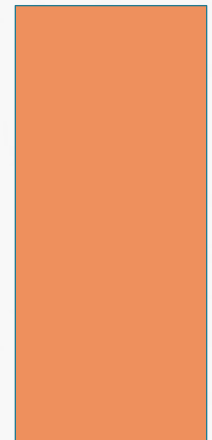




DAILY MEAL COUNT FORM REVIEW TRAINING

SUMMER FOOD SERVICE PROGRAM



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DAILY MEAL COUNT FORM REVIEW TRAINING

This online training contains audio narration. Please adjust the volume on your speakers or headsets to the desired level before continuing.



To read the script with the narration, click on the “script” icon in the lower right-hand corner.



KEY TRAINING QUESTIONS

- **What are Daily Meal Count Forms and why are they needed?**
- **Why do counts have to be taken at point-of-service?**
- **Whose job is it to complete the form?**
- **How do I complete a daily meal count form?**
- **What are Consolidated Meal Count Forms?**

WHAT ARE DAILY MEAL COUNT FORMS AND WHY ARE THEY NEEDED?

- **Justify claims for reimbursement.**
- **Ensure SFSP funds are used only for allowable SFSP costs.**

WHY DO COUNTS HAVE TO BE TAKEN AT POINT-OF-SERVICE?

- **Accurate point-of-service counts are critical!**
- **Only complete meals served to eligible children can be claimed for reimbursement.**
- **Meals are counted as they are served to ensure that an accurate count of meals served is obtained and reported.**
- **Counting meals at the point of service also allows site personnel to ensure that only complete meals are served.**

WHOSE JOB IS IT?

SFSP Sponsor

- Provide record sheets to sites.
- Collect records at least every week.
- Ensure that “the number of meals delivered” on the site record is the same as the number on the vendor’s report.

SFSP Site Supervisor

- Keep the records each day.
- Keep records based on the actual counts taken.
- Keep a separate form for each meal service.
- Sign each Meal Count Form.

WHAT INFORMATION CAN BE FOUND ON THE FORM?

- Meals delivered or prepared, by type (breakfast, snack, lunch, supper);
- Complete first meals served to children;
- Complete second meals served to children;
- Excess or leftover meals;
- Non-reimbursable meals;
- Meals served to program adults, if any; and
- Meals served to non-program adults, if any.

HOW DO I FILL OUT A DAILY MEAL COUNT FORM?

DAILY MEAL COUNT FORM	
Site Name:	Meal Type (circle) : B L SN SU
Address:	Telephone:
Supervisor's Name:	Delivery Time: 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 non-reimbursable meals + [7]	
Total leftover meals + [8]	
Total of items: [6] <input type="checkbox"/> + [7] <input type="checkbox"/> + [8] <input type="checkbox"/> = [9]	
(Item [9] should be equal to item [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	
By signing below, I certify that the above information is true and accurate:	
Signature _____	Date _____

DAILY MEAL COUNT FORM

DAILY MEAL COUNT FORM	
Site Name: SFSP Site	Meal Type (circle): B <input checked="" type="radio"/> L SN SU
Address: 123 Main St Anywhere TN 12345	Telephone: (615) 987-6543
Supervisor's Name: Andy Anderson	Delivery Time: 11:00 am Date: June 1, 2016

- ✓ Meal count must be taken at point-of-service.
- ✓ A separate form is required for each meal type served.
- ✓ Sponsors establish meal times for each site.

Meals received/prepared 50 + Meals available from previous day 0 = 50 (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 +	43				

[2]

- ✓ Cross out each number as a child receives a meal.
- ✓ If more than 150 meals are served, use the optional second page.

