

AFTER SCHOOL SNACK PRODUCTION RECORD AND MEAL COUNT FORM

Use this form in conjunction with the Daily Site Eligible Snack Count Form.

MONTH AND YEAR OF SERVICE: _____

BUILDING NAME: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____
Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____
Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____
Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____	Date _____ Food Items/Portion Size: #1 _____ #2 _____ Meal Count: _____ Initials _____

TOTAL MEAL COUNT FOR MONTH: _____

DAILY SNACK COUNT FORM

Each After School Snack Program must take a point-of-service snack count every day. This form is only for schools that are Site Eligible –the school’s Free and Reduced Rate is at least 50% or higher. Keep this count form on file for three years plus the current operating year.

DAILY SNACK COUNT FORM																			
School Name:										Program Name:									
Supervisor’s Name:										Date:									
Reimbursable Snack Served to Children (cross off number as each child receives a reimbursable snack):																			
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										
TOTAL SNACKS SERVED =																			
By signing below, I certify that the above information is true and accurate:																			
_____										_____									
Signature										Date									