

CONNECTING KIDS TO MEALS

DAILY CACFP/SFSP **BREAKFAST** 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 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
- 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
- 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

*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*

Total Child Meals: _____

Meals served to Program adults (Servers) (No more than 2) 1 2	Total Adult Meals: _____
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****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.****

TOTAL MEALS SERVED: _____

	PORTION SIZE	KITCHEN TEMP	I	SITE TEMP	SITE TIME
PROTEIN:					
GRAIN:					
VEGETABLE:					
FRUIT or JUICE:					
MILK					

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: _____

CONNECTING KIDS TO MEALS

DAILY CACFP/SFSP **COLD DINNER** 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 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
- 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
- 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

*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*

Total Child Meals: _____

Meals served to Program adults (Servers) (No more than 2) 1 2	Total Adult Meals: _____
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****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.****

TOTAL MEALS SERVED: _____

	PORTION SIZE	KITCHEN TEMP	KITCHEN TIME	SITE TEMP	SITE TIME
PROTEIN:					
GRAIN:					
FRUIT or JUICE:					
VEGETABLE:					
MILK					

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: _____

CONNECTING KIDS TO MEALS

DAILY SFSP/CACFP **DINNER** 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 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
- 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
- 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

*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*

Total Child Meals: _____

Meals served to Program adults (Servers) (No more than 2) 1 2

****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.****

TOTAL MEALS SERVED: _____

	PORTION SIZE	KITCHEN TEMP	KITCHEN TIME	SITE TEMP	SITE TIME
PROTEIN:	2oz				
GRAIN:	1oz	R			
FRUIT or JUICE:	2oz	R			
VEGETABLE:	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.

KITCHEN 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.

CONNECTING KIDS TO MEALS

DAILY SFSP/CACFP **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 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
- 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
- 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

*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*

Total Child Meals: _____

Meals served to Program adults (Servers) (No more than 2) 1 2	Total Adult Meals: _____
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****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.****

TOTAL MEALS SERVED: _____

	PORTION SIZE	KITCHEN TEMP	KITCHEN TIME	SITE TEMP	SITE TIME
GRAIN: WG Snack (1)	1 oz	R			
FRUIT or JUICE:		R			

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: _____