

**South Carolina Department of Social Services
Summer Food Service Program (SFSP)**

DAILY MEAL RECORD FOR WEEK OF: _____

Name of Site: _____ Site Number: _____

MEAL DELIVERY/PICK-UP TICKET

Note: If you complete this section, you are not required to maintain separate daily delivery tickets.

| | MON | TUE | WED | THUR | FRI |
|--|-------|-------|-------|-------|-------|
| A. Number of Meals Delivered/Picked Up: | _____ | _____ | _____ | _____ | _____ |
| Initials of Food Delivery Staff: | _____ | _____ | _____ | _____ | _____ |
| Initials of Site Supervisor: | _____ | _____ | _____ | _____ | _____ |

Type of Meal: _____

Note: Use a separate sheet for breakfast, lunch, snack and supper.

| | MON | TUE | WED | THUR | FRI |
|---|-------|-------|-------|-------|-------|
| B. Number of Children in Attendance: | _____ | _____ | _____ | _____ | _____ |

MEAL COUNT RECORD

| | MON | TUE | WED | THUR | FRI |
|--|-------|-------|-------|-------|-------|
| C. Number of Leftover Meals: (“Line K” from yesterday) | _____ | _____ | _____ | _____ | _____ |
| D. Number of Meals Delivered/Prepared: | _____ | _____ | _____ | _____ | _____ |
| E. Number of Meals Damaged/Spoiled: | _____ | _____ | _____ | _____ | _____ |
| F. Total Meals Available to Serve: (C + D - E) | _____ | _____ | _____ | _____ | _____ |

| | MON | TUE | WED | THUR | FRI | TOTAL |
|---|-------|-------|-------|-------|-------|--------------|
| G. Number of 1st Meals Served to Children: | _____ | _____ | _____ | _____ | _____ | _____ |
| H.* Number of 2nd Meals Served to Children: | _____ | _____ | _____ | _____ | _____ | _____ |
| I. * Number of Meals Served to Program Adults: | _____ | _____ | _____ | _____ | _____ | _____ |
| J. * No. of Meals Served to Non-Program Adults: | _____ | _____ | _____ | _____ | _____ | _____ |
| K. Number of Meals Leftover to be Refrigerated and Served as 1st Meals on the Next Day: | _____ | _____ | _____ | _____ | _____ | _____ |
| L. Total Number of Meals: (G + H + I + J + K) | _____ | _____ | _____ | _____ | _____ | _____ |

Note: * If allowed by sponsor. L must equal F each day in order to account for each meal.

| | |
|------------------------------|------|
| Signature of Site Supervisor | Date |
| Signature of Sponsor Monitor | Date |