1	35				
11	Hayes	Kim	HR	1	36				
12	Sims	Tracy	HR	1	37				
13	McLannahan	Misty	HR	1	38				
14	Bedsole	Lynna	HR	1	39				
15	Smith	Malanie	HR	1	40				
16	Coleman	Loretta	HR	1	41				
17	Krabell	Karen	HR	2	42				
18	Haring	Colina	HR	1	43				
19	Brassfield	Justin	SEI	2	44				
20	Heron	R.C.	TCA	2	45				
21	Lewis	King	TCA	2	46				
22	Sims	Wickie	TCA	2	47				
23	Womack	Brittan	TCA	2	48				
24	McConary	Allyson	TCA	2	49				
25		Suliana	TCA	2	50				

TCA STAFF AND VISITOR SIGN IN SHEET

TOTAL MEALS 4

SIGNED FOR 4

NOT SIGNED FOR 0

DATE 12-4-23

BREAKFAST

LUNCH

DINNER

	LAST NAME	FIRST NAME	Dept.	QTY		LAST NAME	FIRST NAME	Dept	QTY
1	Dennis Egbert	Denise	TCA	2	26				
2	Brown	Shell	TCA	2	27				
3					28				
4					29				
5					30				
6					31				
7					32				
8					33				
9					34				
10					35				
11					36				
12					37				
13					38				
14					39				
15					40				
16					41				
17					42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
24					49				
25					50				

**STUDENT
MEAL SIGN-IN SHEET**

TOTAL MEALS 2

SIGNED FOR 2

NOT SIGNED FOR 0

DATE 12-4-23

BREAKFAST LUNCH DINNER

	LAST NAME	FIRST NAME	Dept.	QTY		LAST NAME	FIRST NAME	Dept	QTY
1	Manning	Kashara	BPO7	2	26				
2					27				
3					28				
4					29				
5					30				
6					31				
7					32				
8					33				
9					34				
10					35				
11					36				
12					37				
13					38				
14					39				
15					40				
16					41				
17					42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
24					49				
25					50				

**TCA STAFF AND VISITOR
SIGN IN SHEET**

TOTAL MEALS 82

SIGNED FOR 82

NOT SIGNED FOR 0

DATE 12-4-23

BREAKFAST

LUNCH

DINNER

LAST NAME	FIRST NAME	Dept.	QTY	LAST NAME	FIRST NAME	Dept	QTY
1 FIEDLER	BRAUN	RA	2	26 HANEY	Kim	HR	1
2 Glover	Michelle	TCA	2	27 Davis	Wendy	HR	1
3 COMPTON	Anna	TCA	2	28 Tidwell	Anita	HR	1
4 HARRIS	Edith	TCA	2	29 ROGERS	Leigh Ann	HR	1
5 JENNIFER	Karen	TCA	2	30 HENSON	Judy	HR	1
6 Anderson	TERRI	TCA	2	31 LAWS	Brittany	HR	1
7 McWhorter	Red	TCA	2	32 TARKINGTON	Susan	HR	1
8 Whitman	Ron	TCA	2	33 Kilpatrick	Anne	HR	1
9 MUMFORD	MICHAEL	TCA	2	34 ROSE	JANNE	HR	1
10 Matthews	Robert	TCA	2	35 Johnson	Sharon	HR	1
11 DICKEY	Bernard	TCA	2	36 CHINDEN	Andrea	HR	1
12 Whittlesy	Christy	TCA	2	37 Loshbary	Andrea	HR	1
13 Vee	K.	TCA	2	38 SHANKLE	Chris	HR	1
14 FOX	JANE	TCA	2	39 McCLANNAHAN	Misty	HR	1
15 Rice	Jane	TCA	2	40 Bonds	Shalanda	HR	1
16 HESTER	RC	TCA	2	41 LOUIS	Leah	HR	1
17 HALEY	CHRIS	DECO	2	42 DRADEN	Megan	HR	1
18 POLLEN	ANG	BCCF	2	43 CARTNER	Kimberly	HR	1
19 BRAMER	Heather	BCCF	2	44 GUMPERT	Judy	HR	1
20 ELLEN	Kelley	TCA	2	45 SKINNER	JULIE	HR	1
21 STELTOW	JOE	TCA	2	46 CLARK	Brittney	HR	1
22 CARO	CHRIS	TCA	2	47 MULLER	LESLIE	HR	1
23 SNOWDEN	Brandon	TCA	2	48 Oden	Felicia	HR	1
24 LEWIS	King	TCA	2	49 KIMBELL	Karen	HR	1
25 NAVESSO	Mark	TTS	2	50 HURST	Melissa	HR	1

