DAILY CACEP/SESP BREAKFAST COUNT FORM

| | | | | | | 1 | | | | | F 16 | | | 383 | | | | | | |
|-------------------|--|---------|-------|--------|----|----|----|-----|--------|-----|--------------------------------|--------|-----|-----|-------|--------------------------------|--------------|-----------------------------|------|--|
| SITE: | | | | | | | | | | | | | | / | / | | | | | |
| Supe | rviso | r: | | | | | | | | | | 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 | 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 | | | | ft over or i | | |
| 4 | 14 | 24 | 34 | 44 | 54 | 64 | 74 | 84 | 94 | 104 | 114 | 124 | 134 | 144 | | | | chen to hav I for the ne | | |
| 5 | 15 | 25 | 35 | 45 | 55 | 65 | 75 | 85 | 95 | 105 | 115 | 125 | 135 | 145 | | | | 20-1106 | | |
| 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 Cl | 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 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Meal | 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 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | n thes | | | hen | | | | | | | | |
| food | arrive | es at y | our s | ite.** | k | | | | | | | | ī | | | Los portroportos constituis de | | CITE | CITE | |
| | | | | | | | | e e | | | | | | | RTION | KITCHEN | n e n | SITE | SITE | |
| DDOT | CINI | | | | | | | | | | | | | 5 | IZE | TEMP | | TEMP | TIME | |
| PROT | | | | | | | | | | | | | | | | | | | | |
| GRAI | | _ | | | | | | | | | | | | | | | | | | |
| VEGE | | | | | | | | | | | | | | | | | | | | |
| FRUI | | UICE | | | | | | | | | | | | | | | | | | |
| MILK | | | | | | | | | | | | | | | | | | | | |
| meal | 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. | | | | | | | | | | | | | | | | | | | |
| KITCH | ITCHEN ONLY: # Meals sent to site: Kitchen Signature: | | | | | | | | | | | | | | | | | | | |

DAILY CACEP/SESP COLD DINNER COUNT FORM

| SITE | | | | | | | | | | | | | | / | | | | | |
|-------------------|--|----------|-------|--------|--------|--------|--------|-------|-----------------|--------|--------------------------------|------|-------|------------|-----------|------------|------------------------------|------------------|--------------|
| Supe | ervisc | or: | | | | | | | | | | Pho | ne: | | | | | | |
| # Meals Received: | | | | | | | | | | | # of Additional Meals Received | | | | | | | | |
| | | | | | | | | | | | Site Signature: | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 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 food is le call the kit | | |
| 4 | 14 | 24 | 34 | 44 | 54 | 64 | 74 | 84 | 94 | 104 | 114 | 124 | 134 | 144 | | | nt adjusted | | 35 |
| 5 | 15 | 25 | 35 | 45 | 55 | 65 | 75 | 85 | 95 | 105 | 115 | 125 | 135 | 145 | | | | 20-1106 | |
| 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 C | hild 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 | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Meal | s serv | ed to | Prog | ram a | dults | (Serv | ers) | (No | more | than 2 | 2) | 1 2 | | | | Total A | dult Mea | als: | - |
| **** | **Minimal safe serving temperatures: HOT FOOD ABOVE 140F, TOTAL MEALS SERVED: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | DD AB Kids t | | | | | | | TOTAL | MEALS S | SERVED: | |
| | | | | | | | | | n thes | | | hen | | | | | | | |
| food | arrive | es at y | our s | ite.** | • | | | | | | | | ī | T was seen | | T | | CITE | CITE |
| | | | | | | | | | | | | | | | RTION | TEMP | KITCHEN TIME | SITE TEMP | SITE TIME |
| PROT | TEINI. | | | | | | | | | | | | | 3 | IZE | TEIVIP | IIIVIE | I CIVIP | THVIE |
| GRAI | | | | | | | | | | | | | | | | | | | |
| FRUI | 10 0 | LIICE | | | | | | | | | | | | | - | | | | |
| VEGE | 20 20 30 | | | | | - | | | | | | | | | | | | | |
| MILK | | | | | | | | | | | | | | | | | | | |
| IVIILIX | | | - | | | | | | | | | | | | | | | | |
| IMPO | ORTA | NT: (| Comp | leted | l mea | ıl cou | nt fo | rms r | nust | be re | turne | d to | СКМ | kitche | n (or fax | ced to 419 | 9-243-996 | (0) DAILY | Friday |
| | | | | | | | | | | | | | | | | | count for | | |
| inter | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| KITCL | IEN C | י א וואכ | | # 1 | /leals | sent | to sit | ٠. | | Ki- | tchar | Sign | atura | ٠. | | | | | |
| KI I CI | ITCHEN ONLY: # Meals sent to site: Kitchen Signature: | | | | | | | | | | | | | | | | | | |

