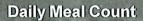
## mmer Food Service Program



Sponsor Number: #1153	Sponsor Name: Palm Beach County BOCC					
Site Number: 000\	Site Name:	Camp	Happy			
Meal Type (circle):	REAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	

Meal Information (List each food item prepared/delivered and temperature for each day of the week.)								
Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Milk	36°	360	360	350	380			
Vegetable								
Fruit	_		360	35°				
Grain						2		
Meat	36°	36°	360	35°	380			

Meal Service								
Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date	06/07/21	06/08/21	00 09 21	06/10/21	04 11 21			
Times Meals were Delivered/ Prepared	7:45	10:25	10:36	9:25	9:35			
# of Meals Delivered/Prepared	20	20	20	15	25			
# of Meals Leftover from Previous Day	Ø	Ø	10	2	Ø			
# of Meals Transferred from Another Site	Ø	Ø	ø	Ø	5	← listed-	confirm	
# of Meals Transferred to Another Site	Ø	Ø	Ø	Ø	Ø	there is paperw	correspondi	
<u>TOTAL</u> Number of Meals Available	20	20	30	17	30			
TEST Meals		1	1	1	1	← Mus	t test	
# of First Meals Served	14	9	18	16	20		service	
# of Second Meals Served	5	Ø	9	Ø	8			
# of Meals Disallowed, Damaged, Etc.	Ø	$\phi$	Ø	ø	Ø	2		
TOTAL # of Meals Leftover	Ø	10	2	17	1			

By signing below, I certify that the above information is accurate and complete.

(confirm name + signature matches SV or alternate)

Lara Cee

Site Supervisor Printed Name

Lara Cee

04/11/2021

Site Supervisor Signature

Date

## mmer Food Service Program

## **Daily Meal Count**

Sponsor Number: #1153	Sponsor Na	Sponsor Name: Palm Beach County BOCC				
Site Number:	Site Name:	camp	Happy			
Meal Type (circle):	BREAKFAST	AM SNACK	LUNCH PM SNACK	SUPPER		

Meal Information (List each food item prepared/delivered and temperature for each day of the week.)								
Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Milk	320	35°	36°	340	390			
Vegetable								
Fruit								
Grain								
Meat	390	360	38°	PIZZa	370			

Meal Service								
Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Date	06/07/21	06/08/21	06/09/21	ou 10/21	06/11/21			
Times Meals were Delivered/ Prepared	7:45	10:25	10:36	11:50	9:35	W 1		
# of Meals Delivered/Prepared	24	28	22	34	la			
# of Meals Leftover from Previous Day	Ø	l l	Ø	Ø	3			
# of Meals Transferred from Another Site	Ø	Ø	Ø	Ø	Ø			
# of Meals Transferred to Another Site	$\phi$	Ø	Ø	Ø	Ø			
TOTAL Number of Meals Available	24	29	22	34	15			
TEST Meals	١	١	1	1	\	Must tes		
# of First Meals Served	22	22	14	28	11	1		
# of Second Meals Served	Ø	5	$\phi$	2	3			
# of Meals Disallowed, Damaged, Etc.	ø		7	Ø	Ø			
TOTAL # of Meals Leftover	1	Ø	Ø	3	Ø			

By signing below, I certify that the above information is accurate and complete.

(confirm name + Signature matches SV or alternate)

Site Supervisor Printed Name

Site Supervisor Signature