

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___

		Recipe Number	Planned Reimbursable	e Snack Servings	Planned Adult	Total Amount	Leftovers
Data	11 16	or	Ages: K-5		Servings	Prepared	(LB or
Date	Menu Items	Brand Name and		# of Convings		(LB or Quantity	Quantity or
		Code Number		5			•
List date, even if not serving on that date. Draw a line through the row with that date (see example completed production record).	List all the menu items that contribute to a reimbursable meal. Include all condiments.		Serving Size Serving size should represent column in cups or weight in ounces.	# of Servings List how many portions of each item you think will be taken as part of the snack.	(# of Servings) Record all paid adults, food service employee adults and a la carte (including milk purchased for snacks and/or second snacks).	(LB or Quantity or Servings) 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.	Quantity or Servings) Record number of leftovers.
		Sociali version.					

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



School:	
Program:	_
Week of:	_
Completed by:	

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Actual Snacks Served:				
Students:				
Adults:				
Total:				

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