

# After School Program (ASP) Daily Transport Record 2024-2025

**Program Coordinator Must Initial Daily:**

\_\_\_\_\_ "And Justice for All" poster placed in prominent area  
 \_\_\_\_\_ Meals checked off when taken at Point of Service  
 \_\_\_\_\_ All meals consumed in Designated Eating Area

Number in **ATTENDANCE** today:

School Name:		Loc Code:		Date:						
Program (Organization or Group) Name:				Designated Eating Area(Cafeteria, Room #, Gym etc):						
Meal Service Type (Circle):    Breakfast    Weekend    Supper (HS Exception Sites ONLY)										
1 COMPONENTS	2 PORTION SIZE	3 AMOUNT PREPARED	4 AMOUNT RECEIVED FROM CAFÉ	5			6 *TIME: BEGINNING OF SERVICE	7 ADULT MEALS	8 CHILDREN SERVED	9 AMOUNT LEFT
				INITIAL	TIME	FOOD TEMP				
Milk, Specify:										
Lactose Free Milk										
1% Milk for Quality Control Purposes Only	8oz	1								
									<b>TOTAL</b>	
10				<b>TOTAL ASP CHILDREN SERVED</b>						

After School Attendance Records **MUST** be completed daily by Program Coordinator and submitted weekly to the Food Services Manager.  
 Failure to complete and submit reports as required will jeopardize your meal service program.

Signature:	Signature:
Food Services Manager	Program Coordinator/Designee

All shaded areas are to be filled in by the Program Coordinator. The Food Services Manager completes all other areas.

Comments:
*Adjust the amount prepared by <input type="checkbox"/> adding or <input type="checkbox"/> subtracting _____ meals for tomorrow's meal service.
**Adjust the amount prepared by <input type="checkbox"/> adding or <input type="checkbox"/> subtracting _____ lactose free milk for tomorrow's meal service.

## After School Program (ASP) Transport Form Instructions

**Program Coordinator Must Initial Daily** that Civil Rights poster is posted, and meals are checked off at POS.

**Number in Attendance Today:** Program Coordinator or designee must enter the number of children in attendance

**School Name:** Food Service Manager or designee must fill in the name of the school site

**Loc Code:** Food Service Manager or designee must fill in the site location code

**Date:** Food Service Manager or designee must fill in the date of meal service

**Program (Organization or Group) Name:** Food Service Manager (FSM) or designee must fill in the program name (BYB, YS, Football team etc)

**Designated Eating Area (Cafeteria, Room #, Gym etc):** Food Service Manager or designee must fill in location of meal service on campus.

**Meal Service Type:** Circle meal service type being served; breakfast, supper, or weekend

**Column 1** – FSM will enter menu items

**Column 2** – FSM will enter the portion sizes

**Column 3** - FSM or designee fills in the amount of meals prepared

**Column 4** - Program Coordinator or designee must enter the amount received from the cafeteria

**Column 5** – Program Coordinator or designee must record the temperatures for all perishables items, e.g. juice, milk, cheese, Program Coordinator or designee records their initials and indicates the time the temperature is taken. (Clean/sanitized thermometers are provided by the FSM)

**Column 6** - Program Coordinator or designee must fill in the time service begins prior to meal service

**Column 7** – Program Coordinator or designee must enter the number of Adults meals sold.

**Column 8** - Program Coordinator or designee must enter the count of the number of children served a meal.

**Column 9** - Program Coordinator or designee must list the amount of un-served leftovers for each food item

**Column 10** – Program Coordinator or designee must enter the number of children served a meal. Information is taken from column #8

**Signature:** Program Coordinator or designee must sign in the designated signature area and return the completed Meal Count Form to the cafeteria the following day along with any leftover food items.

Signature: Food Services Manager will verify the accuracy of the information completed by the Program Coordinator or designee and must sign in the designated signature area

**Comments Section:** Program Coordinator or designee will document any dropped, damaged and or incomplete meals. Additional comments may be communicated to the Food Services Manager in this section.

**\* Meal Count Adjustments:** Program Coordinator or designee must indicate if the meal counts need to be adjusted for the next day's meal service.

**\*\*Lactose Free Milk Count Adjustments:** Program Coordinator or designee must indicate if the lactose free milk counts need to be adjusted for the next day's meal service. Food Service Managers must have a minimum of two (2) cartons of lactose free milk available each days service.