

HOME BASE NUTRITION REPORT

Unit: _____

Date: _____

Day	Home Visit/Family Name	Nutrition Activity	# of Children participating	# of Adults participating
Monday			_____ HS Children _____ Non HS Children	_____ Staff _____ Volunteers
Tuesday			_____ HS Children _____ Non HS Children	_____ Staff _____ Volunteers
Wednesday			_____ HS Children _____ Non HS Children	_____ Staff _____ Volunteers
Thursday			_____ HS Children _____ Non HS Children	_____ Staff _____ Volunteers
Friday			_____ HS Children _____ Non HS Children	_____ Staff _____ Volunteers

Socialization Date	Location: Breakfast Lunch Snack	Menu:	Actual Attendance	
			_____ HS Children _____ Non HS Children	_____ Staff _____ Volunteers

	Age	Serving Size		Amount Needed	Food Item Used	Amounts on Hand	Quantity Used	Planned Attendance
		Snack	Lunch					
Meat Alternate	1-2	1/2 oz	1 oz					1-2
	3-5	1/2 oz	1 1/2 oz					3-5
	6-12	1 oz	2 oz					6-Adult
	Adult	1 oz	2 oz					
Fruits	1-2	1/2 cup	1/4 cup					
	3-5	1/2 cup	1/2 cup					
	6-Adult	3/4 cup	3/4 cup					
Vegetables	1-2	1/2 cup	1/8 cup					
	3-5	1/2 cup	1/4 cup					
	6-Adult	3/4 cup	1/2 cup					
Bread/Alternate	1 - 6	1/2 slice	1/2 slice					
	7 - Adult	1 slice	1 slice					
Fluid/Milk	1 - 2	1/2 cup	1/2 cup					
	3 - 6	1/2 cup	3/4 cup					
	7 - Adult	1 cup	1 cup					

Use this space to do calculations - planning work. Attach receipts.

Food Temp. _____
 Gloves Used _____
 Clorox Strips _____

16 ounces = 1 pound
 8 ounces = 1 cup
 16 ounces = 2 cups = 1 pint
 32 ounces = 4 cups = 1 quart
 128 oz = 16 cups = 1 gallon