SFSP Daily Meal Count Form Examples

Site staff must complete daily meal counts for all SFSP sites for each meal and/or snack served. The SFSP Daily Meal Count Form is one way in which to document daily meal counts.

The top section of the SFSP Daily Meal Count Form provides information on the SFSP site and meal service being provided. Parts of this section, such as site, meal, and site supervisor, could be completed prior to meal service. The rest of the form must be completed the day of service by someone actually at the site.

Summer Food Service Program (SFSP) Daily Meal Count Form								
Site Supervisor:	Meal: Breakfast Snack Lunch Snack (circle one) Delivery time :	Supper						
Date: Time first meal served Time last meal served	# meals received/prepared # meals carried over from prior meal service day # meals transferred from other site(s) Total meals available	÷						

Site = Where meals are being served to children. This is the physical location where this particular Point-of-Service is taking place. The site should match one of the Site Applications listed in your "Applications" tab in KN-Claim. Most sites have just one point of service location; however, if there are multiple point of service locations at the site, a separate daily meal count form must be completed for each point of service location.

Meal = Circle which type of meal service this form is being completed for. Each meal or snack MUST be on separate forms.

Site Supervisor = Site Manager as listed on the Site Application in KN-CLAIM.

Delivery Time = "N/A" in most circumstances, unless meals are being received from another site/Sponsor/location

Date = Date this form is being completed during meal service – the correct date MUST be documented!

meals received/prepared = Number of meals received/prepared is the number of meals available for the day. This number should match Production Record documentation

meals carried over from prior meal service day = If serving meals that were prepared from the previous day, include the number of meals being used from the previous day.

meals transferred from other site(s) = If meals have been transferred to this site from another, include the number of meals transferred from other sites.

Total meals available = # meals received/prepared + # meals carried over + meals transferred. Total meals available should match Production Record documentation and be at least equal to if not greater than total meals served.

Time first meal served = The time that the first meal is served to a child for reimbursement. The time the first meal is served must be within the approved meal service times on the site application in KN-CLAIM but will not necessarily be the same time every day.

Time last meal served = The time that the last meal is served to a child for reimbursement. The time the last meal is served must be within the approved meal service times on the site application in KN-CLAIM but will not necessarily be the same time every day.

Correct Example

Summer Food Service Program (SFSP) Daily Meal Count Form									
Site: ABC Elementary Site Supervisor: Jill Ladd	Meal: Breakfast Snack Lunch Snack Supper (circle one) Delivery time :								
Date:6/15/22 Time first meal served8:03 a.m. Time last meal served8:52 a.m.	# meals received/prepared # meals carried over from prior meal service day # meals transferred from other site(s) Total meals available 100 + 0 100								

First Meals to Children

The first meals served to children must be marked at the point-of-service when the child actually receives the meal. These meal counts CANNOT be based on production records or tray counts at the end of service. Make sure staff understand how to complete this section accurately and that the processes and procedures established by the Sponsor are being followed at EACH site. Not completing this section accurately can result in large Fiscal Action adjustments.

The person completing the form must use a slash, x, circle, or indicator of some sort for every reimbursable meal that is served to eligible children. One mark is equal to one meal. If numbers are skipped they cannot be counted for reimbursement.

Firs	t Me	als t	o Ch	ildre	<u>n</u> :														
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

Allowable Examples:

Firs	First Meals to Children:																		
×	2	3	A	5	8	7	8	8	10	11	12	13	14	15	16	27	18	19	20
21	22	23	24	2 5	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			meth unts י							132	133	134	135	136	137	138	139	140
141	142			ash" i							152	153	154	155	156	157	158	159	160
161	162	served to a child.									172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

Firs	t Me	als t	o Ch	ildre	n:														
1	2	3	4	(5)	6		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			meth unts v							132	133	134	135	136	137	138	139	140
141	142			cle in							152	153	154	155	156	157	158	159	160
161	162				serve	ed to	a chi	ld.			172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

First	t Mea	als to	o Ch	ildre	n:											•			
×	×	×	X	X	×	X	X	X	M	×	X	X	×	> 5)6	×	38)(20
20	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	-			od of zould						132	133	134	135	136	137	138	139	140
141	142	i			a mea						152	153	154	155	156	157	158	159	160
161	162					chile	d.				172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200



Examples that will NOT meet SFSP meal reporting requirements:

Firs	t Me	als t	o Ch	ildre	n:														
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						umbe				132	133	134	135	136	137	138	139	140
141	142		served or delivered is NOT allowable There must be a slash, X, circle or									153	154	155	156	157	158	159	160
161	162	C		indic		ıble	172	173	174	175	176	177	178	179	180				
181	182		n	neal t	hat is	sen	ved to	o a cl	nild.		192	193	194	195	196	197	198	199	200

If 75 is circled and that is the only marking on this section, then the Sponsor will only be able to claim 1 meal for reimbursement.

