

Department of Education

AFTERSCHOOL CARE SNACK PROGRAM WEEKLY PRODUCTION RECORD INSTRUCTIONS

School: _Jackson Elementary____

Program: <u>_Girls on the Run</u>_

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: <u>107</u>
Adults: <u>2</u>
Total: <mark>109</mark>

	Menu Items	Recipe Number	Planned Reimbursable Snack Servings		Planned Adult	Total Amount	Leftovers
Date		or	Ages: K-5	-	Servings	Prepared	(LB or
Date	Mena reens	Brand Name and	Serving Size	# of Servings		(LB or Quantity	Quantity or
			-			• /	
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.	Code Number List the recipe # or the brand name and product number here. Canned, frozen and fresh FRUIT & 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.	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).	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.	Servings) Record number of leftovers.

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



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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 Ages:		Planned Adult	Total Amount Prepared	Leftovers
			Serving Size	# of Servings	Servings (# of Servings)	(LB or Quantity or Servings)	(LB or Quantity or Sorvings)

NOTES:______

This institution is an equal opportunity provider.

December 2024