55

27

John Clark RC 2
 Jennifer Walley 1
 Bodsole Lynn HR 1
 Smith melanie HR 1

**STUDENT
MEAL SIGN-IN SHEET**

TOTAL MEALS 378

SIGNED FOR 116

NOT SIGNED FOR 262

DATE 12-4-23

BREAKFAST

LUNCH

DINNER

LAST NAME	FIRST NAME	Dept.	QTY	LAST NAME	FIRST NAME	Dept	QTY
1 Sample	Travis		2	26 Sessor	Jarrod	NECX	2
2 Miller	David	BCCX	2	27 Siskin	Dylan	NECX	2
3 Norbert	Daniel	DSNF	2	28 Sims	Chris	NECX	1
4 Speed	Kaitlyn	NWEX	2	29 Ward	Jessica	MCIX	1
5 Kincaid	Alex	NECX	2	30 Norbert	Angela	WTSP	1
6 Clay	Philip	mccx	2	31 Thomas	Chante	WTSP	1
7 Robinson	Chakym	WTSP	2	32 Hall	Marsha	DIRC	2
8 Rodgers	Patsy	DICX	1	33 Golliner	Monica	BCCX	2
9 Hargrove	Jerry	TCIX	1	34 Gamall	Chase	TCIX	1
10 Hair	Brianna	TCIX	2	35 Cleveenger	Dakota	mccx	2
11 Parchment	Crystal	RMSI	2	36 Buijton	Jimmy	NECX	2
12 Foster	Kevinynn	RMSI	3-	37 Wick	Dillon	TCIX	2
13 Whitley	Lisa	RMSI	1	38 Branscum	Morgan	mccx	2
14 King	James	MCCX	1	39 Blanchette	Jeremy	DSUP	2
15 Wicker	Arlo	MCCX	1	40 Camper	Wanda	TCIX	2
16 Smith	Wesley	NECX	2	41 Anderson	Christine	RMSI	2
17 Doss	Robert	NWEX	2	42 Rutledge	Heather	KWSI	1
18 Forlifer	William	NWEX	2	43 Charlton	Cather	BPOH	2
19 Mann	Melissa	NECX	2	44 Caterino	Megan	BPOH	1
20 Warner	A	mccx	2	45 Burke	Louis	BPOH	1
21 Watson	Samira	MCIX	2	46 Lawson	Will	BPOH	1
22 Weaver	Michael	NECX	2	47 Johnson	Molly	BPOH	2
23 Nail	Grayson	BCCX	2	48 Dreat	Rich	BPOH	1
24 Backett	Seth	NECX	2	49 Ruddy	Anthony	BPOH	2
25 Smith	Arvin	mccx	2	50 Sloan	William	BPOH	2

AL JAFF MRS HD BPOH 2
Carler Nica DSNF 1

maile Keith BPOH 2

**WORK CREW MEAL
SIGN-IN SHEET**

TOTAL MEALS 36

SIGNED FOR 36

NOT SIGNED FOR Ø

DATE 12-4-23

BREAKFAST

LUNCH

DINNER

	LAST NAME	FIRST NAME	FACILITY	QTY		LAST NAME	FIRST NAME	FACILITY	QTY
1	Kesterman	Tasha	BCCX	3	26				
2	Taylor	Christy	BCCX	3	27				
3	Ellison	Gracie	BCCX	3	28				
4	Cornell	Kenzie	BCCX	3	29				
5	Reese	Dorothy	BCCX	3	30				
6	Pickler	Marcy	BCCX	3	31				
7	Isom	Lauren	BCCX	3	32				
8	Landwerth	Brandy	BCCX	3	33				
9	Milkorn	Koranda	BCCX	3	34				
10	Reed	Jessica	BCCX	3	35				
11	Shaw	Hilce	BCCX	3	36				
12	Ray	Chelton	BCCX	3	37				
13					38				
14					39				
15					40				
16					41				
17					42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
24					49				
25					50				

