CONNECTING KIDS TO MEALS

DAILY CACFP/SFSP BREAKFAST COUNT FORM

| | | אַט | AILY | CA | ICFI | P/S | FSP | ۲ | 4 | AF | | 71 | Z1 | 5 | 19 | CO | UNIF | ORM | | |
|---|---|------|------|----|------|-----|-----|----|-----|-----|-----|--------------------------------|-----|--------------------|-------|--|----------|------|------|--|
| SITE: | | | | | | | | | | | | | | / | / | | | | | |
| Supervisor: | | | | | | | | | | | | Phone: | | | | | | | | |
| # Meals Received: | | | | | | | | | | | | # of Additional Meals Received | | | | | | | | |
| | | | | | | | | | | | | Site Signature: | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 1 | 11 | 21 | 31 | 41 | 51 | 61 | 71 | 81 | 91 | 101 | 111 | 121 | 131 | 141 | | AN ARTHUR CONTRACTOR C | | | | |
| 2 | 12 | 22 | 32 | 42 | 52 | 62 | 72 | 82 | 92 | 102 | 112 | 122 | 132 | 142 | | | | | | |
| 3 | 13 | 23 | 33 | 43 | 53 | 63 | 73 | 83 | 93 | 103 | 113 | 123 | 133 | 143 | | If a lot of food is left over or if you run short, call the kitchen to have your amount adjusted for the next day. 419-720-1106 | | | | |
| 4 | 14 | 24 | 34 | 44 | 54 | 64 | 74 | 84 | 94 | 104 | 114 | 124 | 134 | 144 | | | | | | |
| 5 | 15 | 25 | 35 | 45 | 55 | 65 | 75 | 85 | 95 | 105 | 115 | 125 | 135 | 145 | | | | | | |
| 6 | 16 | 26 | 36 | 46 | 56 | 66 | 76 | 86 | 96 | 106 | 116 | 126 | 136 | 146 | | | | | | |
| 7 | 17 | 27 | 37 | 47 | 57 | 67 | 77 | 87 | 97 | 107 | 117 | 127 | 137 | 147 | | | | | | |
| 8 | 18 | 28 | 38 | 48 | 58 | 68 | 78 | 88 | 98 | 108 | 118 | 128 | 138 | 148 | | Total Ch | nild Mea | als: | | |
| 9 | 19 | 29 | 39 | 49 | 59 | 69 | 79 | 89 | 99 | 109 | 119 | 129 | 139 | 149 | | | | | | |
| 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | | | | | | |
| Meals served to Program adults (Servers) (No more than 2) 1 2 | | | | | | | | | | | | | | Total Adult Meals: | | | | | | |
| **Minimal safe serving temperatures: HOT FOOD ABOVE 140F, COLD FOOD/MILK BELOW 40F. Call Connecting Kids to Meals kitchen immediately if food does not measure in these ranges when food arrives at your site.** | | | | | | | | | | | | | | | | | | | | |
| | | | , | | | | | | | | | | | PO | RTION | KITCHEN | | SITE | SITE | |
| | | | | | | | | | | | | | | | SIZE | TEMP | 1 | TEMP | TIME | |
| PRO [°] | ΓΕΙΝ: | | | | | | | | | | | | | | | | | | | |
| GRA | N: | | | | | | | | | | | | | - | 1 oz | | | | | |
| VEG | ETABI | LE: | | | | | | | | | | | | | | | | | | |
| FRUI | TorJ | UICE | | | | | | | | | | | | 4 | 4 oz | | | | | |
| MILK | | | | | | | | | | | | | | 8oz | | | | | | |
| mea | MILK 80z IMPORTANT: Completed meal count forms must be returned to CKM kitchen (or faxed to 419-243-9960) DAILY. Friday meal counts must be received at the kitchen each Monday. Failure to return completed meal count forms may result in interruption of meal service. | | | | | | | | | | | | | | | | | | | |
| KITC | KITCHEN ONLY: # Meals sent to site: Kitchen Signature: | | | | | | | | | | | | | | | | | | | |