Firs	t Me	als t	o Ch	ildre	n:			-								-			
_	2	3	4	5	ô	7	6	9	10	-11	12	13	14	15	10	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	40	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				g a lir s doe		_				132	133	134	135	136	137	138	139	140
141	142				eal C					•	152	153	154	155	156	157	158	159	160
161	162	NOT allowable. There must be a slasl X, circle or other indicator for every									172	173	174	175	176	177	178	179	180
181	182	ı			ıble n		hat is				192	193	194	195	196	197	198	199	200

Firs	t Me	als t	o Ch	ildre	n:											•			
4	2	3	4	<i>-</i> 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	48
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								ce Me vable.		132	133	134	135	136	137	138	139	140
141	142								rcle o	•	152	153	154	155	156	157	158	159	160
161	162	C		indic meal					oursa แส	ble	172	173	174	175	176	177	178	179	180
181	182			meai	urat	13 301	veu	to cri	nu.		192	193	194	195	196	197	198	199	200

Completing the Last Section of the Point of Service Meal Count Form

The last section of the SFSP Daily Meal Count Form is just as important as the rest of the form and should be completed fully.

	Total First Meals	
	Total First Weals	
Disallowed Meals to Children:	Total Disallowed Meals	
(Indicate by tally marks)	(Incomplete/Damaged)	
	Total First Meals to be Claimed	_
Second Meals to Children:	Total First Meals to be Claimed	
(Indicate by tally marks)	1	
	Total Second Meals	+
Meals to Food Service Adults:		
(Indicate by tally marks)		
	Total Food Service Adult Meals	+
Meals to Other Adults:		
		
(Indicate by tally marks)	Total Other Adult Moole	
	Total Other Adult Meals	T
\$ x =	1	
·	Total Mania Sanual	_
Adult Meal Charge Other Adults Meals Total Payment Received	Total Meals Served (Children and Adults)	
If money not received for Other Adult Meals explain why:	(Critical and Addits)	
	Total Meals Transferred to Other	Site
	Total Meals Not Served/Leftover	
I certify that the above information is true and accurate.		
Signature of Meal Checker	Date	

Total First Meals = Number that matches the number of slashes, x's or circles that are on the total first meals section.

Total Disallowed Meals = Number of non-reimbursable meals, including those that are dropped. In this case, there would be two indicators in the "First Meals to Children" section for this one child, the dropped meal and the meal the child ate, but one of those will be accounted for in the "Disallowed" section. Disallowed meals to children should be indicated by tally marks in the appropriate section of the form.

Total First Meals to be Claimed = The total first meals to be claimed should equal the number of meals that are consolidated to the monthly consolidation report to be claimed at the free rate in the site claim. This should match the number reported in the total first meals section minus any disallowed meals. Therefore, the total number of first meals to be claimed may or may not match the number of slashes, "X's", circles, etc. in the total first meals section above.

Total Second Meals = In SFSP ONLY Sponsors may claim 2% of complete second meals served. If second meals are being sold a la carte they should not be claimed as second meals. SSO Sponsors cannot serve second meals due to Smart Snacks in Schools (SSIS).

Total Food Service Adult Meals = Number of meals given to Food Service Workers as a gratis meal. Gratis Food Service Meals are an allowable expense to the Food Service Fund. Indicate the number of meals served to food service adults with tally marks when they are served in the appropriate section of the form.

Total Other Adult Meals = Number of meals that were sold to adults who paid the established price per the Sponsor Application. It may also include meals given to adults that did not have to pay out of pocket, Other Adult Gratis Meals. These meals are NOT an allowable expense to the Food Service Fund so someone or another revenue source, such as the General Fund, must pay the Food Service Fund the established adult meal price for each adult meal served. Indicate the number of meals served to other adults with tally marks when they are served in the appropriate section of the form. Sponsors can use the section below the Meals to Other Adult tallies to calculate the total payment that should have been received for the other adult meals served.

Total Meals Served = The calculated total from all values above this line (Total First Meals + Total Second Meals + Total Food Service Adult Meals + Total Other Adult Meals). This number may or may not match Total First Meals or Total First Meals to be Claimed.

Total Meals Transferred to Other Site = If meals are transported to another site/location for service, record the number, otherwise write "N/A"

Total Meals Not Served/Leftover = "Total Meals Served" subtracted from "Total meals available". This number should match Production Records.

Signature and Date = Each and every form MUST be signed and dated by the staff member completing the form. This may or may not be the same person as the Site Supervisor listed at the top of the form.

Completed Example:

	Total <u>First</u> Meals76
Disallowed Meals to Children: (Indicate by tally marks)	Total <u>Disallowed</u> Meals - 1 (Incomplete/Damaged)
Second Meals to Children:	Total First Meals to be Claimed =75
(Indicate by tally marks)	Total <u>Second</u> Meals +0
Meals to Food Service Adults: (Indicate by tally marks)	Total Food Service Adult Meals +2
Meals to Other Adults: (Indicate by tally marks)	Total Other Adult Meals +5
\$ 3.00 x 5 = \$15.00 Adult Meal Charge Other Adults Meals Total Payment Received	Total <u>Meals</u> Served (Children and Adults)
If money not received for Other Adult Meals explain why:	Total Meals Transferred to Other Site 0 Total Meals Not Served/Leftover 19
I certify that the above information is true and accurate.	
Signature of Meal Checker	6/15/22 Date