

SUMMER COUNTING SHEET

SITE: _____

DATE: _____

SFSP

BREAKFAST OR LUNCH. Circle one.

CHILDREN:

1	17	33	49	65	81	97	113	129	145	161	177	193	209	225	241	257	273	289	305	321	337	353	369	385
2	18	34	50	66	82	98	114	130	146	162	178	194	210	226	242	258	274	290	306	322	338	354	370	386
3	19	35	51	67	83	99	115	131	147	163	179	195	211	227	243	259	275	291	307	323	339	355	371	387
4	20	36	52	68	84	100	116	132	148	164	180	196	212	228	244	260	276	292	308	324	340	356	372	388
5	21	37	53	69	85	101	117	133	149	165	181	197	213	229	245	261	277	293	309	325	341	357	373	389
6	22	38	54	70	86	102	118	134	150	166	182	198	214	230	246	262	278	294	310	326	342	358	374	390
7	23	39	55	71	87	103	119	135	151	167	183	199	215	231	247	263	279	295	311	327	343	359	375	391
8	24	40	56	72	88	104	120	136	152	168	184	200	216	232	248	264	280	296	312	328	344	360	376	392
9	25	41	57	73	89	105	121	137	153	169	185	201	217	233	249	265	281	297	313	329	345	361	377	393
10	26	42	58	74	90	106	122	138	154	170	186	202	218	234	250	266	282	298	314	330	346	362	378	394
11	27	43	59	75	91	107	123	139	155	171	187	203	219	235	251	267	283	299	315	331	347	363	379	395
12	28	44	60	76	92	108	124	140	156	172	188	204	220	236	252	268	284	300	316	332	348	364	380	396
13	29	45	61	77	93	109	125	141	157	173	189	205	221	237	253	269	285	301	317	333	349	365	381	397
14	30	46	62	78	94	110	126	142	158	174	190	206	222	238	254	270	286	302	318	334	350	366	382	398
15	31	47	63	79	95	111	127	143	159	175	191	207	223	239	255	271	287	303	319	335	351	367	383	399
16	32	48	64	80	96	112	128	144	160	176	192	208	224	240	256	272	288	304	320	336	352	368	384	400

TOTAL CHILDREN'S FIRST MEALS: _____

PAID ADULTS:

1	6	11	16	21	26
2	7	12	17	22	27
3	8	13	18	23	28
4	9	14	19	24	29
5	10	15	20	25	30

TOTAL # PAID ADULTS: _____

Total \$ Collected: _____

Signature 1 _____

Signature 2 _____

SECOND MEALS:

1	9	17	25	33	41
2	10	18	26	34	42
3	11	19	27	35	43
4	12	20	28	36	44
5	13	21	29	37	45
6	14	22	30	38	46
7	15	23	31	39	47
8	16	24	32	40	48

TOTAL # 2ND MEALS: _____

CNP

**& OTHER
APPROVED
ADULTS:**

1	6
2	7
3	8
4	9
5	10

TOTAL: _____

NONREIMBURSIBLE/INCOMPLETE MEALS:

1	5	9	13	17	21	25	29
2	6	10	14	18	22	26	30
3	7	11	15	19	23	27	31
4	8	12	16	20	24	28	32

TOTAL NONREIMBURSIBLE MEALS: _____

ALL EMPLOYEES MUST SIGN THIS SHEET EVERY DAY

Anyone who leaves before the end of serving must write the time they left.

Meals Started With: _____ #Meals Left: _____

If you sold out, what time was it? _____

How many children did you turn away? _____

Did you go past serving time? _____ Time Finished Serving: _____

Did you run out of OVS Items? _____ If so, which one/s? _____

What time did you run out of OVS item/s? _____

End of Day MILK TEMP: _____ Time Taken: _____