

Kentucky Department of Education
School and Community Nutrition
SFSP SITE RECORD OF MEALS SERVED

Site Name: _____

Site Supervisor: _____

Meal Service: Breakfast A.M. Snack Lunch P.M. Snack Supper

Date: _____

Note: A copy of this form must be maintained at the site for the duration of the site's operations.

DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

Instructions: Record the number of meals available*, the number of first meals served to children, the number of second meals served to children, and the number of leftovers each day per meal service your site is operating. This number should be copied from your Daily Meal Count Form. **Maintain this form at your site as a record of total meals served.**

* Number of Meals Available includes the number of meals prepared, or delivered, **plus** left over from previous day if applicable. (Revised from 2010 form)