

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

## Summer 2026

Site name: \_\_\_\_\_ Date of meal service: \_\_\_\_\_

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

Meal type:  Breakfast  Lunch  Snack  Supper Delivery time: \_\_\_\_\_

Site supervisor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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										

**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 (subtract [6] and [7] from [1]):** \_\_\_\_\_ [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:

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**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 of meal service: \_\_\_\_\_

**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 (subtract [6] and [7] from [1])** \_\_\_\_\_ [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

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## Instructions

Each SFSP site must take a point-of-service meal count every day. The point of service is the moment in the SFSP operation where staff can accurately determine that a reimbursable meal has been served to an eligible child.

1. Line **[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]** 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 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]** 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]** 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]** 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]** equals the **total number of meals served**, which is the sum of lines 2 through 5.
7. Line **[7]** equals the **total number of meals that are unusable** because they are damaged, incomplete, or otherwise nonreimbursable.
8. Line **[8]** equals the **total number of leftover meals**, which is calculated by subtracting lines **[6]** and **[7]** from line **[1]**.
9. Line **[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 for adjusting meal orders upward.
11. The site supervisor must **sign and date** at the top of the meal count form.

Maintain this form on file for the administrative review of the SFSP, according to the U.S Department of Agriculture’s (USDA) records retention requirements for the SFSP. For more information, refer to the Connecticut State Department of Education’s (CSDE) resource, [Records Retention Requirements for the Summer Food Service Food Program](#).

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

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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)

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