



Healthy Eating Log

iPLAY program- After School Program 2008

Name of Program _____

Week of ___/___/____ - ___/___/___

| | Area | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------|---|--------|---------|-----------|----------|--------|
| Attendance | Total # of kids there in the day | | | | | |
| Snack Information | Name snack(s) served | | | | | |
| | | | | | | |
| | Fruit or Vegetable is served (Mark x) | | | | | |
| | No Trans Fats is served (Partially Hydrogenated oils or shortening) (Mark x) | | | | | |
| | No Sugar sweetened drinks are served. (Kool-Aid, soda, Gatorade, etc.) (Mark x) | | | | | |
| | Actively served water as primary drink (Mark x) | | | | | |
| Participation | # of children that participate in eating the snack | | | | | |
| Nutrition Activity | Name of Activity | | | | | |
| | # of children participating | | | | | |