**STUDENT
MEAL SIGN-IN SHEET**

TOTAL MEALS 125

SIGNED FOR Col

NOT SIGNED FOR 64

DATE 12/4/23

BREAKFAST

LUNCH

DINNER

	LAST NAME	FIRST NAME	Dept.	QTY		LAST NAME	FIRST NAME	Dept	QTY
1	Sample	Tray	TCA	2	26	Byington	Jimmy	NECX	2
2	Miller	David	BCCX	2	27	Vandermark	Lance	RMSI	2
3	Doss	Robert	NWCX	2	28	Blanchette	Jeremy	DSWF	2
4	Abdell	Daniel	DSWF	2	29	Branicum	Morgan	mccx	2
5	Speed	Kaitlyn	NWCX	2	30	Ward	Jesse	mccx	2
6	Foster	Kevin	RMST	3	31	Waller	A	NWCX	2
7	Clark	Philip	mccx	3	32	Caterino	Megan	BPOT	1
8	Witcher	Aria	mccx	3	33	Roddy	Anthony	BPOT	1
9	Ford	William	NWCX	2	34	Slon	William	BPOT	1
10	Acir	Brianna	TCA	2	35	Deconto	Rich	BPOT	1
11	Robinson	Shakirah	WTSP	2	36				
12	Hargrave	Demuel	TCA	2	37				
13	Nann	Melissa	NECX	2	38				
14	Karchment	Crystal	RMSI	1	39				
15	Keen	Rayford	BCCX	1	40				
16	Winston	James	mccx	1	41				
17	Smith	Whitney	NECX	2	42				
18	Whitney	LISA	RMSI	1	43				
19	Watson	Sammy	mccx	1	44				
20	Shelton	Dylan	NECX	2	45				
21	Jessop	Tarred	NECX	1	46				
22	Weaver	Michael	NECX	2	47				
23	Gallagher	Monica	BCCX	2	48				
24	Hall	Marsha	DJPC	1	49				
25	Nobbs	Angela	WTSP	1	50				

44

17

**TCA STAFF AND VISITOR
SIGN IN SHEET**

TOTAL MEALS 30

SIGNED FOR 30

NOT SIGNED FOR 0

DATE 12/4/23

BREAKFAST

LUNCH

DINNER

	LAST NAME	FIRST NAME	Dept.	QTY		LAST NAME	FIRST NAME	Dept	QTY
1	Faz	Jim	TCA	1	26				
2	Fincham	Leonard	S/O	2	27				
3	Lach	Louis	DECO	1	28				
4	Hayes	Kim	HR	1	29				
5	Peters	Lightner	HR	1	30				
6	Davis	LaPendu	HR	1	31				
7	Tidwell	Anita	HR	1	32				
8	Henning	Felicia	HR	1	33				
9	Newton	Candace	HR	2	34				
10	Littlos	Donna	HR	1	35				
11	Trask	Brenda	HR	1	36				
12	Dominicus	Frank	HR	1	37				
13	Nolen	Laura	HR	1	38				
14	Coleman	Loretta	HR	1	39				
15	Kimbrell	Karel	HR	1	40				
16	Sims	Tracy	HR	1	41				
17	ATKIELSKI	JAMES	TCA	2	42				
18	matthews	mandi	TCA	2	43				
19	McSLYPA	Linda	TCA	2	44				
20	PRICE	wendy	TCA	2	45				
21	Gilliam	Sybil	TCA	2	46				
22	RANSOMAN	Anita	HR	1	47				
23	CARLEY	NICA	HR	1	48				
24					49				
25					50				



TCIX Main

Weekly Meal Count Report

		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
		12/21/2023	12/22/2023	12/23/2023	12/24/2023	12/25/2023	12/26/2023	12/27/2023
		Breakfast Weekly counts	Inmate	950	1,050	1,000	1,000	1,075
Religious	26		26	26	26	26	24	25
Therapeutic	66		68	67	67	68	68	61
Sacks	0		0	0	0	0	0	0
Snacks	0		0	0	0	0	0	0
Enhanced Sacks	0		0	0	0	0	0	0
Staff	0		0	0	0	0	0	0
Visitor	0		0	0	0	0	0	0
Weekly Totals		1,042	1,144	1,093	1,093	1,169	1,042	1,011

		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
		12/21/2023	12/22/2023	12/23/2023	12/24/2023	12/25/2023	12/26/2023	12/27/2023
		Lunch Weekly Counts	Inmate	928	973	0	0	1,400
Religious	26		26	0	0	26	24	25
Therapeutic	66		68	0	0	68	68	61
Sacks	0		0	43	43	0	0	0
Snacks	0		0	0	0	0	0	0
Enhanced Sacks	115		115	0	0	0	40	40
Staff	51		49	0	0	0	53	36
Visitor	0		0	0	0	0	0	0
-								
-								
-								
Weekly Totals		1,186	1,231	43	43	1,494	1,106	1,145

		Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
		12/21/2023	12/22/2023	12/23/2023	12/24/2023	12/25/2023	12/26/2023	12/27/2023
		Dinner Weekly Counts	Inmate	980	955	925	920	840
Religious	26		26	26	26	26	24	25
Therapeutic	66		68	67	67	68	68	61
Sacks	0		0	0	0	0	0	0
Snacks	17		17	17	17	17	17	18
Enhanced Sacks	0		0	0	0	0	0	0
Staff	30		30	30	30	30	30	30
Visitor	0		0	0	0	0	0	0
-								
-								
-								
Weekly Totals		1,119	1,096	1,065	1,060	981	1,124	1,094
		3,347	3,471	2,201	2,196	3,644	3,272	3,250

	Total Weekly Counts
Inmate	18,720
Religious	485
Therapeutic	1,261
Sacks	86
Enhanced Sacks	310
Snacks	120
Staff	399
Visitor	0
0	0
0	0
Total Weekly Count	21,381

Your name, signature, and date

MEAL EVALUATED BY

Burnett

&

Williamson

Date 12.10.23

B 1 D

Printed Name

Food Service Employee Name

WEEK # 3

Time Started 1am

Time Finished 6:30am

Total # of Inmates 875

MENU ITEM	Required Portion	Actual Portion	Line Temp.
Bran Flakes Cereal	1-1/2 C.	1-1 1/2 C.	PMT
Scrambled Eggs	3 oz.	3oz.	191.8
Hash Browns w/Pepp & Onions	1 Cup	1cup	195.5
Flour Tortilla	1 Each	1each	PMT
Salsa	1 fl oz.	11oz	39.2
1% Milk (Half Pint)	1 Each	1each	39.9
Coffee	1 Cup	1cup	199.2
Sugar Sub	1 Pkt	1pkt.	PMT

Overall: Great

Good

Fair

Poor

Observations: _____

Any Substitutions	Yes	<u>No</u>
Taste/Quality	<u>S</u>	<u>U</u>
Dry Trays	Yes	No
Line Clean	<u>Yes</u>	No
Run Outs	Yes	<u>No</u>

Temperatures (some states may require different temps)

Temps should be taken from hot line, NOT TRAYS

All hot items on line = **140°F** or above

All cold items on line = **40°F** or below

Non-potentially hazardous food items can be room temp.

Cold food items above **40°F** need to be cooled

Hot foods below **140°F** must be reheated to **165°F** for 15 seconds

SERVING UTENSIL EQUIVALENTS:

1/2 Ounce = 1/16 Cup = #60 Scoop

1 Ounce = 1/8 Cup - 1 oz. Ladle = #30 Scoop

2 Ounce = 1/4 Cup - 2 oz. Ladle = #16 Scoop

3 Ounce = 3/8 Cup - 3 oz. Ladle = #10 Scoop

4 Ounce = 1/2 Cup - 4 oz. Ladle = #8 Scoop

6 Ounce = 3/4 Cup - 6 oz. Ladle = #6 Scoop

8 Ounce = 1 Cup - 8 oz. Ladle

MEAL EVALUATED BY

Burnett

&

Williamson

Date 12.18.23

B L D

Printed Name

Food Service Employee Name

WEEK # 3

Time Started 9am

Time Finished 9:30am Total # of inmates 875

MENU ITEM	Required Portion	Actual Portion	Line Temp.
Baked Meatloaf	1 Patty	1 patty	198.8
Gravy	3 fl oz.	3 fl oz	100.2
Mashed Potatoes	3/4 Cup	3/4 cup	191.7
Kettle Blend Vegetables	1/2 Cup	1/2 cup	191.4
Southern Cornbread	1 Each	1 each	70.1
Whipped Margarine	1 Each	1 each	40.9
Chocolate Cake	1 Each	1 each	70.7
Orange Fruit Drink	1 Cup	1 cup	39.6

Overall: Great Good Fair Poor

Observations: _____

Any Substitutions	Yes	No
Taste/Quality	S	U
Dry Trays	Yes	No
Line Clean	Yes	No
Run Outs	Yes	No

Temperatures (some states may required different temps)

Temps should be taken from hot line, NOT TRAYS

All hot items on line = **140°F** or above

All cold items on line = **40°F** or below

Non-potentially hazardous food items can be room temp.

