

Meal Count Form for Summer Food Service Program (SFSP) Non-Congregate Meal Service

Sponsor Name:							Site Address:							
Site Name:							Site Supervisor Name:							
Serving Date:														
Number of Meals or Meal Kits Prepared on Site/Delivered from Production Kitchen:														
Multi-Day Meal Service (Circle one): Yes No							Bulk Meals (Circle one): Yes No							
Number of Days of Meals Distributed Per Kit/Package:														
Intended Consumption Date(s):														
Meal Type (Circle all that apply): Breakfast A.M. Snack Lunch Supper P.M. Snack														
Parent/Guardian Pick-Up without their Children Present (Circle one): Yes No														
Meals served to children or parents/guardians without children present; cross off number as person is served:														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135
136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	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	251	252	253	254	255
256	257	258	259	260	261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280	281	282	283	284	285
286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
Complete for each meal service:														
Meal Type (Circle one): Breakfast A.M. Snack Lunch P.M. Snack Supper														
Total Meals served: number of tallies _____ X days of meals distributed _____ = total meals served _____														
Meal Type (Circle one): Breakfast A.M. Snack Lunch P.M. Snack Supper														
Total Meals served: number of tallies _____ X days of meals distributed _____ = total meals served _____														

Meals served to program adults:																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total program adult meals:	
Meals served to non-program adults:																					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total non-program adult meals:	
Comments:																					
I hereby certify that the above information is true and accurate:																					
Signature							Title							Date							

Meal Count Form for SFSP Non-Congregate Meal Service

Each serving day, every site must take Point of Service (POS) meal counts. The meal counter will cross out each number as each child (or parent/guardian picking up meals on behalf of their child without them present) receives a reimbursable meal or pack of meals. Meal counts cannot be taken before the meal is served or counted after the meal service. Counts based on pre-order numbers, attendance numbers, or counting trays or number of leftovers is not allowable. This form must be completed thoroughly, with meals hashed off or individually circled. Drawing a continuous line through the numbers or simply writing a total number, with no numbers hashed or circled, is not acceptable.

- **Multi-Day Meal Service:** these are more than one day of meals provided at a time. This option must be approved by the State agency in the Non-Congregate tab of the Site Application in the SFSP Application Packet.
- **Bulk Meals:** these are non-unitized, grocery style meals. This option must be approved by the State agency in the Non-Congregate tab of the Site Application in the SFSP Application Packet.
- **Serving Date:** write the date that meals are being distributed
- **Number of Days of Meals Distributed:** write the number of days of meals that are being distributed
- **Intended Consumption Dates:** write the dates that the meals are being served for consumption
- **Parent/Guardian Pick-Up:** parents/guardians can pick up meals on behalf of their children without the children present. This option must be approved by the State agency in the Non-Congregate tab of the Site Application in the SFSP Application Packet.
- **Meal Type:** more than one type of meal may be provided at a time, such as breakfast and lunch provided together
- **Program Adult:** these are adults directly involved in the operation and implementation of the SFSP, such as food service personnel and anyone conducting Point of Service (POS) meal counts. Program adult meals are an allowable cost to the program.
- **Non-Program Adult:** these are any other adult such as teachers, parent/guardian receiving meals for themselves, not for their children, and other community members. Non-program adult meals are not an allowable cost. These can be covered with non-program funds or you can sell meals to non-program adults as long as you charge enough to cover the cost of the meal.

After the meal service, complete the field to calculate the total meals served. To determine total meals served by each meal type, multiply the tally marks by the number of days of meals distributed.

The form must be signed by the person taking the POS meal counts, include the title of the meal counter and the date. This may be the Site Supervisor or other site personnel.

This institution is an equal opportunity provider.