

**After School Snack Program: Weekly Production Record
(Snacks can be claimed on School Days ONLY)**

Site Name: _____ Week: _____ Year: _____

Snack Meal Pattern	Menu	Serving Size	Quantity Prepared	Number of Snacks Served
MONDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
TUESDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
WEDNESDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
THURSDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:
FRIDAY (Select 2 of 4 food groups) Milk, Fluid (1 cup) Juice or Fruit or Veg. (3/4 cup) Grains/Breads (1 serving) Meat or Meat Alternate (1 oz)				Students: Adults:

Be aware that potentially hazardous foods must be maintained at proper temperatures.