CONNECTING KIDS TO MEALS

DAILY SFSP/CACFP LUNCH/DINNER MEAL COUNT FORM

| SITE: | | | | | | | | | | | | | | / | / | | | | |
|---|---|---|------------|--------|-------|--------|-------|--------|---------|-------|-------|--------------------------------|---------------------|------------------------------|-----------------|------------|--------------|-----------------------------------|--|
| Supervisor: | | | | | | | | | | | | Phone: | | | | | | | |
| # Meals Received: | | | | | | | | | | | | # of Additional Meals Received | | | | | | | |
| | | | | | | | | | | | | Site | Signa | ture: | | | | | |
| 1 | 11 | 21 | 31 | 41 | 51 | 61 | 71 | 81 | 91 | 101 | 111 | 121 | 131 | 141 | | | | | |
| 2 | 12 | 22 | 32 | 42 | 52 | 62 | 72 | 82 | 92 | 102 | 112 | 122 | 132 | 142 | | | | | |
| 3 | 13 | 23 | 33 | 43 | 53 | 63 | 73 | 83 | 93 | 103 | 113 | 123 | 133 | 143 | | | | f you run short, call | |
| 4 | 14 | 24 | 34 | 44 | 54 | 64 | 74 | 84 | 94 | 104 | 114 | 124 | 134 | 144 | the next | | ve your am | ount adjusted for 419 - | |
| 5 | 15 | 25 | 35 | 45 | 55 | 65 | 75 | 85 | 95 | 105 | 115 | 125 | 135 | 145 | | , | 720-1106 | , | |
| 6 | 16 | 26 | 36 | 46 | 56 | 66 | 76 | 86 | 96 | 106 | 116 | 126 | 136 | 146 | | | | | |
| 7 | 17 | 27 | 37 | 47 | 57 | 67 | 77 | 87 | 97 | 107 | 117 | 127 | 137 | 147 | | | | | |
| 8 | 18 | 28 | 38 | 48 | 58 | 68 | 78 | 88 | 98 | 108 | 118 | 128 | 138 | 148 | T | otal Child | Meals: _ | | |
| 9 | 19 | 29 | 39 | 49 | 59 | 69 | 79 | 89 | 99 | 109 | 119 | 129 | 139 | 149 | | | | | |
| 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | | | | | |
| **Minimal safe serving temperatures: HOT FOOD ABOVE 140F, COLD FOOD/MILK BELOW 40F. Call Connecting Kids to Meals kitc immediately if food does not measure in these ranges when food arrives at your site.** | | | | | | | | | | | • | 1 2 | TOTAL MEALS SERVED: | | | | | | |
| imm | FOO ediate | D/MI ely if f | ood c | loes n | | | | ting I | (ids to | | | | _ | | | | | | |
| imm | FOO ediate | D/MI ely if f | ood c | loes n | | | | ting I | (ids to | | | | | PORTION | KITCHEN | N | SITE | | |
| immo arrivo | FOO ediate es at y | D/MI ely if f your s | ood c | loes n | | | | ting I | (ids to | | | | | PORTION SIZE | | n TIME | , | SITE TIME | |
| immo arrivo | FOO ediate es at y | D/MI ely if f your s | ood c | loes n | | | | ting I | (ids to | | | | | | KITCHEN | 0.0 | SITE | | |
| PRO GRA | FOO ediate es at y FEIN: | D/MI ely if f your s | ood c | loes n | | | | ting I | (ids to | | | | | | KITCHEN | 0.0 | SITE | | |
| PROGRAJ | FOO ediate es at y FEIN: N: | D/MI ely if f your s | ood c | loes n | | | | ting I | (ids to | | | | | | KITCHEN | 0.0 | SITE | | |
| PROGRAJ | FOO ediate es at y FEIN: | D/MI ely if f your s | ood c | loes n | | | | ting I | (ids to | | | | | | KITCHEN | 0.0 | SITE | | |
| PROGRAJ | FOO ediate es at y FEIN: N: T or J | D/MI ely if f your s | ood c | loes n | | | | ting I | (ids to | | | | | | KITCHEN | 0.0 | SITE | | |
| PROGRAJ FRUI | FOO ediate es at y | D/MI D/MI D/MI D/MI D/MI D/MI D/MI D/MI | cood coomp | oletec | I mea | al cou | nt fo | rms r | range: | be re | turne | ed to | | SIZE 8oz kitchen (or f | KITCHEN TEMP | TIME | SITE TEMP | | |

CONNECTING KIDS TO MEALS

SNACK COUNT FORM SITE: Supervisor: Phone: # Meals Received: # of Additional Meals Received Site Signature: 1 11 21 31 41 51 61 71 81 91 101 111 121 131 141 2 22 32 82 12 42 52 62 72 92 102 112 122 132 142 If a lot of food is left over or if you run 3 13 23 33 43 53 63 73 83 93 103 113 123 133 143 short, call the kitchen to have your 4 14 24 34 44 54 64 74 84 94 104 114 124 134 144 amount adjusted for the next day. 5 15 25 35 45 55 65 75 85 95 105 115 125 135 145 419-720-1106 6 16 26 36 46 56 66 76 86 96 106 116 126 136 146 7 17 27 37 47 57 67 77 87 97 107 117 127 137 147 8 18 28 38 48 58 68 78 88 98 108 118 128 138 148 Total Child Meals: 9 19 29 39 49 59 69 79 89 99 109 119 129 139 149 10 20 30 40 50 60 70 80 90 100 110 120 130 140 150 Meals served to Program adults (Servers) (No more than 2) Total Adult Meals: **Minimal safe serving temperatures: HOT FOOD ABOVE 140F, **TOTAL MEALS SERVED:** COLD FOOD/MILK BELOW 40F. Call Connecting Kids to Meals kitchen immediately if food does not measure in these ranges when KITCHE food arrives at your site.** SITE SITE KITCHEN N **PORTION TEMP** TIME **TEMP** TIME SIZE PROTEIN: GRAIN: WG VEGETABLE: FRUIT or JUICE: IMPORTANT: Completed meal count forms must be returned to CKM kitchen (or faxed to 419-243-9960) DAILY. Friday meal counts must be received at the kitchen each Monday. Failure to return completed meal count forms may result in interruption of meal service. KITCHEN ONLY: # Meals sent to site: Kitchen Signature: