



# Kids Cafe

## DAILY MEAL COUNT FORM

SITE: \_\_\_\_\_ DAY & DATE: \_\_\_\_\_ Meal Type: **B L S**

MEAL COUNTER: \_\_\_\_\_ # OF MEALS DELIVERED \_\_\_\_\_ # OF PREVIOUS DAY LEFTOVERS: \_\_\_\_\_

APPROVED MEAL TIME: \_\_\_\_\_ TIME FIRST MEAL SERVED \_\_\_\_\_ TIME LAST MEAL SERVED \_\_\_\_\_

**FIRST MEALS: MARK A BOX WITH AN "X" OR CIRCLE FOR EACH CHILD THAT RECEIVES A MEAL**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125
126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175
176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225
226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

**SECOND MEALS: Only to be served on the last day of program week if you do NOT serve Fridays**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

TOTAL # OF SPOILED OR INCOMPLETE MEALS \_\_\_\_\_

\_\_\_\_\_ Opened item \_\_\_\_\_ Menu Items Missing

\_\_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_\_

Contact the Kids Cafe Department right away if you have any spoiled or incomplete meals: 816.929.3262

TOTAL DELIVERED + LEFTOVERS \_\_\_\_\_

TOTAL 1<sup>st</sup> MEALS Served \_\_\_\_\_

TOTAL 2<sup>nd</sup> MEALS Served \_\_\_\_\_

TOTAL LEFTOVERS \_\_\_\_\_

By signing below, I certify that the above is true and accurate:

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Date

**KIDS CAFE DEPARTMENT ONLY**

Unaccountable \_\_\_\_\_ Attendance \_\_\_\_\_ Total USDA Meals Claimable \_\_\_\_\_ Initials \_\_\_\_\_