Cold food items above **40°F** need to be cooled

Hot foods below **140°F** must be reheated to **165°F** for **15** seconds

SERVING UTENSIL EQUIVALENTS:

- 1/2 Ounce = 1/16 Cup = #60 Scoop
- 1 Ounce = 1/8 Cup - 1 oz. Ladle = #30 Scoop
- 2 Ounce = 1/4 Cup - 2 oz. Ladle = #16 Scoop
- 3 Ounce = 3/8 Cup - 3 oz. Ladle = #10 Scoop
- 4 Ounce = 1/2 Cup - 4 oz. Ladle = #8 Scoop
- 6 Ounce = 3/4 Cup - 6 oz. Ladle = #6 Scoop
- 8 Ounce = 1 Cup - 8 oz. Ladle

MEAL EVALUATED BY Smith

Printed Name

Food Service Employee Name

&

Post

Date 12/18/23

B L

D

WEEK # 3

Time Started 2:30

Time Finished 2:35

Total # of Inmates 878

MENU ITEM	Required Portion	Actual Portion	Line Temp.
Crispy Chicken Patty	1 patty	1 patty	211.1
Italian Tomato Sauce	1 fl oz.	1 fl oz	206.1
Macaroni & Cheese	1 Cup	1 cup	202.1
Tossed Salad w/Cabb & Carrots	1/2 Cup	1/2 cup	39.8
French Dressing	1/2 fl oz.	1/2 fl oz	38.6
Fresh-baked Wheat Roll	1 Each	1 each	99.1
Fresh-baked Lemon Cookie	1 Each	1 each	78.6
Lemon Fruit Drink	1 Cup	1 each	38.9

Overall: Great Good Fair Poor

Observations:

Any Substitutions	Yes	No
Taste/Quality	S	U
Dry Trays	Yes	No
Line Clean	Yes	No
Run Outs	Yes	No

Temperatures (some states may required different temps)

Temps should be taken from hot line, NOT TRAYS

All hot items on line = **140°F** or above

All cold items on line = **40°F** or below

Non-potentially hazardous food items can be room temp.

Cold food items above **40°F** need to be cooled

Hot foods below **140°F** must be reheated to **165°F** for **15** seconds

SERVING UTENSIL EQUIVALENTS:

- 1/2 Ounce = 1/16 Cup = #60 Scoop
- 1 Ounce = 1/8 Cup - 1 oz. Ladle = #30 Scoop
- 2 Ounce = 1/4 Cup - 2 oz. Ladle = #16 Scoop
- 3 Ounce = 3/8 Cup - 3 oz. Ladle = #10 Scoop
- 4 Ounce = 1/2 Cup - 4 oz. Ladle = #8 Scoop
- 6 Ounce = 3/4 Cup - 6 oz. Ladle = #6 Scoop
- 8 Ounce = 1 Cup - 8 oz. Ladle

MEAL MONITORING FORM

Meal Evaluated by Breakfast

& L Madenweg

Date 12-18-23

B
D (circle one)
D

Printed Name (TDOC Emp)

Food Service Employee Name

Week # 3

Menu item Served	Required Portion	Actual Portion	Line Temperature
Bran Flakes Cereal	1 1/2 cup	1 1/2 cup	RT
Scrambled Eggs	3 oz w/	3 oz w/	166.1
Hash Brown w/ pepper & o	1 cup	1 cup	198.1
Flour Tortilla	1 each	1 each	RT
Salsa	1 1/4 oz	1 1/4 oz	RT
1% Milk	1 each	1 each	36.2
Coffee	1 cup	1 cup	140.1
Suger Sub	1 packet	1 packet	RT

Any Substitutions	Yes	No
Taste/Quality	S	U
Dry Trays	Yes	No
Line Clean	Yes	No
Run Outs	Yes	No

Over all: Great Good Fair Poor

Observations:

Temperatures (some states may require different temps)

- 1 emps should be taken from hot line not trays
- All hot items on line 140°F or above
- All cold items on line 40°F or below
- Non-potentially hazardous can be room temp
- Cold food items above 40°F need to be cooled
- Hot foods below 140°F must be reheated to 165°F for 15 seconds

SERVING UTENSIL EQUIVALENTS:

- 1/2 Ounce = 1/16 Cup = # 60 Scoop
- 1 Ounce = 1/8 Cup = 1 oz. Ladle = # 30 Scoop
- 2 Ounce = 1/4 Cup = 2 oz. Ladle = # 16 Scoop
- 3 Ounce = 3/8 Cup = 3 oz. Ladle = # 10 Scoop
- 4 Ounce = 1/2 Cup = 4 oz. Ladle = # 8 Scoop
- 6 Ounce = 3/4 Cup = 6 oz. Ladle = # 6 Scoop
- 8 Ounce = 1 Cup = 8 oz. Ladle

