## CACFP AFTER SCHOOL AT RISK PROGRAM PM SNACK COUNT RECORD

Name of Sponsor/Center		
Month	Year	
Classroom or Group Name:		

DATE OF MONTH	PM SNACKS SERVED TO CHILDREN		PM SNACKS SERVED TO PROGRAM ADULTS/STAFF **	
	FIRSTS	SECONDS*	FIRSTS	SECONDS
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				
TOTAL		† †		
TOTAL				

<sup>\*</sup>Seconds cannot be claimed when family style meal service is used. Child must be served the full quantity of all the required food components in order to claim it as a second.

<sup>\*\*</sup>Snacks served to program adult/staff cannot be claimed for reimbursement but must be recorded.