

Afterschool Snack Program (ASP) Daily Snack Count Record for Grades K-12 in Site/Area Eligible Schools

Complete this form daily and return to the school food service department.

School/site: _____ Location: _____

Grades served: _____ Date: _____ Total snacks received by site: _____

Today's snack menu *: _____

* All snacks must comply with the [ASP Meal Pattern for Grades K-12](#). Snacks must include at least two of the four components: 1) milk (unflavored low-fat or unflavored/flavored fat-free); 2) vegetables/fruits; 3) grains/breads (whole grain or enriched); and 4) meat/meat alternates. Juice cannot be served when milk is the only other component. ASP snacks in [Healthy Food Certification \(HFC\)](#) schools must also comply with the [Connecticut Nutrition Standards](#). For more information, refer to the Connecticut State Department of Education's (CSDE) [Crediting Summary Charts for the ASP Meal Pattern for Grades K-12](#) and [Afterschool Snack Program Handbook](#), and visit the CSDE's [Afterschool Snack Program](#) webpage. **Note:** Schools must complete a daily production record and maintain on file (refer to the CSDE's [ASP Production Record for Grades K-12](#)).

Daily Student Snack Count														
Cross off number as each student receives a complete snack. Students must receive both snack components before the snack can be counted.														
1	11	21	31	41	51	61	71	81	91	101	111	121	131	141
2	12	22	32	42	52	62	72	82	92	102	112	122	132	142
3	13	23	33	43	53	63	73	83	93	103	113	123	133	143
4	14	24	34	44	54	64	74	84	94	104	114	124	134	144
5	15	25	35	45	55	65	75	85	95	105	115	125	135	145
6	16	26	36	46	56	66	76	86	96	106	116	126	136	146
7	17	27	37	47	57	67	77	87	97	107	117	127	137	147
8	18	28	38	48	58	68	78	88	98	108	118	128	138	148
9	19	29	39	49	59	69	79	89	99	109	119	129	139	149
10	20	30	40	50	60	70	80	90	100	110	120	130	140	150

Today's attendance:

Total snacks served (students only):

Daily Adult Snack Count										
Snacks served to adults must be paid for by the adult or the school/organization responsible for the programming.										
1	2	3	4	5	6	7	8	9	10	Total snacks served: (adults only):
										<input style="width: 80px; height: 20px;" type="text"/>

Comments:

Person completing form: _____

Print name

Signature

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For more information, refer to the CSDE's *Afterschool Snack Program Handbook* and visit the CSDE's [Afterschool Snack Program](#) webpage, or contact the [school nutrition programs staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/ASP/Forms/Daily_Count_ASP_grades_K-12_Site_Area_Eligible.pdf

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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