



Missouri Department of Health & Senior Services

SUMMER FOOD SERVICE PROGRAM

Daily Meal Count Form

Name of Site:					Date:				
Meal: (circle one) Breakfast A.M. Snack Lunch P.M. Snack Supper					Site Supervisor:				
Delivery Time:		Total Meals Delivered/Prepared:		Delivery Temperature:		Meal Service Time: Begin: End:			

First Meals Served to Children:

1	16	31	46	61	76	91	106	121	136	151	166	181	196	211	226	241	256	271	286	301	316	331	346	361	376	391	406	421	436
2	17	32	47	62	77	92	107	122	137	152	167	182	197	212	227	242	257	272	287	302	317	332	347	362	377	392	407	422	437
3	18	33	48	63	78	93	108	123	138	153	168	183	198	213	228	243	258	273	288	303	318	333	348	363	378	393	408	423	438
4	19	34	49	64	79	94	109	124	139	154	169	184	199	214	229	244	259	274	289	304	319	334	349	364	379	394	409	424	439
5	20	35	50	65	80	95	110	125	140	155	170	185	200	215	230	245	260	275	290	305	320	335	350	365	380	395	410	425	440
6	21	36	51	66	81	96	111	126	141	156	171	186	201	216	231	246	261	276	291	306	321	336	351	366	381	396	411	426	441
7	22	37	52	67	82	97	112	127	142	157	172	187	202	217	232	247	262	277	292	307	322	337	352	367	382	397	412	427	442
8	23	38	53	68	83	98	113	128	143	158	173	188	203	218	233	248	263	278	293	308	323	338	353	368	383	398	413	428	443
9	24	39	54	69	84	99	114	129	144	159	174	189	204	219	234	249	264	279	294	309	324	339	354	369	384	399	414	429	444
10	25	40	55	70	85	100	115	130	145	160	175	190	205	220	235	250	265	280	295	310	325	340	355	370	385	400	415	430	445
11	26	41	56	71	86	101	116	131	146	161	176	191	206	221	236	251	266	281	296	311	326	341	356	371	386	401	416	431	446
12	27	42	57	72	87	102	117	132	147	162	177	192	207	222	237	252	267	282	297	312	327	342	357	372	387	402	417	432	447
13	28	43	58	73	88	103	118	133	148	163	178	193	208	223	238	253	268	283	298	313	328	343	358	373	388	403	418	433	448
14	29	44	59	74	89	104	119	134	149	164	179	194	209	224	239	254	269	284	299	314	329	344	359	374	389	404	419	434	449
15	30	45	60	75	90	105	120	135	150	165	180	195	210	225	240	255	270	285	300	315	330	345	360	375	390	405	420	435	450

(Continue counting on back of form if needed.)

Total First Meals Served to Children _____

Complete Second Meals Served 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
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Total Second Meals Served to Children _____

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	21	22	23	24	25	26	27	28	29	30
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Total Meals Served to Program Adults _____

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	21	22	23	24	25	26	27	28	29	30
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Total Meals Served to Non-Program Adults _____

Total Meals Served _____
Total Damaged Meals _____

Total Leftover Meals _____
Income from Adult Meals _____

Site Supervisor's Signature:	Date:
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First Meals Served to Children, continued:

451	456	461	466	471	476	481	486	491	496	501	506	511	516	521	526	531	536	541	546	551	556	561	566	571	576	581	586	591	596
452	457	462	467	472	477	482	487	492	497	502	507	512	517	522	527	532	537	542	547	552	557	562	567	572	577	582	587	592	597
453	458	463	468	473	478	483	488	493	498	503	508	513	518	523	528	533	538	543	548	553	558	563	568	573	578	583	588	593	598
454	459	464	469	474	479	484	489	494	499	504	509	514	519	524	529	534	539	544	549	554	559	564	569	574	579	584	589	594	599
455	460	465	470	475	480	485	490	495	500	505	510	515	520	525	530	535	540	545	550	555	560	565	570	575	580	585	590	595	600

Instructions for Completing the Daily Meal Count Form

- ⇒ **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.
- ⇒ **Total Meals Delivered/Prepared:** Enter the number of meals that were delivered or prepared.
- ⇒ **Delivery Temperature:** If meals are delivered to the site, take the meal and milk temperatures and record the temperatures in the space provided.
- ⇒ **Meal Service Time:** Enter the time the meal service begins and ends.
- ⇒ **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.
- ⇒ **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).
- ⇒ **Total Reimbursable Meals Served:** Add Total First Meals Served to Children, Total Second Meals Served to Children, and enter the total here.
- ⇒ **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.
- ⇒ **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.
- ⇒ **Total Damaged Meals:** Enter the number of meals that were damaged and therefore not served (generally applies only to sites that have meals delivered or to sites serving packaged or unitized meals).
- ⇒ **Total Leftover Meals:** Enter the number of meals leftover after the meal service. Total Meals Served + Total Damaged Meals + Total Leftover Meals should be equal to Total Meals Delivered (or prepared).
- ⇒ **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- ⇒ **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.