November 2024

KSDE, Child Nutrition & Wellness

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| CACFP Meal Transport Sheet |
| 🞳 **Center Name:**  | 🞳 Date (Month/Day/Year):  |
| Instructions: See next page.  |
| **Requirements:** 1. Menus must be maintained separately. 2. Menus and transport sheets must match & reflect actual meal service. 3. Items with an asterisk\* must be completed. 4. Identify whole grain-rich items with a ☑.  |
| Number of Meals Ordered |  | **🞳** Actual Number of Meals Served |
| Brkfst |  |  | **Breakfast** | Lunch | **Snack** |
| Lunch |  | Children |  |  |  |
| Snack |  | Staff |  |  |  |
|  | Total Meals Served |  |  |  |
| **Meal** | 🞳Component(Name of each food served.)(Write USDA recipe number if used.)(1) | **Planned Serving Sizes** or CN LabelContribution(2) | 🞳Total Amount Delivered**(3)** | Food TemperaturesKitchen / Center | **Comments**(e.g., Leftovers, etc) |
| **Breakfast** | Vegetable/Fruit/Juice |  | Cups/oz./lb. |  |  |  |
| Grain ☐ or Meat/Meat Alt (2 oz adults) |  | Cups/# slices/oz. |  |  |
| Milk |  | Cups/gal. |  |  |
| 4th item  |  |  |  |  |
| **Lunch or Supper** | Meat/Meat Alternate |  | Oz./lbs. |  |  |  |
| Vegetable |  | Cups/oz./lbs. |  |  |
| Fruit |  | Cups/oz./lbs. |  |  |
| Grain ☐ |  | Cups/# slices/oz. |  |  |
| Milk |  | Cups/gal. |  |  |
| **Snack** | Component 1 ☐ |  |  |  |  |  |
| Component 2 ☐ |  |  |  |  |

Vendor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CACFP Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**

**CACFP Meal Transport Sheet**

The Meal Transport Sheet is required when center staff is not responsible for preparation of the meals.

**TO BE COMPLETED BY FOOD SERVICE PERSONNEL:**

* **Center Name** – self-explanatory
* **Date** – self-explanatory.
* **Number of Meals Ordered** – record the number of meals ordered by center staff.
* **Menu Item** – enter the food items that were prepared for the center.
* **Planned Serving Size** – enter the serving size or CN contribution for each menu item.
* **Total Amount Delivered** – enter the total amount sent of each food item listed. If meals are sent in bulk, then record the total amount. If meals are sent in portioned trays, record total number of servings sent.
* **Food Temperatures (Kitchen)** – record the temperature of each food item as it is packed for transport.
* **Notes** – indicate additional information from the food service to the center staff.
* **Vendor Signature** – kitchen staff that is responsible for preparing bulk foods and/or portioning the trays signs here.

**TO BE COMPLETED BY CENTER STAFF:**

* **Food Temperature (Center)** – record the temperature of each food item prior to serving. If a hot potentially hazardous food has a temperature below 135° F, it must be reheated to 165° F before serving. If a cold potentially hazardous food has a temperature above 41° F, it must be chilled to below 41° F before serving.
* **Notes** – record any correspondence from the center to kitchen staff.
* **Actual Number of Meals Served** – record the total number of meals served to participants (children) and staff.
* **Received By** – the center staff person that receives food items should ensure that correct portions are available. After determining that the food is adequate, the person signs the form.

The completed form should be returned to the kitchen and a copy should be maintained in the center file with the menus.