GUAM DEPARTMENT OF EDUCATION
SCHOOL FOOD AUTHORITY (SFA) MONTHLY MEAL COUNT REPORT
FOR COMMUNITY ELIGIBILITY PROVISION (CEP) SCHOOLS
School Year 2026 - 2027

A. Name of SFA:	**Guam Department of Education**
B. School Name:	**Food and Nutrition**

G.	**Month/Year Reported**	
	May	**2026**

C. Enrollment for the Month:	
D. Total Attendance for the Month:	**0**
E. Total Absentees for the Month:	
F. Average Daily Attendance:	

H. Total Serving Days:	**Breakfast:**		**Lunch:**	

I. Average Daily Participation (ADP) for Breakfast:	
J. Average Daily Participation (ADP) for Lunch:	

K. Date	**L. Number of Reimbursable Meals**		**M. Daily Attendance**
	Breakfast	**Lunch**	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
Grand Totals:	**0**	**0**	**0**

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Monthly Meal Data

Total Number of Meals Served during the Month

Breakfasts	**Lunches**	**Total**
0	**0**	**0**

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Annual CEP Percentages

Percentage of **Identified Students**	Percentage of Meals Reimbursed at Federal	
	FREE Rate	**PAID Rate**
61.23%	**97.97%**	**2.03%**

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Type of Meal	**Number of Meals to be Reimbursed at**	
	FREE Rate	**PAID Rate**
Breakfast	**0**	**0**
Lunch	**0**	**0**

CERTIFICATION

I certify to the best of my knowledge and belief that this report is true and correct and is in accordance with rules and regulations governing the Child Nutrition Programs. It is understood that any willful misinterpretation, fraud/embezzlement are subject to applicable penalties.

Prepared by:

Type or Print Name	*Position Title*	*Signature*	*Date*

Certified by:

Type or Print Name	*Position Title*	*Signature*	*Date*

REMARKS/COMMENTS

This institition is an equal opportunity provider.