Daily Meal Count Form

Site Name:_____ Meal Type (circle): B   L   SN   SU

Address:_____   Telephone:_____

Supervisor's Name:_____ Delivery Time:_____ Date:_____/_____/_____

Meals received/prepared_____ + Meals available from previous day_____ = _____ (Total meals available)   [1]

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals +   [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10   **Total Second Meals +**   [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10   **Total Program Adult Meals +**   [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10   **Total non-Program Adult Meals +**   [5]

TOTAL MEALS SERVED =   [6]

Total damaged/incomplete/other non-reimbursable meals +   [7]

Total leftover meals +   [8]

Total of items: [6]   +   [7]   +   [8]   =
[9] (Item [9] should be equal to item

Number of additional children requesting a meal after all available meals were served:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

_____   _____
Signature   Date

SFSP Daily Meal Count Form, Continued

Site Name:_____ Date:_____/_____/_____

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

151 152 153 154   155   156   157 158 159   160   161   162   163   164 165 166   167 168 169 170

171 172 173 174   175   176   177 178 179   180   181   182   183   184 185 186   187 188 189 190

191 192 193 194   195   196   197 198 199   200   201   202   203   204 205 206   207 208 209 210

211 212 213 214   215   216   217 218 219   220   221   222   223   224 225 226   227 228 229 230

231 232 233 234   235   236   237 238 239   240   241   242   243   244 245 246   247 248 249 250

Total First Meals +   [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10   **Total Second Meals +**   [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10   **Total Program Adult Meals +**   [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10   **Total non-Program Adult Meals +**   [5]

TOTAL MEALS SERVED =   [6]

Total damaged/incomplete/other non-reimbursable meals +   [7]

Total leftover meals +   [8]

Total of items: [6] + [7] + [8] =
[9] (Item [9] should be equal to item

Number of additional children requesting a meal after all available meals were served:
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Instructions for SFSP Daily Meal Count Form

Each site must take a point-of-service meal count every day. This form may be used for the daily meal count.

1. Line 1 equals the total meals available. That number equals the number of meals received or prepared plus the number of meals available from the previous day.

2. Line 2 equals the total number of first meals served to children. Cross out each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping out at the site. (If more than 150 children are served at the site, use the optional second page. For sites needing the second page, we suggest printing this form front to back.)

3. Line 3 equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than two percent of the total number of first meals served.)

4. Line 4 equals the total number of meals served to Program adults. "Program adults" are adults who work directly as part of the operation of the food service. This includes all adults who prepare meals, serve meals, clean up, or supervise the children. This does not include teenagers, 18 and under, who may perform these tasks at the site. Meals for children 18 and under are fully reimbursable, and you would count these meals on Line 2.

5. Line 5 equals the total number of meals served to non-Program adults. "Non-Program adults" are adults who are not directly involved in the operation of the food service. Non-Program adults include any sponsor administrative staff, such as monitors or sponsor directors, or State or Federal reviewers.

6. Line 6 equals the total number of meals served, which is the sum of Lines 2 – 5.

7. Line 7 equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non- reimbursable.

8. Line 8 equals the total number of leftover meals, which is calculated by subtracting Line 6 from Line 1.

9. Line 9 equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.

10. Use the line at the bottom of the form to record the number of children requesting a (first) meal after all available meals were served. This information is helpful in adjusting meal orders upward.

11. The site supervisor must sign and date the meal count form.