

## SFSP Daily Meal Count Worksheet –

### Open Sites

<b>Site Name:</b>										<b>Meal Type:</b> (circle) B L S Sn									
<b>Day:</b> M T W Th F Sat Sun										B = Breakfast; L = Lunch; S = Supper; Sn = Snack									
<b>Name of Site Supervisor:</b>										<b>Delivery Date:</b>									
Meals received/prepared _____ + Meals available from previous day _____ = (Total meals available)																			
<b>First meals served to children (cross off number as each child receives a meal):</b>																			
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	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	251	252	253	254	255	256	257	258	259	260
Total First Meals Served = _____																			
<b>Second meals served to children (cross off number as each child receives a meal):</b>																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Total Second Meals Served = _____																			
<b>Meals served to Program Adults:</b>																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Total Program Adult Meals Served = _____																			
<b>Meals Served to Non-Program Adults:</b>																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Total Non-Program Adult Meals Served = _____																			
<b>Total Meals Served</b>										_____									
<b>Total damaged/incomplete/other non-reimbursable meals</b>										_____									
<b>Total Leftover Meals</b>										_____									

Comments:

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I certify that the above information is true and accurate \_\_\_\_\_

Signature

Date

*This institution is an equal opportunity provider.*