

Afterschool Snack Program (ASP)

DAILY SNACK COUNT AND PRODUCTION RECORD FOR SITE/AREA ELIGIBLE SCHOOLS

Complete this form daily and return to the school food service department.

School/Site: _____ Date: _____

DAILY SNACK PRODUCTION *			
Component (Ages 6-18) <i>Adjust serving sizes for ages 3-5</i>	Food Item Used	Food Unit	Number of Units Used
Milk, 1 cup			
Vegetables/Fruits, ¾ cup			
Grains/Breads, 1 serving			
Meat/Meat Alternate, 1 ounce			

* All snacks must comply with the [ASP Meal Pattern](#). Snacks must include at least **two** of the four meal pattern components: milk (low-fat unflavored or fat-free flavored or unflavored), vegetables/fruits, grains/breads and meat/meat alternates. Juice cannot be served when milk is the only other component. [Healthy Food Certification](#) (HFC) schools must also comply with the [Connecticut Nutrition Standards](#). For more information, see the [ASP Handbook](#).

TOTAL SNACKS PREPARED: TOTAL SNACKS RECEIVED BY SITE:
Count snacks prior to snack service to confirm number sent

DAILY STUDENT SNACK COUNT														
Cross off number as each student receives a complete snack. Students must receive both snack components before the snack can be counted.														
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

TOTAL SNACKS SERVED (Students Only):

DAILY ADULT SNACK COUNT										
Snacks served to adults must be paid for by the adult or the school/organization responsible for the programming.										
1	2	3	4	5	6	7	8	9	10	TOTAL SNACKS SERVED: (Adults Only):
										<input style="width: 100px; height: 20px;" type="text"/>

Person Completing Form: _____

Print Name

Signature



Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

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