



Florida Department of Agriculture and Consumer Services
 Division of Food, Nutrition and Wellness

A copy of this form **must** be maintained at the site for the duration of program operation.

ADAM H. PUTNAM
 COMMISSIONER

**SFSP SITE SUPERVISOR'S RECORD OF MEALS SERVED FORM
 WITH ADULT MEALS**

Sponsor Name: _____ Agreement # 04- _____

Site Number/Name: _____ Site Supervisor: _____

Meal Type (circle one): **BREAKFAST** **AM SNACK** **LUNCH** **PM SNACK** **SUPPER**

Month: _____

Date	Day	# of Meals Delivered / Prepared	# of Meals Leftover from PREVIOUS Day	# of FIRST Meals Served to Children	# of SECOND Meals Served to Children	# of TEST Meals	# of Meals Served to ADULTS	# of DAMAGED Meals	# of LEFT-OVERS
	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								

Comments: _____

 Site Supervisor's Signature

I hereby certify that the above information is true and correct without any deliberate misrepresentation.

This form must be signed.

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

Instructions for the Site Supervisor's Record of Meals Served Form With Adult Meals

Refer to the Daily Meal Count Record to ensure accurate, effective and correct record keeping for the required information.

1. Record the **DATE** of meal service next to the corresponding day.
2. The seven days of the week are recorded for you. Record the information that corresponds with each day of meal service.
3. Record the number of **MEALS DELIVERED/PREPARED** for the current day of meal service.
4. Record the number of meals (if any) that were **LEFTOVER FROM THE PREVIOUS DAY** that were available to serve.
5. Record the number of **FIRST** meals served to children.
6. Record the number of **SECOND** meals served to children.
7. Record the number of **TEST** meals that were tested by site staff or sponsor/state monitors.
8. Record the number of meals served to **ADULTS**.
9. Record the number of meals that arrived **DAMAGED** or were damaged during meal service and were not able to be served.
10. Record the number of meals that are **LEFTOVER** from today's meal service that you plan to serve the next day.