

CONNECTING KIDS TO MEALS

DAILY 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: _____

****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: 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: _____