DAILY SFSP/CACFP DINNER COUNT FORM

| | | | | DAI | LY S | SFS | P/C | AC | FP I | ש | u | וט | V | LNC | OUNT | FORM | | | |
|--|---|---------|-------|--------|-------|-----|-----|------------------------|------|--------|--------------------------------|-------|-------|---------|---|-----------|---------|---------|--|
| SITE | : | | | | | | | | | | | | | / | | | | | |
| Supervisor: | | | | | | | | | | | Phone: | | | | | | | | |
| # Meals Received: | | | | | | | | | | | # of Additional Meals Received | | | | | | | | |
| | | | | | | | | | | | | | ture: | | | | | | |
| | | | | | | | | | | | o Bila | carer | | | | | | | |
| 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 | If a lot of food is left over or if you run short, call the kitchen to have your | | | | |
| 3 | 13 | 23 | 33 | 43 | 53 | 63 | 73 | 83 | 93 | 103 | 113 | 123 | 133 | 143 | | | | | |
| 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 | amount adjusted for the next day. 419-720-1106 | | | At day. | |
| 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 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 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | OVE 1 | | | | | TOTAL | MEALS S | SERVED: | | |
| kitch | en im | media | ately | if foo | d doe | | | CANCEL AND DESCRIPTION | | se ran | | hen | | | | | | | |
| tood | arrive | es at y | our s | ite.** | | | | | | | | | | PORTION | KITCHEN | KITCHEN | SITE | SITE | |
| | | | | | | | | | | | | | | SIZE | TEMP | TIME | TEMP | TIME | |
| PROT | ΓΕΙΝ: | | | | | | | | | | | | | 2oz | | | | | |
| GRAI | N: | | | | | | | | | | | | | 1oz | R | | | | |
| FRUI | T or J | UICE | | | | | | | | | | | 3 | 2oz | R | | | | |
| VEGE | TABL | .E: | | | | | | | | | | | | 4oz | | | | | |
| MILK | : | | | | | | | | | | | | | 8oz | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |
| KITCH | ITCHEN ONLY: # Meals sent to site: Kitchen Signature: | | | | | | | | | | | | | | | | | | |

PLEASE DO NOT WRITE NOTES ON THE MEAL COUNT FORM. ALL COMMUNICATION TO CKM SHOULD BE DONE VIA EMAIL AT INFO@CONNECTINGKIDSTOMEALS.ORG OR PHONE 419-720-1106.

DAILY SFSP/CACFP SNACK COUNT FORM

| SITE: | | | | | | | | | | | // | | | | | | | | |
|--|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------|--------------------------------|---------------------------------|--------------------------|--------------------------|--------------|--------------------|-----------------------------|---|--------------|
| Sup | Supervisor: | | | | | | | | | | Phone: | | | | | | | | |
| # Meals Received: | | | | | | | | | | | # of Additional Meals Received | | | | | | | | |
| | | | | | | | | | | | Site Signature: | | | | | | | | |
| 1 2 3 4 5 | 11 12 13 14 15 | 21 22 23 24 25 | 31 32 33 34 35 | 41 42 43 44 45 | 51 52 53 54 55 | 61 62 63 64 65 | 71 72 73 74 75 | 81 82 83 84 85 | 91 92 93 94 95 | 104 105 | 112 113 114 115 | 121 122 123 124 125 | 132 133 134 135 | 142 143 144 145 | | short, | call the kit nt adjusted | ft over or i chen to ha I for the ne 10-1106 | ve your |
| 6 7 8 9 | 16 17 18 19 | 26 27 28 29 | 36 37 38 39 | 46 47 48 49 | 56 57 58 59 | 66 67 68 69 | 76 77 78 79 | 86 87 88 89 | 96 97 98 99 | | 117 118 | 126 127 128 129 | 137 138 | 147 148 | | Total Child Meals: | | | |
| 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130 | 140 | 150 | | | | | |
| Meal | s serv | ed to | Prog | ram a | dults | (Serve | ers) | (No | more | than | 2) | 1 2 | | | | Total A | dult Mea | als: | |
| | | | servi LK BE | | 85 | | | | | | | | | | | TOTAL | MEALS S | SERVED: | |
| | | | ately your s | | | s not | meas | sure i | n thes | se ran | ges w | /hen | | | RTION IZE | KITCHEN TEMP | KITCHEN TIME | SITE TEMP | SITE TIME |
| GRA | N: W | G Sn | ack (1 | L) | | a1 41 | | | | | | | | 1 | . OZ | R | | | |
| FRUI | T or J | UICE | : | | | | | | | | | | | | | R | | | |
| meal | MPORTANT: 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 nterruption of meal service. | | | | | | | | | | | | | | | | | | |
| KITCHEN ONLY: # Meals sent to site: Kitchen Signature: | | | | | | | | | | | | | | | | | | | |

CKM CACFP Attendance Sheet

| Site Name | Server Name | Date |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Child's First Name and Last Initial | Child's First Name and Last Initial | Child's First Name and Last Initial |
| 1 | 26 | 51 |
| 2 | 27 | 52 |
| 3 | 28 | 53 |
| 4 | 29 | 54 |
| 5 | 30 | 55 |
| 6 | 31 | 56 |
| 7 | 32 | 57 |
| 8 | 33 | 58 |
| 9 | 34 | 59 |
| 0 | 35 | 60 |
| 11 | 36 | 61 |
| 2 | 37 | 62 |
| 3 | 38 | 63 |
| 4 | 39 | 64 |
| 5 | 40 | 65 |
| 6 | 41 | 66 |
| 7 | 42 | 67 |
| 8 | 43 | 68 |
| 9 | 44 | 69 |
| | 45 | 70 |
| | 46 | 71 |
| 2 | 47 | 72 |
| 3 | 48 | 73 |
| 4 | 49 | 74 |
| 5 | 50 | 75 |