



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE MEAL COUNT CONSOLIDATION

Completed by:
☐ Sponsor
☐ DHSS Reviewer

Sponsor Name								
Site Name					Month/Year			
	Breakfast		Lunch		Supper		Snack	
Date	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
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24								
25								
26								
27								
28								
29								
30								
31								
Site Totals								

Instructions for Completing the Site Meal Count Consolidation

This is an optional form. It should be used to consolidate the meal counts for each site, one form per site. The totals from each site's worksheet should be added to get the sponsor's monthly claim totals. If the sponsor has only one site, this form may be used in lieu of the Monthly Consolidation Form.

This form is available at: <https://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/forms.php>.

- Sponsor Name:** Enter the sponsoring organization's name.
- Site Name:** Enter the name of the site for which meal counts are being recorded
- Month/Year:** Enter the name of the month and year for which meal counts are being recorded.
- Date:** For each calendar date, enter the number of breakfasts, lunches, suppers and/or snacks served as first meals to children and second meals to children. Do not enter meals on dates the site wasn't open (such as Saturdays, Sundays, and holidays), and do not enter numbers for meals that weren't approved and served (e.g., if the site is approved to serve breakfasts and lunches, do not record meals under suppers and snacks).
- Site Totals:** Enter the totals for each column; if using the spreadsheet, totals will calculate.
- Multiple Site Totals:** When one form is complete for each site, use the space below to add the Site Total for Child 1st Meals for Breakfast from each site's form, to get the total breakfast first meals served to children for the month. Add each additional column in the same manner for each site, to get all other totals for the monthly consolidation form and claim for reimbursement.

Sponsor Name					Month/Year			
	Breakfast		Lunch		Supper		Snack	
Site Name or Number	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
Total Meals								