

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 = _____ ∂ | DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ ∂ | DATE: _____ Meals received /prepared _____ Meals from previous day + _____ Total Meals Available = _____ ∂ |
| 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 + ● | 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 + ● | 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 + ● |
| Total leftover meals + ÷ | Total leftover meals + ÷ | Total leftover meals + ÷ |
| Total of items ● + ÷ = ≠ Item ≠ should be equal to item ∂ | Total of items ● + ÷ = ≠ Item ≠ should be equal to item ∂ | Total of items ● + ÷ = ≠ Item ≠ should be equal to item ∂ |

| Food Item Received | Quantity Prepared | Quantity Used | Quantity Leftover |
|--------------------|-------------------|---------------|-------------------|
| | | | |
| | | | |
| Carryover | | | |

| Food Item Received | Quantity Prepared | Quantity Used | Quantity Leftover |
|--------------------|-------------------|---------------|-------------------|
| | | | |
| | | | |
| Carryover | | | |

| Food Item Received | Quantity Prepared | Quantity Used | Quantity Leftover |
|--------------------|-------------------|---------------|-------------------|
| | | | |
| | | | |
| Carryover | | | |

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 = _____ ∂

DATE: _____

Meals received /prepared _____

Meals from previous day + _____

Total Meals Available = _____ ∂

WEEKLY SUMMARY

Complete this weekly summary for the days meals were served during this week.

#Meals: This is the total number of complete snacks served to children. Obtain from #2 of daily meal count form.

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 + ●

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 + ●

Leftover: 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.

| | #Snacks | # Leftovers |
|--------------|---------|-------------|
| MON | | |
| TUES | | |
| WED | | |
| THUR | | |
| FRI | | |
| TOTAL | | |

Comments from Site Supervisor: _____

Total leftover meals + ÷

Total leftover meals + ÷

Total of items ● + ÷ = ≠

Item ≠ should be equal to item ∂

Total of items ● + ÷ = ≠

Item ≠ should be equal to item ∂

By signing below, I certify that the information provided is true and accurate to the best of my knowledge.

Signature of Site Supervisor **Date**

| Food Item Received | Quantity Prepared | Quantity Used | Quantity Leftover |
|--------------------|-------------------|---------------|-------------------|
| | | | |
| | | | |
| | | | |
| Carryover | | | |

| Food Item Received | Quantity Prepared | Quantity Used | Quantity Leftover |
|--------------------|-------------------|---------------|-------------------|
| | | | |
| | | | |
| | | | |
| Carryover | | | |