

SITE NAME:

Supervisor's Name:

Week of:

Madison Metropolitan School District	DAILY SNACK COUNT FORM	Snack Program
DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ A	DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ A	DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ A
First Meals Served to Children (Cross off number as each child receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 Total First Meals = _____ B	First Meals Served to Children (cross off number as each child receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 Total First Meals = _____ B	First Meals Served to Children (Cross off number as each child receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 Total First Meals = _____ B
Total leftover meals + _____ C	Total leftover meals + _____ C	Total leftover meals + _____ C
Total of items B + C = _____ D Item A should be equal to item D	Total of items B + C = _____ D Item A should be equal to item D	Total of items B + C = _____ D Item A should be equal to item D

Food Item Received	Quantity Prepared	Quantity Used	Quantity Leftover
<u>Carryover</u>			

Food Item Received	Quantity Prepared	Quantity Used	Quantity Leftover
<u>Carryover</u>			

Food Item Received	Quantity Prepared	Quantity Used	Quantity Leftover
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DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ A	DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ A	WEEKLY SUMMARY Complete this weekly summary for the days meals were served during this week. #Snacks: This is the total number of complete snacks served to children. Obtain from box B of daily meal count form. #Leftovers: This is the total number of complete snacks leftover, obtain from box C. Meal orders should be adjusted based on the number of snack leftover. If refrigeration is available these meals can be saved for service the next day. Leftovers will be charged to the program if snack counts are not adjusted properly.																					
First Meals Served to Children (Cross off number as each child receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 Total First Meals = _____ B	First Meals Served to Children (Cross off number as each child receives a meal) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 Total First Meals = _____ B	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>#Snacks</td> <td># Leftovers</td> </tr> <tr> <td>MON</td> <td></td> <td></td> </tr> <tr> <td>TUES</td> <td></td> <td></td> </tr> <tr> <td>WED</td> <td></td> <td></td> </tr> <tr> <td>THUR</td> <td></td> <td></td> </tr> <tr> <td>FRI</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> </tr> </table> Comments from Site Supervisor:		#Snacks	# Leftovers	MON			TUES			WED			THUR			FRI			TOTAL		
	#Snacks	# Leftovers																					
MON																							
TUES																							
WED																							
THUR																							
FRI																							
TOTAL																							
Total leftover meals + _____ C	Total leftover meals + _____ C÷	By signing below, I certify that the information provided is true and accurate to the best of my knowledge.																					
Total of items B + C = _____ D Item A should be equal to item D	Total of items B + C = _____ D Item A should be equal to item D	_____ Signature of Site Supervisor Date																					

Food Item Received	Quantity Prepared	Quantity Used	Quantity Leftover
Carryover			

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Carryover			