



**AFTERSCHOOL CARE SNACK PROGRAM  
WEEKLY PRODUCTION RECORD  
INSTRUCTIONS**

School: Jackson Elementary  
 Program: Girls on the Run  
 Week of: Oct. 20, 2014  
 Completed by: Angie Prince

**COMPLETELY FILL OUT SCHOOL NAME, PROGRAM, WEEK,  
WHO COMPLETED THE PRODUCTION RECORD AND ACTUAL  
SNACKS SERVED.**

**Actual Snacks Served:**  
 Students: 107  
 Adults: 2  
 Total: 109

Date	Menu Items	Recipe Number or Brand Name and Code Number	Planned Reimbursable Snack Servings		Planned Adult Servings  (# of Servings)	Total Amount Prepared (LB or Quantity or Servings)	Leftovers (LB or Quantity or Servings)
			Ages: <b>K-5</b>				
			Serving Size	# of Servings			
<i>List date, even if not serving on that date. Draw a line through the row with that date (see example completed production record).</i>	<i>List all the menu items that contribute to a reimbursable meal. Include all condiments.</i>	<i>List the recipe # or the brand name and product number here. Canned, frozen and fresh FRUIT &amp; veg. - list only product descriptions (apples -113 ct.; peaches - Light syrup or USDA; applesauce - sweetened or un-sweetened, etc. for condiments: record serving SIZES AND NOTE if low fat or low sodium version.</i>	<i>Serving size should represent column in cups or weight in ounces.</i>	<i>List how many portions of each item you think will be taken as part of the snack.</i>	<i>Record all paid adults, food service employee adults and a la carte (including milk purchased for snacks and/or second snacks).</i>	<i>List the amount of food prepared for a reimbursable snack, adults and a la carte (if applicable). This amount is based on the ACSP Menu requirements using the USDA Food Buying Guide, USDA Recipe or District Standardized Recipe.</i>	<i>Record number of leftovers.</i>

**NOTES:** Notate here any changes in menu, special accommodations, changes in service etc.



School: \_\_\_\_\_

Program: \_\_\_\_\_

Week of: \_\_\_\_\_

Completed by: \_\_\_\_\_

**AFTERSCHOOL SNACK PROGRAM  
WEEKLY PRODUCTION RECORD**

**Actual Snacks Served:**  
Students: \_\_\_\_\_  
Adults: \_\_\_\_\_  
Total: \_\_\_\_\_

Date	Menu Items	Recipe Number or Brand Name and Code Number	Planned Reimbursable Snack Servings		Planned Adult Servings  (# of Servings)	Total Amount Prepared (LB or Quantity or Servings)	Leftovers (LB or Quantity or Servings)
			Ages:				
			Serving Size	# of Servings			

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_