

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												

This institution is an equal opportunity provider.

Instructions for SFSP Daily Meal Count Form

Each site must take a point-of-service meal count every meal 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, 18 and under. Cross out each number as a child receives a meal. (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 ~~and~~ meals are limited to no more than two percent of the total number of first meals served by meal type each claiming period.)
4. Line 4 equals the total number of meals served to Program Adults. "Program Adults" Program Adults are directly involved in the operation and implementation of the Summer Food Service Program (SFSP), such as food service personnel and anyone conducting the Point of Service (POS) meal counts. 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 any other adult, such as parents/guardians, teachers, and other community members.
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 person completing the POS meal counts must sign and date the meal count form.