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM

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:

11 12 13 14 15 16 17 18 19 20

Total Second Meals + [3]

Meals served to Program adults:

11 12 13 14 15 16 17 18 19 20

Total Program Adult Meals + [4]

Meals served to non-Program adults:

11 12 13 14 15 16 17 18 19 20

Total non-Program Adult Meals + [5]

TOTAL MEALS SERVED = [6]

Total damaged/incomplete/other non-reimbursable meals + [7]

Total leftover meals + [8]

[9] Total of items: [6] + [7] □+ [8] =
 (Item [9] should be equal to item [1] on the front side of the page)

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

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

OTHER MEAL TOTALS

Second meals served to children:

1 2 3 4 5 6 7 8 9 10

Total Second Meals + 0

[3]

Meals served to Program adults:

1 2 3 4 5 6 7 8 9 10

Total Program Adult Meals + 0

[4]

Meals served to non-Program adults:

1 2 3 4 5 6 7 8 9 10

Total non-Program Adult Meals + 0

[5]

- ✓ Second meals must not exceed 2% of first meals served by the sponsor, for all sites, during the claiming period.
- ✓ Program adults are adults who work directly as part of the operation of the food service.
- ✓ “Non-Program adults” are adults who are not directly involved in the operation of the food service.

CALCULATING TOTAL MEALS SERVED

$[(2) + (3) + (4) + (5) = (6)]$	TOTAL MEALS SERVED =	43	[6]
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Total damaged/incomplete/other non-reimbursable meals +		0	[7]
--	--	----------	------------

Total leftover meals +		7	[8]
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$[(6) + (7) + (8) = (9)]$	Total of items:	50	[9]
---------------------------	------------------------	-----------	------------

(Item [9] should be equal to item [1])

- ✓ All meals must be counted even if they are non-reimbursable.
- ✓ The total number of items (line 9) should equal total meals available (line 1).

ADJUSTING MEAL ORDERS

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

By signing below, I certify that the above information is true and accurate:

Andy Anderson

Signature

(Site Supervisor)

June 1, 2016

Date

- ✓ The number of children requesting a first meal, after all available meals were served, will help you to adjust your meal orders.
- ✓ The site supervisor must sign and date at the bottom of each form.

WHAT ARE CONSOLIDATED MEAL COUNT FORMS?

- Used to consolidate your daily meal count information
- Helpful when submitting claims
- Weekly and monthly consolidated meal count forms are not required
 - Daily meal count sheets are required!

Meal Count Sheet (Weekly Consolidated)

Attachment 21

ADDRESS AND PHONE NUMBER:

SITE SUPERVISOR:

WEEK OF:

MEAL TYPE: (CIRCLE) B L SN SU	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL FOR WEEK
1. Number of meals received/prepared								
Number of meals available from previous day								
2. Number of first meals served to children								
3. Number of second meals served to children								
4. Number of meals served to Program adults								
5. Number of meals served to non-Program adults								
6. Number of incomplete/damaged meals								
7. Number of leftover meals								
8. Number of additional children requesting a meal after all available meals were served								
9. Money collected/to be collected for adult meals								

REMARKS:

SIGNATURE OF SITE SUPERVISOR:

CALCULATING REIMBURSABLE SECOND MEALS

Meal Type	(A) Total 1 st Meals/Snacks Served	(B) Total 2 nd Meals/Snacks Served	(C) 2 nd Meal/Snack Limitation (.02 x A)	(D) Allowable 2 nd Meals/Snacks – Lesser of (B) or (C)	(E) Allowable Total Meals/Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

RESOURCES

- **Administrative Guidance for Sponsors**
 - <http://www.fns.usda.gov/sites/default/files/AdmInGuideSponsors.pdf>
- **Memo SP 05-2016, SFSP 05-2016 Subject: Meal Service Requirements in the Summer Food Meal Programs, with Question and Answers**
 - http://www.fns.usda.gov/sites/default/files/cn/SP05_SFSP05-2016os.pdf

REMINDERS

- **Daily meal counts are records used to justify claims for reimbursement and to ensure that SFSP funds are only used for allowable SFSP costs.**
- **If more than 150 children are served at the site, use the optional second page of the form.**
- **Accurate point-of-service counts are critical!**
- **Only complete meals served to eligible children can be claimed for reimbursement.**
- **The site supervisor must sign and date at the bottom of each form.**

THANK YOU!