

**Miami-Dade County Public Schools
Department of Food and Nutrition
SFSP DAILY MEAL COUNT RECORD**

Sponsor Number # 13	Sponsor Name Miami-Dade County Public Schools		
Site Number	Site Name		
Date	Day of Week (circle one) M T W TH F	Meal Type (circle one) <i>Use a separate copy for EACH meal service.</i> Breakfast Lunch	

<u># Meals Received/Prepared</u>	+	<u>#Meals Leftover from Previous Day</u>	=	<u>Total Meals Available</u>
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Meals Served to Children (mark number with a diagonal line 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	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	261	262	263	264	265	266
267	268	269	270	271	272	273	274	275	276	277	278	279	280

Total Meals Served to Children (Must = diagonal lines above)	
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Disallowed Meals (damaged, incomplete, other non-reimbursable meal)	
Total leftover meals (Total Meals Available – Total Meals Served to Students – Disallowed Meals)	

Reason for low participation today (if applicable): _____

Site Supervisor Printed Name

By signing below, I certify that the above information is accurate and complete.

Site Supervisor Signature

Date