SFSP Daily Meal Count Form
Examples

Summer Food Service Program (SFSP)
Daily Meal Count Form

Site: _____

Site Supervisor: _____

Date: _____

Time first meal served _____

Time last meal served _____

Meal: Breakfast   Snack   Lunch   Snack   Supper
(circle one)

Delivery time : _____

\# 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 Point-of-Service is taking place. The site should match one of the Site Applications listed in your "Applications" tab in KN-Claim.

Meal = Circle which type of meal service this form is being completed for. Breakfast and Lunch MUST be on separate forms, unless multiple meals are being served at one point in time. If multiple meals are being served at one time, detailed notes must be included and copies should be made for each meal type and day of service.

Site Supervisor = Site Manager in this "Site's" Site Application

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

Date = Date this form is being completed for – the correct date MUST be documented!

 # meals received/prepared = Number of meals available and should match Production Record documentation

 # meals carried over from prior meal service day = If you're serving meals that were prepared from the previous day, include the number of meals that are 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 that are being transferred from other sites.

Total meals available = # meals received/prepared + # meals carried over + meals transferred. Total meals available should match Production Records

Time first meal served = The time that the first meal is served to a child for reimbursement

Time last meal served = The time that the last meal is served to a child for reimbursement

Single Day of Meal Service – 1 meal type distributed

Summer Food Service Program (SFSP)
Daily Meal Count Form

Site: _ABC Elementary_

Site Supervisor: _Jill Ladd_

Date: _9/15/20_

Time first meal served _11:05 a.m._

Time last meal served _12:45 p.m._

Meal: Breakfast   Snack   (Lunch)   Snack   Supper
(circle one)

Delivery time : _n/a_

# meals received/prepared	500
# meals carried over from prior meal service day	+ 0
# meals transferred from other site(s)	+ 0
Total meals available	= 500

Single Day of Meal Service – 2 meal types distributed at the same time

Summer Food Service Program (SFSP)
Daily Meal Count Form   **Breakfast and Lunch distributed at same time**

Site: _ABC Elementary_

Site Supervisor: _Jill Ladd_

Date: _9/15/20_

Time first meal served _11:05 a.m._

Time last meal served _12:45 p.m._

Meal: (Breakfast)   Snack   (Lunch)   Snack   Supper
(circle one)

Delivery time : _n/a_

# meals received/prepared	500
# meals carried over from prior meal service day	+ 0
# meals transferred from other site(s)	+ 0
Total meals available	= 500

Multiple Days of Meal Service – 2 meal types distributed at same time

Summer Food Service Program (SFSP)
Meals for 9/15, 9/16 and 9/17 **Daily Meal Count Form**   **Breakfast and Lunch distributed at same time**

Site: _ABC Elementary_

Site Supervisor: _Jill Ladd_

Date: _9/15/20_

Time first meal served _11:05 a.m._

Time last meal served _12:45 p.m._

Meal: (Breakfast)   Snack   (Lunch)   Snack   Supper
(circle one)

Delivery time : _n/a_

# meals received/prepared	500
# meals carried over from prior meal service day	+ 0
# meals transferred from other site(s)	+ 0
Total meals available	= 500

First Meals to Children

THERE MUST BE A SLASH, "X", CIRCLE, INDICATOR OF SOME SORT FOR EVERY REIMBURSABLE MEAL THAT IS SERVED TO ELIGIBLE CHILDREN.
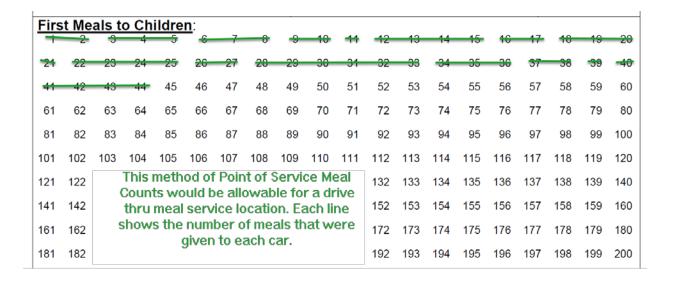
Make sure staff understand how to complete this section accurately and that the processes and procedures established by the Sponsor are being followed at EACH site. Not completing this section accurately can result in large Fiscal Action adjustments.

Allowable Examples:

First Meals to Children:

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										132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

This method of Point of Service Meal Counts would be allowable. Each "slash" indicates a meal that was served to a child.

First Meals to Children:

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										132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

Numbers 1–14 are circled.

This method of Point of Service Meal Counts would be allowable. Each circle indicates a meal that was served to a child.

First Meals to Children:

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										132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

Numbers 1–21 are crossed out with an X.

This method of Point of Service Meal Counts would be allowable. Each X indicates a meal that was served to a child.

First Meals to Children:

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										132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

Lines are drawn through the first three rows of numbers, grouping meals given to each car.

This method of Point of Service Meal Counts would be allowable for a drive thru meal service location. Each line shows the number of meals that were given to each car.

First Meals to Children:

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	*Circling the total number of meals served or delivered is NOT allowable. There must be a slash, X, circle or other indicator for every reimbursable meal that is served to a child.*									132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										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.

First Meals to Children:

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	*Drawing a line through all of the numbers does not show Point of Service Meal Counts. This example is NOT allowable. There must be a slash, X, circle or other indicator for every reimbursable meal that is served to a child.*									132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

First Meals to Children:

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	*This method of Point of Service Meal Counts would NOT be allowable. There must be a slash, X, circle or other indicator for every reimbursable meal that is served to child.*									132	133	134	135	136	137	138	139	140
141	142										152	153	154	155	156	157	158	159	160
161	162										172	173	174	175	176	177	178	179	180
181	182										192	193	194	195	196	197	198	199	200

Completing the last portion of the Point of Service Meal Count Form:

	Total **First** Meals	_____
Disallowed Meals to Children: (Indicate by tally marks)	Total **Disallowed** Meals (Incomplete/Damaged)	- _____
	Total First Meals to be Claimed =	_____
Second Meals to Children: (Indicate by tally marks)		
	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** Meals	+ _____

$_____$ x $_____$ = $_____$
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:
_____
_____

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 = Integer that needs to match the number of slashes, "X"s, circles that are in the section above.

Total Disallowed Meals = Non-reimbursable meals, including those that are dropped. In this case, there will be two indicators in "First Meals to Children" for this one child to receive their meal, but one of those will be accounted for in the "Disallowed" section

Total First Meals to be Claimed = The number of meals that will be claimed at the Free rate in the Site Claim. This may or may not match "Total First Meals" and number of slashes, "X"s, circles that are in the section above.

Total Second Meals = In SFSP ONLY Sponsors may claim 2% of complete second meals. 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 due 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.

Total Other Adult Meals = Number of meals that were sold to adults who paid the established price per 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.

Total Meals Served = The calculated total from all values above this (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 Site Supervisor listed at the top of the form.

Completed Example:

	Total **First** Meals _____ 127 _____
Disallowed Meals to Children: (Indicate by tally marks)	Total **Disallowed** Meals (Incomplete/Damaged) - _____ 0 _____
Second Meals to Children: (Indicate by tally marks)	Total First Meals to be Claimed = _____ 127 _____
	Total **Second** Meals + _____ 0 _____
Meals to Food Service Adults: (Indicate by tally marks) |||	
	Total **Food Service Adult** Meals + _____ 3 _____
Meals to Other Adults: (Indicate by tally marks) ∦∦ ∦∦ ||	
	Total **Other Adult** Meals + _____ 12 _____
$ __$4.25__ X __12__ = __$51.00__ Adult Meal Charge Other Adults Meals Total Payment Received If money not received for Other Adult Meals explain why: _____ _____	Total **Meals** Served (Children and Adults) = _____ 142 _____ Total Meals Transferred to Other Site _____ Total Meals Not Served/Leftover _____
I certify that the above information is true and accurate. _Jri Ladd_ _____ Signature of Meal Checker	__9/15/20__ _____ Date