

DAILY MEAL COUNT FORM

Site Name:		Meal Type (select): <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> SN <input type="checkbox"/> SU	
Address:		Telephone:	
Supervisor's Name:		Delivery Time:	Days: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S
Date:			
1. Meals received/prepared _____ + Meals available from previous day _____ = _____ Total meals available. Delivery Temp (Food/Milk):			

2. 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									

3. Second meals served to children (NA Camps/Seamless):										Total Second Meals									
1	2	3	4	5	6	7	8	9	10										

4. Meals served to program adults:										Total Program Adult Meals									
1	2	3	4	5	6	7	8	9	10										

5. Meals served to non-program adults:										Total Non-Program Adult Meals									
1	2	3	4	5	6	7	8	9	10										

6. TOTAL MEALS SERVED =																			
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7. Total damaged/incomplete/non-reimbursable meals																			
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8. Total Leftover Meals									
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9. Total Meals										Total of items 6, 7 and 8:									
(Total of Item should be equal total Meals Available)																			

10. 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					

11. Income from Adult Meals																			
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By signing below, I certify that the above information is true and accurate:																			
_____										_____									
Signature										Date									

Instructions for Completing the 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.

Name of Site: Enter the name of the approved SFSP site.

Date: Enter the complete date (mm/dd/yy) for which the meal count is being completed.

Meal: Circle the meal for which the count is being completed.

Site Supervisor: *Print* or *type* the site supervisor's first and last name.

Delivery Time: If meals are delivered to the site, enter the time the meals arrived at the site.

- 1. Total Meals Available:** Enter the number of meals that were delivered or prepared or available from previous day.
Delivery Temperature: If meals are delivered to the site, take the meal and milk temperatures and record the temperatures in the space provided.
- 2. First Meals Served to Children:** As meals are served to children (i.e., at the point of service), put a slash mark through each consecutive number. Only count *complete* meals (containing all required components) served to children. Include all 18 and under who are helping at site. If over 15, start at 1 and make "X's".
- 3. Second Meals Served to Children:** After all children have been served a first meal, put a slash mark through each consecutive number for any second meals served to children. Only count second meals that are *complete* (contain all required components). Only 2% of first meals may be claimed as second meals.
- 4. Meals Served to Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of *complete* program adult meals served (these meals must meet all SFSP meal pattern requirements). Program adults are those adults who are involved in cooking and serving the meal and/or supervising children during the meal service at least 50 percent of their time. Meals for children 18 and under are counted under #2.
- 5. Meals Served to Non-Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of non-program adults meals served. Non-program adults are those adults, paying or not, who are not directly involved in the meal service. This includes, but is not limited to, teachers or other school faculty or staff seated at a separate table from children, parents and other guests.
- 6. Total Meals Served:** Line 6 equals the total number of meals served, which is the sum of Lines 1-5.
- 7. Total Damaged/Incomplete/Non-reimbursable Meals:** Enter the number of meals that were damaged and incomplete or non-reimbursable and therefore not served or claimed.
- 8. Total Leftover Meals:** Enter the number of meals leftover after the meal service.
Total Meals Served + Total Damaged Meals = Total Leftover Meals.
- 9. Total Meals:** Line 9 equals the sum of Lines 6, 7 and 8. It accounts for all meals and should equal Line 1.
- 10. Number of Additional Children:** 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 and planning meal orders.
- 11. Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- 12. Site Supervisor's Signature:** Once the form is complete, the site supervisor must sign and date the form. The site supervisor is responsible for verifying that the meal counts have been recorded accurately. The meal count form will not be considered valid without the site supervisor's signature and date.