

# Daily Meal Count Form for the Summer Food Service Program (SFSP)

Site name: \_\_\_\_\_

Meal type :  Breakfast  Lunch  Snack  Supper

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Delivery time: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of site supervisor: \_\_\_\_\_

Meals received/prepared \_\_\_\_\_ + Meals available from previous day \_\_\_\_\_ = **TOTAL MEALS AVAILABLE [1]**

**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	<b>Total first meals</b> _____									

**Second meals served to children:**

1 2 3 4 5 6 7 8 9 10 + **Total second meals** \_\_\_\_\_ [3]

**Meals served to program adults:**

1 2 3 4 5 6 7 8 9 10 + **Total program adult meals** \_\_\_\_\_ [4]

**Meals served to non-program adults:**

1 2 3 4 5 6 7 8 9 10 + **Total non-program adult meals** \_\_\_\_\_ [5]

**= TOTAL MEALS SERVED** \_\_\_\_\_ [6]

+ **Total damaged/incomplete/other nonreimbursable meals** \_\_\_\_\_ [7]

+ **Total leftover meals** \_\_\_\_\_ [8]

**= TOTAL (ADD [6] + [7] + [8])** \_\_\_\_\_ [9]

*Line [9] should be equal to line [1]*

**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 16 17 18 19 20

**Site Supervisor's Comments:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Daily Meal Count Form for the SFSP

**Note:** If the site serves **more than 150 children**, use this additional page and print the form two-sided. If the site serves **150 children or less**, use only page 1

Site Name: \_\_\_\_\_

Date: \_\_\_\_\_

**First Meals Served to Children (cross off number as each child receives a meal):**

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	201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

Total first meals \_\_\_\_\_ [2]

**Second meals served to children:**

1 2 3 4 5 6 7 8 9 10

+ Total second meals \_\_\_\_\_ [3]

**Meals served to program adults:**

1 2 3 4 5 6 7 8 9 10

+ Total program adult meals \_\_\_\_\_ [4]

**Meals served to non-program adults:**

1 2 3 4 5 6 7 8 9 10

+ Total non-program adult meals \_\_\_\_\_ [5]

**= TOTAL MEALS SERVED \_\_\_\_\_ [6]**

+ Total damaged/incomplete/other nonreimbursable meals \_\_\_\_\_ [7]

+ Total leftover meals \_\_\_\_\_ [8]

**= TOTAL (ADD [6] + [7] + [8]) \_\_\_\_\_ [9]**

*Line [9] should be equal to line [1] on the first page*

**Number of additional children requesting a meal after all available meals were served:**

21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

# Instructions for the Daily Meal Count Form for the Summer Food Service Program (SFSP)

Each site must take a point-of-service (POS) meal count every day. The POS is that point in the SFSP operation where a determination can accurately be made that a reimbursable meal has been served to an eligible child.

1. Line 1 (**[1]**) equals the **total meals** available, which equals the number of meals received or prepared plus the number of meals available from the previous day.
2. Line 2 (**[2]**) equals the **total number of first meals** served to children. Cross out each number as a child receives a meal. Include any teenagers, ages 18 and under, paid or unpaid, who are helping out at the site. Note: If the site serves more than 150 children, use page 2 and print the form two-sided. If the site serves 150 children or less, use only page 1.
3. Line 3 (**[3]**) equals the **total number of second meals** served to children. Note: Reimbursable meals are limited to 2 percent of the total number of first meals served.
4. Line 4 (**[4]**) equals the **total number of meals served to Program adults**. “Program adults” are adults who work directly as part of the food service operation. This includes all adults who prepare meals, serve meals, clean up or supervise the children. This does **not** include teenagers ages 18 and under who may perform these tasks at the site. Meals for ages 18 and under are fully reimbursable, and are counted on line 2.
5. Line 5 (**[5]**) equals the **total number of meals served to non-program adults**. “Non-program adults” are adults who are not directly involved in the operation of the food service, including any sponsor administrative staff such as monitors or sponsor directors, or state or federal reviewers.
6. Line 6 (**[6]**) equals the **total number of meals served**, which is the sum of lines 2 through 5.
7. Line 7 (**[7]**) equals the **total number of meals that are unusable** because they are damaged, incomplete or otherwise nonreimbursable.
8. Line 8 (**[8]**) equals the **total number of leftover meals**, which is calculated by subtracting line 6 from Line 1.
9. Line 9 (**[9]**) equals the **sum of lines 6, 7 and 8**. It accounts for all meals and should equal line 1.
10. Use the “Site Supervisor’s Comments” section to record the number of children requesting a first meal after all available meals were served. This information is helpful in adjusting meal orders upward.
11. The site supervisor must **sign and date** at the top of the meal count form.

# Instructions for the Daily Meal Count Form for the SFSP



For information on the SFSP, visit the CSDE's [SFSP](#) webpage or contact the [Summer Meals staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at [https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Meal\\_Count\\_Form\\_Daily\\_SFSP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Meal_Count_Form_Daily_SFSP.pdf).

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion, intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email [louis.todisco@ct.gov](mailto:louis.todisco@ct.gov).