

Seamless Summer Option (SSO) Daily Meal Count Form

Site name: _____ Date: _____

Address: _____

Meal type (*check one*): Breakfast Lunch Delivery time: _____

Meals received/prepared _____ + Meals available from previous day _____ = _____ **Total Meals Available [1]**

Meals served to children: *Cross off each number consecutively for each child who receives a reimbursable 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 Meals Served _____ [2]

+ Total nonreimbursable meals _____ [3]

+ Total leftover meals (Add [2] + [3] and subtract from [1]) _____ [4]

= Total of All Meals (Add [2] + [3] + [4]) _____ [5]

Line [5] should be equal to line [1]

Site supervisor's comments:

Site supervisor: _____
Name Signature Date

SSO Daily Meal Count Form

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: _____

Meals served to children: *Cross off each number consecutively for each child who receives a reimbursable 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 Meals Served _____ **[2]**

+ Total nonreimbursable meals _____ **[3]**

+ Total leftover meals _____ **[4]**

= Total of All Meals (Add [2] + [3] + [4]) _____ **[5]**

Line [5] should be equal to line [1]

Instructions for Seamless Summer Option (SSO) Daily Meal Count Form

Each site operating the SSO of the National School Lunch Program (NSLP) must take point-of-service (POS) meal counts every day. The POS is that point in the SSO operation where a determination can accurately be made that a reimbursable meal has been served to an eligible child.

SSO sponsors may use the Connecticut State Department of Education's (CSDE) SSO Daily Meal Count Form to document the daily POS meal count. The information below indicates how to complete this form.

1. **Line 1 ([1]) Total Meals Available:** Add the number of meals received/prepared plus the number of meals available from the previous day.
2. **Meals served to children:** Cross off each number consecutively for each child who receives a complete reimbursable meal.
3. **Line 2 ([2]) Total Meals Served:** Enter the total number of reimbursable meals served from the "Meals served to children" section.
4. **Line 3 ([3]) Total nonreimbursable meals:** Enter the number of meals that are not reimbursable, such as incomplete meals or damaged meals that are unusable.
5. **Line 4 ([4]) Total leftover meals:** Add line 2 (reimbursable meals served) and line 3 (nonreimbursable meals). Subtract this number from line 1 (total meals available).
6. **Line 5 ([5]) Total of All Meals:** Add line 2 (reimbursable meals served), line 3 (nonreimbursable meals), and line 4 (leftovers). This number accounts for all SSO meals and should equal line 1.
7. **Site supervisor's comments:** Indicate any relevant information regarding the SSO meal service.
8. **Site supervisor:** Indicate the name of the site supervisor. The site supervisor must sign and date the meal count form.

Instructions for SSO Daily Meal Count Form



For more information, visit the CSDE's [Seamless Summer Option \(SSO\) of the NSLP](#) webpage or contact the [school nutrition programs 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/SSO/Daily_Meal_Count_Form_SSO.pdf.

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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

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