Thermometers need to be calibrated daily

MEAL MONITORING FORM

Meal Evaluated by _____

& L. Madlerway

Date 12-18-23

B
L (circle one)
D

Printed Name (TDOC Emp):

Food Service Employee Name

Week # 3

Menu item Served	Required Portion	Actual Portion	Line Temperature
Baked meatloaf	1 patty	1 patty	189.1
Gravy LF	3 7/10 oz	3 7/10 oz	201.1
Mashed potatoes	1 cup	1 cup	189.2
Kettle Blend mixed vegetable	1/2 cup	1/2 cup	199.1
Southern Cornbread	1/2 cup cut	1/2 cup cut	RT
Whipped Margarine	1/3 oz w/	1/3 oz w/	RT
Chocolate Cake	1/200 cut	1/200 cut	RT
Orange Fruit Drink	1 cup	1 cup	36.1

Any Substitutions	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Taste/Quality	<input checked="" type="radio"/> S	<input type="radio"/> U
Dry Trays	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Line Clean	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Run Outs	<input type="radio"/> Yes	<input type="radio"/> No

Over all: Great Good Fair Poor

Observations:

Temperatures (some states may require different temps)

- 1 emps should be taken from hot line not trays
- All hot items on line 140°F or above
- All cold items on line 40°F or below
- Non-potentially hazardous can be room temp
- Cold food items above 40°F need to be cooled
- Hot foods below 140°F must be reheated to 165°F for 15 seconds

SERVING UTENSIL EQUIVALENTS:

- 1/2 Ounce = 1/16 Cup = # 60 Scoop
- 1 Ounce = 1/8 Cup = 1 oz. Ladle = # 30 Scoop
- 2 Ounce = 1/4 Cup = 2 oz. Ladle = # 16 Scoop
- 3 Ounce = 3/8 Cup = 3 oz. Ladle = # 10 Scoop
- 4 Ounce = 1/2 Cup = 4 oz. Ladle = # 8 Scoop
- 6 Ounce = 3/4 Cup = 6 oz. Ladle = # 6 Scoop
- 8 Ounce = 1 Cup = 8 oz. Ladle

Thermometers need to be calibrated daily

MEAL MONITORING FORM

Meal Evaluated by _____ & Daricka King
 Printed Name (TDOC Emp): _____ Food Service Employee Name: _____

Date 12/18/23 ^B _L (circle one)

D

Week # 3

Menu item Served	Required Portion	Actual Portion	Line Temperature
Crispy Chicken patty	1 patty	1 patty	168.1
Italian Tomato sauce	1 fl oz	1 fl oz	rmt
Mac + Cheese	1 cup	1 cup	138.1
Tossed Salad w/ carrots	1/2 cup	1/2 cup	41.1
French dressing	1/2 fl oz	1/2 fl oz	41.1
Wheat Roll	1 each	1 each	rmt
Lemon cookie	1 each	1 each	rmt
Lemon fruit Drink	1 cup	1 cup	41.1

Any Substitutions	<input checked="" type="radio"/> Yes	<input type="radio"/> No	NO DK
Taste/Quality	<input checked="" type="radio"/> S	<input type="radio"/> U	
Dry Trays	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Line Clean	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Run Outs	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

Over all: Great Good Fair Poor Observations: _____

Temperatures (some states may require different temps)
 1 emps should be taken from hot line not trays
 All hot items on line 140°F or above
 All cold items on line 40°F or below
 Non-potentially hazardous can be room temp
 Cold food items above 40°F need to be cooled
 Hot foods below 140°F must be reheated to 165°F for 15 seconds

SERVING UTENSIL EQUIVALENTS:
 1/2 Ounce = 1/16 Cup = # 60 Scoop
 1 Ounce = 1/8 Cup = 1 oz. Ladle = # 30 Scoop
 2 Ounce = 1/4 Cup = 2 oz. Ladle = # 16 Scoop
 3 Ounce = 3/8 Cup = 3 oz. Ladle = # 10 Scoop
 4 Ounce = 1/2 Cup = 4 oz. Ladle = # 8 Scoop
 6 Ounce = 3/4 Cup = 6 oz. Ladle = # 6 Scoop
 8 Ounce = 1 Cup = 8 oz. Ladle

Thermometers need to be calibrated daily